

**RULES
OF
THE TENNESSEE BOARD OF NURSING**

**CHAPTER 1000-01
GENERAL RULES AND REGULATIONS GOVERNING NURSING**

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1000-01-.01 DEFINITIONS. The following definitions are applicable to nursing applications, the rules governing nursing and the nursing provisions of Title 63, Chapter 7, unless otherwise indicated:

- (1) **Accreditation:** The status of the school in relation to requirements of recognized agencies other than the Tennessee Board of Nursing.
- (2) **Advanced Practice Registered Nurse (APRN):** A registered nurse certified pursuant to T.C.A. § 63-7-126 who has a master's degree or higher in a nursing specialty and has national specialty certification as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist, except that a master's degree or higher is not required if national specialty certification and licensure in Tennessee (or a compact state with the multistate privilege to practice in Tennessee) as a registered nurse was obtained prior to July 1, 2005. However, notwithstanding the previous requirements, a nurse anesthetist shall be eligible for a certificate to practice as an Advanced Practice Registered Nurse if the nurse anesthetist graduated prior to January 1, 1999, from a nurse anesthesia educational program approved by the American Association of Nurse Anesthetists Council on Accreditation. The four (4) recognized categories/roles for Advanced Practice Registered Nurses are Clinical Nurse Specialist, Nurse Anesthetist/Certified Registered Nurse Anesthetist, Nurse Midwife, and Nurse Practitioner.
- (3) **Approval:** The status of the school in relation to the minimum requirements of the Tennessee Board of Nursing.
- (4) **Approved School of Nursing:** One approved by the Tennessee Board of Nursing or by a similar board in another jurisdiction.
- (5) **Assisting:** Helping, aiding, supporting or cooperating.
- (6) **Board:** The Tennessee Board of Nursing.

(Rule 1000-01-.01, continued)

- (7) **Certificate of Fitness:** A certificate issued by the Board to an Advanced Practice Registered Nurse signifying authority to prescribe/issue drugs and to engage in other practices provided in the Tennessee Code, within the scope of the advanced practice registered nurse's education, protocols, formulary, Tennessee law, and Board rules.
- (8) **Classification of School of Nursing Programs:**
 - (a) **Baccalaureate:** A program leading to a baccalaureate degree is conducted by an educational unit which is an integral part of a senior college or university.
 - (b) **Associate Degree:** A program in nursing leading to an associate degree is conducted by an educational unit in nursing (department or division) within the structure of a junior or community college or as a segment of a senior college or university.
 - (c) **Diploma:** A program leading to a diploma in professional or registered nursing is conducted by a single purpose school under the control of a hospital.
 - (d) **Practical:** A program leading to a diploma/certificate in practical nursing conducted by a school within a hospital or technical college.
 - (e) **Master's:** A program leading to a master's degree is conducted by an educational unit which is an integral part of a senior college or university.
 - (f) **Doctoral:** A program leading to a doctoral degree is conducted by an educational unit which is an integral part of a senior college or university.
- (9) **Collaborating Physician:** A physician licensed under Title 63 Chapter 6 or osteopathic physician licensed under Title 63 Chapter 9 who has signed a notice on file with the Board and complying with Board of Medical Examiners Rule Chapter 0880-06 or Board of Osteopathic Examination Rule 1050-02-.15 stating that the physician takes control and responsibility for the prescriptive service provided by an APRN who holds a Certificate of Fitness pursuant to Tenn. Code Ann. § 63-7-123.
- (10) **Continued Competence:** The application of integrated nursing knowledge and the interpersonal, decision-making, psychomotor, communication, and leadership skills expected for the nursing practice role pursuant to T.C.A. § 63-7-103 and § 63-7-108 as applicable, within the context of the public health, safety, and welfare.
- (11) **Cooperating Agency:** Any agency or institution that cooperates with the school to provide facilities and clinical resources that may be used by the school for selected student learning experiences.
- (12) **Course:** A unit of the curriculum.
- (13) **Curriculum:** The total group of courses including related clinical and other experiences which are organized in a systematic way.
- (14) **Delegation:** Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation. The nurse shall retain accountability for the delegation while the delegate is accountable for the delegate's acts.
- (15) **Direction:** Guiding, managing, authoritative instructing, governing, ordering, or ruling.
- (16) **Director:** The person in charge of the educational unit in nursing, regardless of his official title in any specific institution.

(Rule 1000-01-.01, continued)

- (17) Discipline: When used in reference to action against a license by another state includes, but is not limited to, all summary or emergency suspensions, denials, limitations or conditions.
- (18) Drug: Shall have the same meaning as set forth in T.C.A. § 63-10-204.
- (19) Examination: The National Council Licensure Examination (NCLEX) or its predecessor.
- (20) General Education: Secondary or high school education or the equivalent.
- (21) Guilty of a Crime: When used in T.C.A. § 63-7-115(a)(1)(B) includes, but is not limited to, those who have been convicted of a crime upon a plea of nolo contendere or no contest.
- (22) Issue or Dispense: To deliver a drug, in the course of professional practice, to a patient or the patient's agent for consumption at another location.
- (23) Lapsed: A license that is beyond the period of a valid expiration date.
- (24) Licensed Practical Nurse (LPN): A practical nurse licensed by the Board pursuant to T.C.A. § 63-7-110.
- (25) May: Permission at the discretion of the Board.
- (26) Minor Traffic Violation: When used in an application, refers to those driving offenses which are punishable as Class C Misdemeanors in Tennessee, or if the offense occurred in another state, are punishable by a maximum of thirty (30) days in jail and a fifty dollar (\$50) fine.
- (27) National Specialty Certification or National Certification in a Nursing Specialty: A certification by a national certifying body approved by the Board.
- (28) Nursing Faculty: Individuals employed full- or part-time by an academic institution who are responsible for developing, implementing, evaluating, and updating school of nursing curricula.
- (29) Population Focus: A broad area of study encompassing the common problems of a specific group of patients and the likely co-morbidities, interventions and responses to those problems limited to, the following areas of practice: family/individual across the life span; adult-gerontology; neonatal; pediatrics; women's health/gender related; psych-mental health. A Population Focus is not defined as a specific disease, health problem or intervention.
- (30) Preceptor: An individual who may serve as a teacher, mentor, role model, or supervisor in a clinical setting. A preceptor must possess licensure at or above the level of licensure sought by the student.
- (31) Prescribe: The act of authorizing a prescription or prescription order.
- (32) Prescriber: An individual licensed in Tennessee as a medical doctor, podiatrist, advanced practice registered nurse with a certificate of fitness to prescribe, dentist, optometrist, osteopathic physician, or physician's assistant.
- (33) Prescription Order or Prescription: Any order, communicated through written, oral/verbal or electronic means, for any drug, device, test, or treatment pursuant to T.C.A. § 63-10-204.
- (34) Professional Boundaries: The space between the nurse's power and the patient's vulnerability; the power of the nurse comes from the professional position and access to

(Rule 1000-01-.01, continued)

private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient's needs.

- (35) Registered Nurse (RN): A professional nurse licensed by the Board pursuant to T.C.A. § 63-7-105.
- (36) Reinstatement: Re-licensure after a license has lapsed and/or been revoked or voluntarily surrendered.
- (37) School of Nursing: Educational unit having the responsibility to prepare its graduates for practice as nurses, qualified to meet licensing requirements in Tennessee.
- (38) Shall or Must: A mandatory requirement.
- (39) Should: A recommendation.
- (40) Supervision: Overseeing or inspecting with authority.
- (41) Tamper-Resistant Prescription: A written prescription order with features that are designed to prevent unauthorized copying, erasure, modification, and use of counterfeit prescription forms.
- (42) Unencumbered License: A professional license that is not revoked, suspended, or probated and does not have stipulations or conditions against it.
- (43) Written Agreement: Written evidence of agreement between the school and cooperating agency.

Authority: T.C.A. §§ 63-7-101, 63-7-103, 63-7-105, 63-7-108, 63-7-110, 63-7-115, 63-7-123, 63-7-126, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Amendment filed February 28, 1983; effective March 30, 1983. Amendment filed September 18, 1985; effective October 18, 1985. Amendment filed January 30, 1987; effective March 16, 1987. Amendment filed April 12, 1996; effective June 26, 1996. Amendment filed March 14, 2006; effective May 28, 2006. Amendment filed March 23, 2007; effective June 6, 2007. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.02 FEES.

- (1) The Tennessee Board of Nursing hereby establishes fees as follows:

Fee	Amount
(a) Examination (Applicants may also be required to pay a fee directly to the National Council of State Boards of Nursing.)	\$ 0.00
(b) Re-Examination (Applicants may also be required to pay a fee directly to the National Council of State Boards of Nursing.)	\$ 0.00
(c) Endorsement	\$105.00
(d) Renewal	\$ 90.00
(e) Reinstatement	\$100.00
(f) Verification	\$ 25.00

(Rule 1000-01-.02, continued)

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| (g) | Biennial State Regulatory Fee
(To be paid whenever an application for examination, re-examination, endorsement, renewal, or reinstatement is submitted.) | \$ 10.00 |
| (h) | Registered Nurse First Assistant Certificate | \$ 0.00 |
| (i) | Registered Nurse First Assistant Certificate Renewal | \$100.00 |
| (j) | Registered Nurse First Assistant Certificate Reinstatement | \$100.00 |
| (k) | Advanced Practice Registered Nurse Certificate/Certificate of Fitness | \$ 0.00 |
| (l) | Advanced Practice Registered Nurse Certificate Renewal | \$100.00 |
| (m) | Advanced Practice Registered Nurse Certificate Reinstatement | \$100.00 |
| (n) | Change of Name | \$ 0.00 |
- (2) Fees paid to the Tennessee Board of Nursing are not refundable and may be paid in the following manner:
- (a) All fees paid by money order or certified, personal, or corporate check must be submitted to the Board's administrative office and made payable to the Tennessee Board of Nursing.
 - (b) Fees may be paid by credit cards approved by the Division of Health Related Boards or other Division-approved electronic methods.

Authority: T.C.A. §§ 63-7-106, 63-7-111, 63-7-114, 63-7-123, 63-7-126, 63-7-128, and 63-7-207.
Administrative History: Original rule certified May 10, 1974. Amendment filed February 28, 1983; effective March 30, 1983. Amendment filed March 14, 2006; effective May 28, 2006. Amendment filed March 23, 2007; effective June 6, 2007. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.03 RN/LPN LICENSURE BY EXAMINATION.

- (1) Application - The required application for RN or LPN, whichever is applicable, for licensure by examination shall be completed by the applicant and signed by the applicant under penalty of perjury.
 - (a) The name as signed by the applicant shall be the name carried in the records of the Board, absent a change of name.
 - (b) An official transcript from the approved school of nursing from which the applicant graduated or the approved school shall certify via official transcript, that the applicant has met all requirements for a diploma, degree, or certificate.
 - (c) The completed application, accompanied by the examination fee, shall be submitted to the Board.
 - (d) This application shall include the result of a biometric criminal background check that the applicant has caused to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials.

(Rule 1000-01-.03, continued)

- (e) Explanation and supporting documentation regarding the applicant's background and information contained in the application may be required.
 - (f) Only a person who has filed the required application, paid the fee, and been notified of acceptance by the Board shall be permitted to take the examination.
 - (g) An RN applicant shall take and pass National Council Licensure Examination (NCLEX-RN®). An LPN applicant shall take and pass National Council Licensure Examination (NCLEX-PN®).
 - (h) Every applicant must be either: a United States citizen, a "qualified alien" or a non-immigrant who meets the requirements set out at 8 U.S.C. § 1621. Applicants claiming qualified alien status must provide two forms of documentation of identity and immigration status as determined by the United States Department of Homeland Security.
 - (i) Applicants may be required to submit to an evaluation by a qualified expert as determined by the Board.
- (2) Qualifications - Successful completion of a course of study in an approved school of nursing shall be required before the day of the examination.
- (a) The Board may request submission of evidence of satisfactory mental and physical health.
 - (b) An applicant who graduated from a school of nursing approved by a board in another U.S. jurisdiction shall have had substantially the same course of study as stated in the minimum curriculum requirements for Tennessee approved schools of nursing at the time of application or shall remove deficiencies as directed by the Board.
 - (c) Applicants who completed the course of study more than ten (10) years prior to the date of application to take the examination shall be considered for eligibility to take the examination in Tennessee only on an individual basis.
 - (d) Foreign Educated Nurses - Nurses educated in a country outside of the U.S. or its jurisdiction, whether or not licensed in another country must apply for licensure and attain the acceptable score on the NCLEX® provided the applicant graduated after January 1, 1957. Individuals graduating prior to January 1, 1957 will be considered on an individual basis.
 - 1. An applicant shall have graduated with substantially the same general and nursing education as required by the Board for Tennessee school of nursing graduates at the time such applicant was accepted for licensure by examination in the original foreign jurisdiction. RN and LPN applicants shall provide a Credential Evaluation Service (CES) professional report evidencing educational equivalency.
 - 2. Applicants shall demonstrate successful passage, as per National Council of State Boards of Nursing guidelines, of an English proficiency exam that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language and the school of nursing where the applicant attended taught in English and used English textbooks
 - 3. An applicant who does not have evidence of satisfactory education may be required to take additional courses of study or examination as directed by the Board in order to fulfill Tennessee requirements.

(Rule 1000-01-.03, continued)

- (3) Examination and Re-Examination.
 - (a) Each accepted applicant will be issued an authorization to test.
 - (b) The re-examination fee shall apply to each re-examination.
 - (c) A candidate who fails the examination may be eligible to repeat the licensure examination.

Authority: T.C.A. §§ 63-7-105, 63-7-106, 63-7-110, 63-7-111, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Amendment filed February 28, 1983; effective March 30, 1983. Amendment filed September 18, 1985; effective October 18, 1985. Amendment filed October 24, 1991; effective December 8, 1991. Amendment filed July 7, 1995; effective September 20, 1995. Amendment filed September 4, 2002; effective December 8, 2002. Amendment filed March 23, 2007; effective June 6, 2007. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.04 RN/LPN LICENSURE BY ENDORSEMENT.

- (1) Application - The required application for RN or LPN, whichever is applicable, for licensure by endorsement shall be completed in part by the applicant and signed by the applicant under penalty of perjury.
 - (a) The name as signed on the application shall be the name carried in the records of the Board, absent a change of name.
 - (b) The application may include a satisfactory reference.
 - (c) The application shall include an official verification of the applicant's licensure for nursing practice in another jurisdiction.
 - (d) Only a person who has filed the required application and paid the fee will be eligible for licensure by endorsement.
 - (e) This application shall include the result of a biometric criminal background check that the applicant has caused to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials.
 - (f) Explanation and supporting documentation regarding the applicant's background and information contained in the application may be required.
 - (g) Every applicant must be a United States citizen, a "qualified alien" or a non-immigrant who meets the requirements set out at 8 U.S.C. 1621. Applicants claiming qualified alien status must provide two forms of documentation of identity and immigration status as determined by the United States Department of Homeland Security.
 - (h) Applicants may be required to submit to an evaluation by a qualified expert as determined by the Board.
- (2) Qualifications - The applicant must either be a graduate of an approved school of nursing, or the approved school must certify to the Board that the applicant has met all requirements for a diploma, degree, or certificate and been licensed by examination in the other U.S. jurisdiction.

(Rule 1000-01-.04, continued)

- (a) An applicant shall have had substantially the same course of study as set by the Board for Tennessee schools of nursing at the time the applicant was accepted for licensure by examination in the other jurisdiction.
- (b) An applicant shall have general education equivalent to that required for Tennessee's licensure by examination at the time the candidate was accepted for licensure in the other jurisdiction. An applicant holding a college or university degree meets the general education equivalent.
- (c) An applicant who does not have evidence of satisfactory general or nursing education may be required to take an additional course of study or examination to establish education equivalent to Tennessee's requirements at the time the applicant was accepted for licensure in the other jurisdiction.
- (d) The Board may request submission of evidence of satisfactory mental and physical health.
- (e) An internationally educated applicant shall cause the Commission on Graduates of Foreign Nursing Schools (CGFNS) to submit a CES professional report.
- (f) When the Board has reasonable doubt of an applicant's ability to comprehend the English language to a degree sufficient to permit the applicant to discharge the applicant's duties as a nurse in this state with safety to the public, the Board may require the passing of an examination to demonstrate such ability.

Authority: T.C.A. §§ 63-7-105, 63-7-106, 63-7-110, 63-7-111, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Amendment filed May 17, 1974; effective June 17, 1974. Amendment filed October 30, 1975; effective November 30, 1975. Amendment filed February 28, 1983; effective March 30, 1983. Amendment filed February 14, 1984; effective March 15, 1984. Amendment filed September 18, 1985; effective October 18, 1985. Amendment filed December 18, 1989; effective February 1, 1990. Withdrawal of rule 1000-01-.04(6)(c) filed and effective December 4, 1999. Amendment filed October 26, 1999; effective January 9, 2000. Amendment filed April 28, 2000; effective July 12, 2000. Amendment filed November 22, 2000; effective February 6, 2001. Amendments filed September 24, 2004; effective December 8, 2004. Amendment filed May 5, 2006; effective July 19, 2006. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.05 RENEWAL, RETIREMENT, REINSTATEMENT, CHANGE OF NAME AND ADDRESS, AND LOST LICENSE PROCEDURE.

- (1) The due date for renewal is the last day of the month in which a licensee's birth date falls pursuant to the Division of Health Related Board's biennial birth date renewal system.
 - (a) The Board may request submission of evidence of satisfactory health, character, or professional nursing competence before renewal of registration if a licensee has been inactive in nursing for five (5) years or more, or if questions pertaining to health, character, or competence have been brought to the attention of the Board.
 - (b) Applicants may be required to submit to an evaluation by a qualified expert as determined by the Board.
 - (c) Explanation and supporting documentation regarding the applicant's background may be required.
 - (d) Anyone submitting a renewal application which is found to be untrue may be subject to disciplinary action as provided in these rules.

(Rule 1000-01-.05, continued)

(2) Methods of Renewal

- (a) Internet Renewals - Individuals that do not have unreported crime or discipline from another state may apply for renewal and pay the necessary fees via the internet. The application to renew can be accessed via the internet.
 - (b) Paper Renewals - Individuals may also apply for renewal via paper application, which form is available from the Board's administrative office. Failure to receive any notification from the Board office does not relieve the licensee of the responsibility of meeting all requirements for renewal.
- (3) Change of Name - Each licensee whose name has changed shall notify the Board in writing of the name change and shall provide both the old and new names. A notification of name change must also include a copy of the official document demonstrating the name change and must reference the licensee's license number. Such notification must be received in the Board's administrative office no more than thirty (30) days after such name change became effective.
- (4) Change of Address - Each licensee who has had a change of mailing address shall notify the Board in writing of his/her current mailing address, giving both old and new addresses. Such notification shall be received in the Board's administrative office no more than thirty (30) days after such change is effective and must reference the licensee's name and license number.
- (5) Licensees who fail to comply with the renewal rules or notification received by them concerning failure to timely renew shall have their licenses processed pursuant to Rule 1200-10-01-.10. The failure of any nurse to renew the nurse's license biennially or the failure to pay any fees required by law will automatically forfeit the right of such nurse to practice nursing in this state.
- (6) Retirement - A person who has filed the required information for retirement of licensure with the Board will be permitted to use the title Advanced Practice Registered Nurse, Retired (APRN, R.), Registered Nurse, Retired (RN, R.) or Licensed Practical Nurse, Retired (LPN, R.). Currently licensed nurses who wish to retire their license may submit to the Board office the following information:
 - (a) A completed Board of Nursing retirement affidavit form.
 - (b) Other documentation that may be required by the Board.
- (7) Procedure for Lost License - If a license or renewal certificate is lost, the nurse shall notify the Board immediately. The licensee is required to attest to the loss under penalty of perjury, supply identifying information and pay the required fee.
- (8) Reinstatement of a License - Reinstatement of a license may be accomplished upon meeting the following conditions:
 - (a) Completion of the appropriate application signed by the applicant and attested to under penalty of perjury. The application shall include the results of a biometric criminal background check that the applicant has caused to be submitted to the Board's administrative office directly from the vendor identified by the Board; and
 - (b) Payment of the Reinstatement and State Regulatory fees, pursuant to rule; and
 - (c) The Board may request submission of evidence of satisfactory health, character, or professional nursing competence before reinstatement. Applicants may be required to submit to an evaluation by a qualified expert as determined by the Board.

(Rule 1000-01-.05, continued)

Authority: T.C.A. §§ 63-1-108, 63-1-116, 63-7-114, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Amendment filed September 18, 1985; effective October 18, 1985. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.06 APPLICANTS WHO ARE GUILTY OF CRIME OR HAVE DISCIPLINE IN ANOTHER STATE.

- (1) The Board is concerned about individuals with criminal histories who apply for licensure as nurses. The Board's concern stems from the fact that nurses care for patients in a variety of settings, including patients' homes, where there may be no other health care providers and no other person to witness what nurses are doing. Patients are often vulnerable, both physically and emotionally. Nurses have access to personal information about patients and/or the patients' families. Nurses have access to patients' property and provide intimate care to patients. The Board believes that persons who receive nursing care and their families should be able to have confidence that an individual licensed by the Board does not have a history of mistreatment, neglect, violence, cheating, defrauding the public, or otherwise taking advantage of another person. In making decisions on applicants with criminal histories the Board will follow the applicable provisions of the "Fresh Start Act" found at T.C.A. § 63-1-130.
- (2) Any individual who applies for any license and supplies false or incomplete information to the Board on an application for licensure regarding the individual's criminal record or record of discipline in another state will be denied said license.

Authority: T.C.A. §§ 63-1-130, 63-7-101, 63-7-115, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Amendment filed May 29, 1980; effective August 27, 1980. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.07 DISCIPLINE OF LICENSEES, UNAUTHORIZED PRACTICE OF NURSING, CIVIL PENALTIES, SCREENING PANELS, SUBPOENAS, DECLARATORY ORDERS, AND ASSESSMENT OF COSTS.

- (1) Exemptions - See Nursing Acts 1967, T.C.A. § 63-7-102. (This is not inclusive of all exemptions in statute.)
 - (a) Domestic administration of family remedies.
 - (b) Furnishing of assistance in the case of an emergency.
 - (c) Persons employed in the office of a licensed physician or dentist, assisting in the nursing care of patients where adequate medical or nursing supervision or both is provided. The basic responsibility of the individual nurse who is required to supervise others is to determine which of the nursing needs can be delegated safely to others, and whether the individual to whom the duties are entrusted must be supervised personally.
 - (d) The practice of nursing incidental to a program of study by students enrolled in a school of nursing approved by the Board is exempt from licensure; however, a student of a school of nursing may not be employed in a capacity requiring a licensed person.
- (2) Responsibility - Nurses are responsible for personal acts of negligence under the law. Nurses are liable if they perform delegated functions they are unprepared to handle by education and experience and for which supervision is not provided. In any patient care situation, the nurse should perform only those acts for which the nurse has been prepared and has demonstrated ability to perform, bearing in mind the individual's personal responsibility under the law.

(Rule 1000-01-.07, continued)

(3) Discipline

- (a) The Board has the power to deny, revoke or suspend any certificate or license to practice nursing, or to otherwise discipline a licensee, as provided in the Nursing Acts 1967, T.C.A. § 63-7-115.
 - (b) The procedure for revocation, suspension, or other discipline shall be by contested case in accordance with T.C.A. §§ 4-5-301, et seq., these rules, and the Rules of the Secretary of State, Chapter 1360-04-01.
 - 1. A respondent in a disciplinary case shall serve on the petitioner and file with the Tennessee Department of State Administrative Procedures Division a written answer to the notice of charges and to every amendment thereof.
 - 2. The answer shall admit or deny each of the allegations in the charges or amendment thereof. If the respondent intends to deny only a part of an allegation, the respondent shall specify so much of it that is true and shall deny only the remainder. The answer shall also include any other matter, whether of law or fact, upon which respondent intends to rely for defense.
 - 3. If the respondent fails to file an answer to the notice of charges within thirty (30) days of its service, the respondent will be deemed in default and the matter scheduled for default hearing.
 - 4. In a case of default, the respondent shall be deemed to have:
 - (i) Admitted all the factual allegations in the notice of charges;
 - (ii) Waived the opportunity to show compliance with the law;
 - (iii) Waived the opportunity for a hearing on the notice of charges; and
 - (iv) Waived objection to any discipline requested in the notice of charges.
 - (c) The procedure for reissuance of a license is described in the Nursing Acts 1967, T.C.A. § 63-7-116.
 - (d) Any member of the Board may grant or deny a petition for reconsideration of a final order, as provided in Rule 1360-04-01-.18(1)(b).
 - (e) Any member of the Board may, if adequate public notice is given, schedule a hearing on a petition for a stay, as provided in Rule 1360-04-01-.18(2).
- (4) Order Modifications - This procedure is not intended to allow anyone under a previously issued disciplinary order, including an unlicensed practice civil penalty order, to modify any findings of fact, conclusions of law, or the reasons for the decision contained in the order. It is also not intended to allow a petition for a lesser disciplinary action, or civil penalty other than the one(s) previously ordered. All such provisions of Board orders were subject to reconsideration and appeal under the provisions of the Uniform Administrative Procedures Act (T.C.A. §§ 4-5-301, et seq.). This procedure is not available as a substitute for reconsideration and/or appeal and is only available after all reconsideration and appeal rights have been either exhausted or not timely pursued. It is also not available for those who have accepted and been issued a reprimand.
- (a) The Board will entertain petitions for modification of the disciplinary portion of previously issued orders upon strict compliance with the procedures set forth in

(Rule 1000-01-.07, continued)

subparagraph (b) only when the petitioner can prove that compliance with any one (1) or more of the conditions or terms of the discipline previously ordered is impossible. For purposes of this rule the term “impossible” does not mean that compliance is inconvenient for personal, financial, scheduling or other reasons.

(b) Procedures

1. The petitioner shall submit a written and signed Petition for Order Modification in the format contained in subparagraph (c) to the Board’s administrative office that shall contain all of the following:
 - (i) A copy of the previously issued order; and
 - (ii) A statement of why the petitioner believes compliance with the order as issued cannot or should not be achieved; and
 - (iii) A copy of all documents that are relevant to meeting the provisions of subparagraph (a). If proof of the need for order modification requires testimony of an individual(s), including that of the petitioner, the petitioner must submit signed and notarized statements from every individual the petitioner intends to rely upon attesting, under oath, to the reasons why compliance is impossible or should not be required. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, the petition.
2. The Board authorizes its Executive Director, or any Board member, or any Board consultant, or any Board-appointed designee to make an initial determination on the petition and take one of the following actions:
 - (i) Confirm the petitioner’s legitimate difficulties with achieving compliance and forward the petition to the Office of General Counsel for presentation to the Board as an uncontested matter; or
 - (ii) Deny the petition, after consultation with legal staff, if the petitioner’s difficulties with achieving compliance are not proven to be legitimate, and notify the petitioner of what was either not sufficient or not submitted.
3. If the petition is presented to the Board the petitioner may not submit any additional documentation or testimony other than that contained in the petition as originally submitted.
4. If the petition is granted a new order will be issued reflecting the modifications authorized by the Board that it deemed appropriate and necessary in relation to the violations found in the previous order.
5. If the petition is denied either initially by the Board’s Executive Director, or any Board member, or any Board consultant, or any Board-appointed designee or after presentation to the Board and the petitioner believes documentation supporting a legitimate inability to achieve compliance with the order has been sufficiently proven the petitioner may, as authorized by law, file a petition for a declaratory order pursuant to the provisions of T.C.A. § 4-5-223 and Rule 1200-10-01-.11.

(c) Petition

(Rule 1000-01-.07, continued)

Petition for Order Modification
Board of Nursing

Petitioner's Name: _____
Petitioner's Mailing Address: _____

Petitioner's E-Mail Address: _____
Telephone Number: _____
Attorney for Petitioner: _____
Attorney's Mailing Address: _____

Attorney's E-Mail Address: _____
Telephone Number: _____

The petitioner respectfully represents that for the following reasons, as substantiated by the attached documentation, the identified provisions of the attached disciplinary order cannot or should not continue to be imposed:

Note - You must enclose all documents necessary to prove your request including a copy of the original order. If any of the proof you are relying upon to show the need for order modification is the testimony of any individual, including yourself, you must enclose signed and notarized statements from every individual you intend to rely upon attesting, under oath, to the reasons why compliance is impossible or should not be required. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, this petition.

Respectfully submitted this the _____ day of _____ 20____.

Petitioner's Signature

(5) Civil Penalties

(a) Schedule of Civil Penalties

1. A Type A Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed, certified, permitted, or authorized by the Board, guilty of a willful and knowing violation of the Tennessee Code, or regulations pursuant thereto, to such an extent that there is, or is likely to be, an imminent, substantial threat to the health, safety and welfare of an individual patient or the public. For purposes of this section, willfully and knowingly practicing nursing without a permit, license, certification, or other authorization from the Board is one of the violations of the Tennessee Code for which a Type A Civil Penalty is assessable.
2. A Type B Civil Penalty may be imposed whenever the Board finds the person required to be licensed, certified, permitted, or authorized by the Board, guilty of

(Rule 1000-01-.07, continued)

a violation of the Tennessee Code or regulations pursuant thereto in such manner as to impact directly on the care of patients or the public.

3. A Type C Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed, certified, permitted or authorized by the Board, guilty of a violation of the Tennessee Code or regulations pursuant thereto, which are neither directly detrimental to the patients or public, nor directly impact their care, but have only an indirect relationship to patient care or the public.

(b) Amount of Civil Penalties

1. Type A Civil Penalties shall be assessed in the amount of not less than \$500 or more than \$1,000.
2. Type B Civil Penalties may be assessed in the amount of not less than \$100 nor more than \$750.
3. Type C Civil Penalties may be assessed in the amount of not less than \$50 nor more than \$500.

(c) Procedures for Assessing Civil Penalties

1. The Division of Health Related Boards may initiate a civil penalty assessment by filing a Memorandum of Assessment of Civil Penalty. The Division shall state in the memorandum the facts and law upon which it relies in alleging a violation, the proposed amount of the civil penalty and the basis for such penalty. The Division may incorporate the Memorandum of Assessment of Civil Penalty with a Notice of Charges which may be issued attendant thereto.
2. Civil penalties may also be initiated and assessed by the Board during consideration of any Notice of Charges. In addition, the Board may, upon good cause shown, assess a type and amount of civil penalty which was not recommended by the Division.
3. In assessing the civil penalties pursuant to these rules the Board may consider the following factors:
 - (i) Whether the amount imposed will be a substantial economic deterrent to the violator;
 - (ii) The circumstances leading to the violation;
 - (iii) The severity of the violation and the risk of harm to the public;
 - (iv) The economic benefits gained by the violator as a result of non-compliance; and,
 - (v) The interest of the public.
4. All proceedings for the assessment of civil penalties shall be governed by the contested case provisions of Title 4, Chapter 5, T.C.A.

- (6) Screening Panels - Any screening panel(s) established pursuant to T.C.A. §§ 63-7-115 and 63-7-207:

(Rule 1000-01-.07, continued)

- (a) Shall have concurrent authority with the Board members and any individual nurse designated by the Board to do the acts described in this paragraph (6).
 - 1. A screening panel(s) comprised of three (3) or more persons shall elect a chairperson prior to convening to conduct business. The screening panel(s) shall include at least one (1) but no more than three (3) licensed nurses who may be members of the Board or may serve voluntarily or through employment by or under contract with the Board.
 - 2. A screening panel(s) comprised of two (2) or more persons is required to conduct the informal hearings authorized in subparagraph (b) immediately below.
 - (b) After review of a complaint by the Board's consultant, or after completion of an investigation by the Division, a screening panel may upon request of either the state, or the licensee who is the subject of an investigation, or upon agreement of both the licensee and the state, conduct a non-binding informal hearing and make recommendations as a result thereof as to what, if any, terms of settlement of any potential disciplinary action are appropriate.
 - 1. Neither the Rules of Civil Procedure, the Rules of Evidence nor Contested Case Procedural Rules under the Administrative Procedures Act will apply in informal hearings before the screening panels(s).
 - (i) Evidence may be presented or received in any manner and in whatever order agreed upon by the parties.
 - (ii) Prior to convening the panel and in the absence of an agreement of the parties, the screening panel chairperson shall determine the manner and order of presentation of evidence.
 - 2. Informal hearings may be conducted without the participation of the licensee who is the subject of the investigation.
 - 3. A licensee who is the subject of an investigation being considered by a screening panel cannot be compelled to participate in any informal hearing.
 - 4. It is not required that prior or subsequent notice of any informal hearing be given to any licensee who is the subject of an investigation being considered by a screening panel.
 - 5. Proposed settlements reached as a result of any informal hearing will not become binding and final unless they are:
 - (i) Approved by a majority of the members of the screening panel which issued them; and
 - (ii) Agreed to by both the Department of Health, by and through its attorney(s), and the licensee; and
 - (iii) Subsequently presented to and ratified by the Board or a duly constituted panel of the Board.
- (7) Subpoenas
- (a) Purpose - Although this rule applies to persons and entities other than nurses, it is the Board's intent as to nurses that they be free to comprehensively treat and document

(Rule 1000-01-.07, continued)

treatment of their patients without fear that the treatment or its documentation will be unduly subjected to scrutiny outside the profession. Consequently, balancing that intent against the interest of the public and patients to be protected against substandard care and activities requires that persons seeking to subpoena such information and/or materials must comply with the substance and procedures of these rules.

It is the intent of the Board that the investigative subpoena power outlined herein shall be strictly proscribed. Such power shall not be used by the Division or Board investigators to seek other incriminating evidence against nurses when the Division or Board does not have a complaint or basis to pursue such an investigation. Thus, unless the Division or its investigators have previously considered, discovered, or otherwise received a complaint from either the public or a governmental entity, then no subpoena as contemplated herein shall issue.

- (b) Definitions - As used in this chapter of rules the following words shall have the meanings ascribed to them:

1. Probable Cause

- (i) For Investigative Subpoenas - Shall mean that probable cause, as defined by case law at the time request for subpoena issuance is made, exists that a violation of the Nursing Practice Act or rules promulgated pursuant thereto has occurred or is occurring and that it is more probable than not that the person(s), or items to be subpoenaed possess or contain evidence which is more probable than not relevant to the conduct constituting the violation.
- (ii) The utilization of the probable cause evidentiary burden in proceedings pursuant to this rule shall not in any way, nor should it be construed in any way, to establish a more restrictive burden of proof than the existing preponderance of the evidence standard in any civil disciplinary action which may involve the person(s) or items that are the subject of the subpoena.

- (c) Procedures

1. Investigative Subpoenas

- (i) Investigative subpoenas are available only for issuance to the authorized representatives of the Tennessee Department of Health, its investigators and its legal staff.
- (ii) An applicant for such a subpoena must either orally or in writing notify the Board's Executive Director of the intention to seek issuance of a subpoena. That notification must include the following:
 - (I) The time frame in which issuance is required so the matter can be timely scheduled; and
 - (II) A particular description of the material or documents sought, which must relate directly to an ongoing investigation.
 - (III) Whether the proceedings for the issuance are to be conducted by physical appearance or electronic means; and

(Rule 1000-01-.07, continued)

- (IV) The name and address of the person for whom the subpoena is being sought or who has possession of the items being subpoenaed.
- (iii) The Board's Executive Director shall cause the following to take place:
 - (I) In as timely a manner as possible arrange for either an elected officer of the Board, or any duly appointed or elected chairperson of any panel of the Board, or any screening panel, or any hearing officer, arbitrator or mediator to preside and determine if the subpoena should be issued; and
 - (II) Establish a date, time and place for the proceedings to be conducted and notify the presiding officer and the applicant; and
 - (III) Maintain a complete record of the proceedings including an audio recording in such a manner as to:
 - I. Preserve a verbatim record of the proceeding; and
 - II. Prevent the person(s) presiding over the proceedings and/or signing the subpoena from being allowed to participate in any manner in any disciplinary action of any kind, formal or informal, which may result involving either the person or the documents or records for which the subpoena was issued.
- (iv) The proceedings
 - (I) The applicant shall do the following:
 - I. Provide for the attendance of all persons whose testimony is to be relied upon to establish probable cause; and
 - II. Produce and make part of the record copies of all documents to be utilized to establish probable cause; and
 - III. Obtain, complete and provide to the presiding officer a subpoena which specifies the following:
 - A. The name and address of the person for whom the subpoena is being sought or who has possession of the items being subpoenaed; and
 - B. The location of the materials, documents or reports for which production pursuant to the subpoena is sought if that location is known; and
 - C. A brief, particular description of any materials, documents or items to be produced pursuant to the subpoena; and
 - D. The date, time and place for compliance with the subpoena.
 - IV. Provide the presiding officer testimony and/or documentary evidence which in good faith the applicant believes is sufficient to establish that probable cause exists for issuance of the

(Rule 1000-01-.07, continued)

subpoena as well as sufficient proof that all other reasonably available alternative means of securing the materials, documents or items have been unsuccessful.

(II) The presiding officer shall do the following:

- I. Have been selected only after assuring the Board's Executive Director that the officer has no prior knowledge of or any direct or indirect interest in or relationship with the person(s) being subpoenaed and/or the licensee who is the subject of the investigation; and
- II. Commence the proceedings and swear all necessary witnesses; and
- III. Hear and maintain the confidentiality, if any, of the evidence presented at the proceedings; and
- IV. Control the manner and extent of inquiry during the proceedings and be allowed to question any witness who testifies; and
- V. Determine based solely on the evidence presented in the proceedings whether probable cause exists and if so, issue the subpoena for the person(s) or items specifically found to be relevant to the inquiry; and
- VI. Sign the subpoena as ordered to be issued; and
- VII. Not participate in any way in any other proceeding, whether formal or informal, involving the matters, items or person(s) that are the subject of the subpoena. This does not preclude the presiding officer from presiding at further proceedings for issuance of subpoenas in the matter.

2. Post-Notice of Charges Subpoenas - If the subpoena is sought for a contested case being heard with an Administrative Law Judge from the Secretary of State's office presiding, any such post-notice of charges subpoena should be obtained from the office of the Administrative Procedures Division of the Office of the Secretary of State pursuant to the Uniform Administrative Procedures Act and rules promulgated pursuant thereto.

(d) Investigative Subpoena Forms

1. All investigative subpoenas shall be issued on forms approved by the Board.
2. The investigative subpoena forms may be obtained by contacting the Board's administrative office.

(e) Service of Investigative Subpoenas - Any method of service of subpoenas authorized by the Tennessee Rules of Civil Procedure or the rules of the Tennessee Department of State, Administrative Procedures Division may be utilized to serve subpoenas pursuant to this rule.

- (8) Declaratory Orders - The Board adopts, as if fully set out herein, Rule 1200-10-01-.11 of the Division of Health Related Boards and as it may from time to time be amended, as its rule

(Rule 1000-01-.07, continued)

governing the declaratory order process. All declaratory order petitions involving statutes, rules or orders within the jurisdiction of the Board shall be addressed by the Board pursuant to that rule and not by the Division. Declaratory Order Petition forms can be obtained from the Secretary of State's website.

- (9) Assessment of costs in disciplinary proceedings shall be as set forth in T.C.A. §§ 63-1-144 and 63-7-115.

Authority: T.C.A. §§ 63-1-144, 63-7-102, 63-7-115, 63-7-116, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Amendment filed January 31, 1985; effective March 2, 1985. Amendment filed February 21, 1996; effective May 6, 1996. Amendment filed March 21, 2005; effective June 4, 2005. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.08 UNPROFESSIONAL CONDUCT AND UNFITNESS OR INCOMPETENCE BY REASON OF NEGLIGENCE, HABITS OR OTHER CAUSE.

- (1) Unprofessional conduct and unfitness or incompetency by reasons of negligence, habits or other cause, as those terms are used in the statute includes, but is not limited to, the following:
- (a) Intentionally or negligently causing or attempting to cause physical or emotional injury to a patient;
 - (b) Failure to maintain a record for each patient which accurately reflects the nursing problems and interventions for the patient and/or failure to maintain a record for each patient which accurately reflects the name and title of the nurse providing care;
 - (c) Abandoning or neglecting a patient requiring nursing care;
 - (d) Making false or materially incorrect, inconsistent or unintelligible entries in any patient records or in the records of any health care facility, school, institution or other work place location pertaining to the obtaining, possessing or administration of any controlled substance as defined in the Federal Controlled Substances Act;
 - (e) Unauthorized use or removal of narcotics, drugs, supplies, or equipment from any health care facility, school, institution or other workplace location;
 - (f) The use of any intoxicating beverage or the illegal use of any narcotic or dangerous drug while on call or on duty in any health care facility, school, institution, or other workplace location;
 - (g) Being under the influence of alcoholic beverages, or under the influence of drugs which impair judgment while on call or on duty in any health care facility, school, institution or other workplace location;
 - (h) Impersonating another licensed practitioner;
 - (i) Permitting or allowing another person to use his or her license for the purpose of nursing the sick or afflicted for compensation;
 - (j) Imposition of revocation, suspension, summary or emergency suspension, probation, reprimand, denial, conditions or limitations upon, or any other discipline of a license or multistate privilege to practice nursing by another state or territory of the United States for any act or omission which would constitute grounds for discipline of a license or multistate privilege in this state;

(Rule 1000-01-.08, continued)

- (k) Practicing nursing in this state on a lapsed (state) license or without an active license;
- (l) Assigning unqualified persons to perform functions of licensed persons or delegating nursing care functions and tasks and/or responsibilities to others contrary to the Nurse Practice Act or rules and regulations, to the detriment of patient safety;
- (m) Failing to supervise persons to whom nursing functions are delegated or assigned;
- (n) Violating or aiding, abetting, assisting or hiring an individual to violate or circumvent any law or duly promulgated rule intended to guide the conduct of a nurse or any other licensed health care provider;
- (o) Exercising undue influence on the patient, including the promotion of sale of services, goods, appliances, or drugs in such a manner as to exploit the patient for financial gain of the nurse or of a third party;
- (p) Discriminating in the rendering of nursing services as it relates to marital status, race, age, gender, sexual preference, diagnosis, socioeconomic status, religion, national origin, or the condition/disability of the patient;
- (q) Violating confidentiality of information or knowledge concerning the patient, except when required to do so by a court of law;
- (r) Failing to take appropriate action in safeguarding the patient from incompetent health care practices;
- (s) Failing to report to the appropriate licensure board facts known to the individual regarding incompetent, unethical or illegal practice of any health care provider;
- (t) Over-prescribing, or prescribing in a manner inconsistent with Rules 1000-04-.07 and 1000-04-.08 or with the applicable standard of care;
- (u) Practicing nursing in a manner inconsistent with T.C.A. § 63-7-103, T.C.A § 63-7-108, or T.C.A. § 63-7-126, as applicable;
- (v) Performing nursing techniques or procedures without proper education and practice;
- (w) Engaging in acts of dishonesty which relate to the practice of nursing;
- (x) Having a positive drug screen without a valid prescription;
- (y) Giving someone your code or key to a medication dispensing system;
- (z) Prescribing, dispensing, or diagnosing without having a collaborating physician;
- (aa) Surrender or revocation of a DEA registration certificate;
- (bb) Making a materially false, fictitious, or fraudulent statement or representation in connection with the investigation of a violation of T.C.A. § 63-7-115;
- (cc) Violating the professional boundaries of the nurse/patient relationship including but not limited to physical, sexual, emotional or financial exploitation of the patient or the patient's significant other(s);
- (dd) Engaging in sexual conduct with a patient, touching a patient in a sexual manner, requesting or offering sexual favors, or language or behavior suggestive of the same;

(Rule 1000-01-.08, continued)

- (ee) Carelessly or repeatedly failing to conform to generally accepted nursing standards in applicable practice settings;
- (ff) Except in emergencies, prescribing controlled substances for oneself, immediate family members, or friends.

Authority: T.C.A. §§ 63-7-101, 63-7-103, 63-7-108, 63-7-115, 63-7-123, 63-7-126, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.09 PURPOSE OF NURSING EDUCATION STANDARDS. The purposes of nursing education standards are to:

- (1) Ensure that graduates of schools of nursing are prepared for safe and effective nursing practice.
- (2) Provide criteria for the development, evaluation and improvement of new and established schools of nursing.
- (3) Ensure that candidates are educationally prepared for licensure at the appropriate level.

Authority: T.C.A. §§ 63-7-117, 63-7-118, 63-7-119, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.10 NURSING EDUCATION STANDARDS.

- (1) Institutions desiring to conduct a school of professional or practical nursing, via any means, shall meet the standards of this rule. These standards only apply to school of nursing programs leading to initial licensure as a Licensed Practical Nurse, Registered Nurse, or Advanced Practice Registered Nurse.
 - (a) The purpose and outcomes of the school of nursing shall be consistent with T.C.A §§ 63-7-101, et seq., other relevant state and federal statutes and all rules and regulations of the Board.
 - (b) The purpose and outcomes of the school of nursing shall be consistent with accepted standards of nursing practice appropriate for graduates of the type of school of nursing offered.
 - (c) The input of consumers and the public shall be considered in developing and evaluating the purpose and outcomes of the school of nursing program.
 - (d) The school of nursing shall implement a comprehensive, systematic plan for ongoing evaluation of the program that is based on program outcomes and incorporates continuous improvement.
 - (e) The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.
 - (f) Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.
 - (g) The school of nursing director shall be a professionally and academically qualified individual and have institutional authority and administrative responsibility for the program.

(Rule 1000-01-.10, continued)

- (h) Professionally, academically and clinically qualified nursing faculty shall be sufficient in number and expertise to accomplish school of nursing program outcomes and quality improvement.
- (i) The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.
- (j) Program information communicated by the school of nursing shall be accurate, complete, consistent and readily available.

Authority: T.C.A. §§ 63-7-117, 63-7-118, 63-7-119, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.11 CRITERIA FOR SCHOOLS OF NURSING. The organization and administration of the school of nursing shall be consistent with T.C.A. §§ 63-7-101, et seq., other relevant state and federal statutes and all rules and regulations of the Board. The school of nursing shall be an integral part of a governing academic institution.

(1) Educational Resources

- (a) Library - A well-organized and up-to-date library should be provided for the use of students and faculty.
- (b) Clinical Facilities
 - 1. The clinical facilities shall be selected on the basis of adequacy for student learning experiences:
 - (i) The nursing faculty shall select facilities which permit them to conduct a program in keeping with their philosophy and educational objectives.
 - (ii) Facilities selected for clinical experiences shall be appropriate to the learning objectives.
 - (iii) The school of nursing shall establish formal relationships with the clinical facilities, evidenced by a written agreement:
 - (I) The written agreements shall clearly define the responsibilities of the school of nursing and the clinical facilities.
 - (II) The written agreements shall be approved by the appropriate administrative officers of both the school of nursing and clinical facility.

(2) Curriculum

- (a) The curriculum of a school of nursing program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure/certification. From time to time the curriculum shall be revised as necessary to maintain a program that reflects advances in healthcare and its delivery.
- (b) The curriculum, as defined by nursing education, professional and practice standards shall include at a minimum the following:

(Rule 1000-01-.11, continued)

1. Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients.
2. Evidence-based learning experiences and methods of instruction, consistent with the curriculum plan.
3. Coursework including, but not limited to:
 - (i) Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;
 - (ii) Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and healthcare;
 - (iii) Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health from diverse cultural, ethnic, social and economic backgrounds. Patient experiences will occur in a variety of clinical settings and will include:
 - (I) Integrating patient safety principles throughout the didactic and clinical coursework.
 - (II) Implementing evidence-based practice to integrate best research evidence with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care.
 - (III) Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:
 - I. Respecting patient differences, values, preferences and expressed needs.
 - II. Involving patients/designees in decision-making and care management.
 - III. Coordinating and managing patient care across settings.
 - IV. Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.
 - (IV) Collaborating within inter-professional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care.
 - (V) Participating in 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 healthcare systems.
 - (VI) Using information technology to communicate, mitigate error and support decision-making.

(Rule 1000-01-.11, continued)

- (iv) Advanced Practice Registered Nurse education shall be congruent with national standards for graduate level and advanced practice registered nursing education, and consistent with nationally recognized advanced practice registered nurse roles and specialties and include:
 - (I) Clinical and didactic coursework comprehensive and sufficient to prepare the graduate to obtain national certification for licensure in and practice in the Advanced Practice Registered Nurse role/category and population focus.
 - (II) The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified APRN roles/categories, i.e., nurse practitioner, nurse anesthetist, nurse midwife and clinical nurse specialist, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health. The curriculum shall include:
 - I. Three separate graduate level courses (the APRN core) in:
 - A. Advanced physiology and pathophysiology, including general principles that apply across the lifespan;
 - B. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
 - C. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.
 - II. Diagnosis and management of diseases across practice settings including diseases representative of all systems.
 - III. Preparation that provides a basic understanding of the principles for decision-making in the identified role.
 - IV. Preparation in the core competencies for the identified APRN role.
 - A. Role/category preparation in one of the six population foci of practice.
 - B. An advanced practice registered nursing core, including legal, ethical and professional responsibilities of the advanced practice registered nurse;
- (v) Practical nursing education shall include:
 - (I) Sufficient classroom instruction to comply with the requirements of Rule 1000-01-.11 (2)(a) and (b):
 - (II) Clinical experience:
 - I. Medical-Surgical Nursing - 325 contact hours

(Rule 1000-01-.11, continued)

- II. Maternal and Infant Care - 35 contact hours
 - III. Pediatric Nursing - 35 contact hours
 - IV. Behavioral/Mental Health Nursing - 35 contact hours
- (III) For public institutions of higher education, a total minimum of one thousand two hundred ninety-six (1296) contact hours or an equivalent number of credit hours.
- (c) Major Curriculum Change - Any major change to school of nursing's curriculum must be presented to the Board for approval prior to implementation and may require a survey visit.
- (3) Clinical Practice - Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan, and delegation to and supervision of, as appropriate to level of education, other health care providers.
- (a) Clinical experience shall be comprised of sufficient hours to meet Board standards and be supervised by qualified faculty and ensure students' ability to practice.
 - (b) Students must observe effective clinical practice and must have an opportunity to practice clinically. Effective clinical practice includes: use of opportunities to preserve and to teach health, prevention of illness, and care for the emotional, spiritual, social, and physical needs of patients.
 - (c) Facilities selected for clinical experience shall include sufficient rotations in acute care settings that are licensed for a minimum of 100 beds.
 - (d) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.
 - (e) Measurement of students' competencies shall focus on the students' demonstration of care management and decision-making skills when providing patient care in a variety of clinical situations and care settings.
 - (f) Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes of the educational program and Board standards.
- (4) Students
- (a) Students shall have at least a high school diploma or its equivalent.
 - (b) Students shall be provided with the opportunity to acquire and demonstrate the knowledge, skills and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty supervision and appropriate advisement.
 - (c) All policies relevant to applicants and students shall be readily available to applicants, students and the Board.
 - (d) Students shall meet health standards and criminal background check requirements. Background checks shall include a search of abuse and sex offender registries as well as Nursys.com®.

(Rule 1000-01-.11, continued)

- (e) Students shall be held accountable for professional behavior, including honesty and integrity while in their program of study.
 - (f) Each student enrolled in an advanced practice registered nurse program shall, prior to enrollment as an advanced practice registered nurse student, hold a current, active and unencumbered Tennessee registered nurse license or the multistate licensure privilege to practice as a registered nurse in Tennessee. The school shall participate in the Nursys.com e-Notify© program that provides continuous feedback of students' licensure status.
- (5) Director Responsibilities and Qualifications
- (a) Director Responsibilities - Each school of nursing shall have a director who is employed full-time for school administrative purposes. For the purpose of this rule, "full-time" means that at least eighty percent (80%) of the director's employment time is devoted to school of nursing program administrative duties.
 - (b) Director Qualifications
 - 1. Qualifications in a program preparing for Licensed Practical Nurse licensure shall include:
 - (i) A current, active and unencumbered Tennessee Registered Nurse license or multistate licensure privilege to practice as a registered nurse in Tennessee. The school shall participate in the Nursys.com e-Notify© program that provides continuous feedback of directors' licensure status;
 - (ii) A minimum of a bachelor's degree in nursing;
 - (iii) Experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation; and
 - (iv) A current knowledge of practical nursing practice.
 - 2. Qualifications in a program preparing for Registered Nurse licensure shall include:
 - (i) A current, active and unencumbered Tennessee Registered Nurse license or the multistate licensure privilege to practice as a registered nurse in Tennessee. The school shall participate in the Nursys.com e-Notify© program that provides continuous feedback of directors' licensure status;
 - (ii) A master's degree in nursing;
 - (iii) Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation; and
 - (iv) A current knowledge of registered nursing practice.
 - 3. Qualifications in a program preparing for Advanced Practice Registered Nurse licensure shall include:

(Rule 1000-01-.11, continued)

- (i) A current, active and unencumbered Tennessee Registered Nurse license or the multistate licensure privilege to practice as a registered nurse in Tennessee;
- (ii) A master's degree in nursing;
- (iii) Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation; and
- (iv) A current knowledge of advanced nursing practice.

(6) Faculty

(a) General Requirements

1. Each school shall have a number of qualified full-time faculty members that is sufficient to meet the objectives and purposes of the nursing education program. There shall be at least one instructor in each clinical specialty and major teaching area.
2. Each nurse member of the faculty shall hold a current, active and unencumbered Tennessee Registered Nurse license or the multistate licensure privilege to practice as a registered nurse in Tennessee. The school shall participate in the Nursys.com e-Notify© program that provides continuous feedback of faculty and preceptors' licensure status.
3. The clinical faculty to student ratio must support the standards for quality teaching and patient safety. In the case of training of practical nurses by schools of nursing, the faculty to student ratio shall not exceed 1:12, provided that two (2) of the twelve (12) students are in an observational capacity only.
4. The faculty as a group shall have clinical specialization and expertise in all clinical specialties of the curriculum.
5. The lead instructor shall have clinical specialization and expertise in the course the instructor is teaching.
6. Courses in which the content is primarily nursing must be taught by professional nurses.
7. Interdisciplinary (non-nurse) faculty members shall have advanced preparation appropriate to the subject matter which they teach.

- (b) Preceptors - Preceptors may be used to enhance faculty-directed clinical learning experiences, provided that preceptors are used only as an adjunct to faculty-directed clinical learning experiences and not as a substitute for regular clinical faculty members. Clinical preceptors must possess and be able to demonstrate competencies related to the clinical areas for which they have teaching responsibilities, and they are also expected to serve as role models to the students. Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students. The school shall participate in the Nursys.com e-Notify© program that provides continuous feedback of preceptors' licensure status.

(Rule 1000-01-.11, continued)

- (c) LPN Program Faculty - Qualifications for nursing faculty who teach in a program leading to licensure as a Licensed Practical Nurse shall include at a minimum:
 - 1. Three (3) years of clinical experience as a Registered Nurse within the last five (5) years; or
 - 2. Two (2) years of clinical practice as a registered nurse and twenty-four (24) semester hours or equivalent toward a higher degree in nursing; and
 - 3. Current knowledge of Licensed Practical Nurse practice; and
 - 4. Clinical faculty may work in collaboration with the school of nursing in implementation of the clinical component of the curriculum. Qualifications for nursing faculty whose only responsibility is the supervision of students in clinical practice in a program leading to licensure as a practical nurse shall include at a minimum:
 - (i) Three (3) years of clinical experience as a Registered Nurse within the last five (5) years; or
 - (ii) Two (2) years of clinical practice as a registered nurse and twenty-four (24) semester hours or equivalent toward a higher degree in nursing; and
 - (iii) Current knowledge of Licensed Practical Nurse practice.
- (d) RN Program Faculty - There shall be at least one nursing faculty member with advanced preparation in each clinical and major teaching area who is primarily responsible for the theory and clinical nursing practice. Otherwise, qualifications for nursing faculty who teach didactic content and who develop and evaluate the curriculum in a program leading to licensure as a Registered Nurse include at a minimum:
 - 1. A master's degree or higher in nursing is recommended; and
 - 2. Sufficient nursing experience to demonstrate professional competence; and
 - 3. Current knowledge of Registered Nurse practice.
 - 4. In addition to nursing faculty who teach didactic content, a program leading to licensure as a Registered Nurse may utilize adjunct clinical faculty. Such adjunct clinical faculty shall be responsible only for supervising students in clinical practice, and they shall not be responsible for developing or evaluating the program's curriculum. Qualifications for adjunct clinical faculty in a program leading to licensure as a registered nurse include at a minimum:
 - (i) A master's degree or higher in nursing is recommended; and
 - (ii) Current knowledge of Registered Nurse practice and sufficient nursing experience to demonstrate professional competence; and
 - (iii) If a less qualified adjunct faculty member is employed because a qualified candidate is not available, such adjunct faculty member shall function as an assistant under the direct guidance of a faculty member fully qualified in the specific clinical area.

(Rule 1000-01-.11, continued)

- (e) APRN Program Faculty - Qualifications for nursing faculty who teach in a specialty-specific course leading to certification as an Advanced Practice Registered Nurse include at a minimum:
1. A master's degree or higher in nursing with a focus on a related clinical specialty or in the specified Advanced Practice Registered Nurse role/category is recommended; and
 2. A certificate to practice as an Advanced Practice Registered Nurse if teaching an advanced practice specialty course; and
 3. Current knowledge of Advanced Practice Registered Nurse practice; and
 4. Clinical supervision must be congruent with current national-specialty-organization and nursing-accrediting-body standards applicable to the Advanced Practice Registered Nurse role and specialty.

Authority: T.C.A. §§ 63-7-117, 63-7-118, 63-7-119, and 63-7-207. **Administrative History:** Original rule certified May 10, 1974. Amendment filed August 31, 2001; effective November 14, 2001. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.12 PURPOSE OF SCHOOL OF NURSING APPROVAL.

- (1) To ensure the safe practice of nursing by setting standards for schools preparing the practitioner.
- (2) To ensure continuous evaluation and improvement of schools of nursing.
- (3) To ensure maximum benefit for the student enrolled in the school of nursing.
- (4) To ensure graduates meet the educational and legal requirements for the level of licensure and to facilitate endorsement to other states and countries.
- (5) To ensure that graduates of approved schools are eligible for admission to the appropriate licensing/certification examination.
- (6) To provide the public and prospective students with a published list of schools of nursing that meet the standards established by the Board.

Authority: T.C.A. §§ 63-7-117 and 63-7-207. **Administrative History:** Original rule filed June 1, 1982; effective July 16, 1982. Amendment filed February 13, 1985; effective March 15, 1985. Amendment filed September 18, 1985; effective October 18, 1985. Amendment filed January 12, 1988; effective February 26, 1988. Amendment filed November 27, 1989; effective January 11, 1990. Amendment filed January 31, 1990; effective March 17, 1990. Amendment filed October 19, 1990; effective December 3, 1990. Amendment filed October 26, 1990; effective December 10, 1990. Amendment filed October 24, 1991; effective December 8, 1991. Amendment filed March 11, 1993; effective April 25, 1993. Amendment filed July 7, 1995; effective September 20, 1995. Amendment filed November 30, 1998; effective February 13, 1999. Amendment filed August 21, 2001; effective November 4, 2001. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed March 23, 2007; effective June 6, 2007. Amendment filed November 18, 2009; effective February 16, 2010. Amendment filed March 24, 2015; effective June 22, 2015. Amendments filed May 7, 2019; effective August 5, 2019. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.13 ESTABLISHMENT OF SCHOOLS OF NURSING. Before establishing a school of nursing, the proposed school shall contact the Board and complete the following process.

- (1) Phase I - Application to the Board. The proposed school of nursing shall provide the following information to the Board:
 - (a) Results of a needs assessment, including identification of potential, and available, students and employment opportunities for graduates.
 - (b) Identification of sufficient financial and other resources.
 - (c) Governing institution approval and support.
 - (d) Community support.
 - (e) Type of school of nursing proposed.
 - (f) Evidence that the institution meets regional or national accreditation by an accredited agency recognized by the U.S. Department of Education is recommended.
 - (g) Evidence that the school of nursing is actively seeking accreditation from a U.S. Department of Education-recognized national nursing accrediting agency is recommended.
 - (h) Clinical training opportunities and availability of resources.
 - (i) Availability of qualified faculty and school of nursing director.
 - (j) A proposed timeline for initiating and expanding the school of nursing.
 - (k) Executive Director (or designee) consultation and site review.
- (2) Phase II - Initial Approval for Admission of Students.
 - (a) The proposed school of nursing shall provide the Board with verification that the following program components and processes have been completed:
 1. Employment of a director and a minimum of two (2) faculty members to develop the program.
 2. Overview of total curriculum:
 - (i) Content
 - (ii) Schedule (course sequence)
 - (iii) Course descriptions
 - (iv) Written agreements for clinical training sites
 - (v) Annual report
 - (vi) Course syllabi for first year with identified timeline for submission of syllabi for following year(s).

(Rule 1000-01-.13, continued)

3. Establishment of student policies for admission, progression, retention and graduation.
 - (b) The Board shall deny initial approval if it determines that a proposed school of nursing is unable to meet the standards for nursing education.
 - (c) When the Board determines that all components and processes are completed and in place, the Board shall grant initial approval and authorize the school of nursing to admit students.
 - (d) The school of nursing shall be reviewed each year.
 - (e) The school of nursing is eligible to apply for full approval after the school of nursing graduates its first class.
- (3) Phase III - Full Approval of School of Nursing. The Board shall fully approve the school of nursing upon:
 - (a) Completion of Board school of nursing survey visit.
 - (b) Submission of school of nursing's annual report.
 - (c) Completion of survey report that verifies the school of nursing is in compliance with the Board's nursing education rules.
 - (d) The Board may request periodic reports from the school of nursing.

Authority: T.C.A. §§ 63-7-117, 63-7-118, 63-7-119, and 63-7-207. **Administrative History:** Original rule filed December 3, 1982; effective January 3, 1983. Amendment filed August 27, 1993; effective October 25, 1993. Amendment filed June 16, 1994; effective August 30, 1994. Amendment filed June 29, 1999; effective September 12, 1999. Amendment filed March 21, 2005; effective June 4, 2005. Amendments filed November 4, 2005; effective January 18, 2006. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.14 CONTINUING APPROVAL OF A SCHOOL OF NURSING.

- (1) Continuing Approval
 - (a) At least once every eight (8) years, fully approved schools of nursing will be surveyed by the Board's Executive Director or designee for continuing approval. The Board shall review and analyze various sources of information regarding school of nursing performance on an annual basis including but not limited to:
 1. Reports of periodic Board survey visits.
 2. Board-recognized national school of nursing accreditation visits, reports and other pertinent documents, if applicable, which must be provided by the school.
 - (i) Results of ongoing school of nursing annual reports.
 - (ii) Other sources of evidence regarding achievement of school of nursing outcomes including, but not limited to:
 - (I) Student retention, attrition, and on-time program completion rates,

(Rule 1000-01-.14, continued)

- (II) Sufficient/adequate type and number of faculty, faculty competence and faculty retention/turnover,
 - (III) Adequate laboratory and clinical learning experiences,
 - (IV) An NCLEX® first-time Examination pass rate which is at minimum 80% for a calendar year and trend data/action planning related to NCLEX® performance,
 - (V) Trend data/action planning related to employer and graduate satisfaction,
 - (VI) Performance improvement initiatives related to program outcomes,
 - (VII) School of nursing complaints/grievance review and resolution.
 - (iii) Continuing annual approval will be granted upon the Board's verification that the school of nursing is in compliance with the Board's nursing education standards.
- (2) Conditional Approval
- (a) The Board may grant conditional approval when it determines that a school of nursing is not fully meeting approval standards.
 - (b) Upon grant of conditional approval, the school of nursing shall be given a reasonable period of time to submit an action plan and to correct the identified deficiencies.
- (3) Board Closure of a School of Nursing. The Board shall withdraw approval if, after proper notice and opportunity to be heard, it determines that:
- (a) A school of nursing fails to meet the standards of these rules and
 - (b) A school of nursing fails to correct the identified deficiencies within the time specified.
- (4) School of Nursing Closure
- (a) A school of nursing may close voluntarily.
 - (b) Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.
 - 1. The school of nursing shall submit to the Board:
 - (i) An acceptable plan for students to complete a Board-approved school of nursing.
 - (ii) Confirmation in writing that the plan has been fully implemented.
 - (iii) Arrangements for the secure storage and access to academic records and transcripts.

Authority: T.C.A. §§ 63-7-117, 63-7-118, 63-7-119, and 63-7-207. **Administrative History:** Original rule filed February 28, 1983; effective March 30, 1983. Amendment filed January 31, 1985; effective March 2, 1985. Amendment filed August 31, 2001; effective November 14, 2001. Amendments filed October 18, 2004; effective January 1, 2005. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.15 DENIAL, AND REINSTATEMENT OF APPROVAL OF A SCHOOL OF NURSING.

- (1) A school of nursing denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.
- (2) The Board may reinstate approval if the school of nursing submits evidence of compliance with nursing education standards within the specified time frame.

Authority: T.C.A. §§ 63-7-117, 63-7-118, 63-7-119, and 63-7-207. **Administrative History:** Original rule filed September 21, 1994; effective December 5, 1994. Amendment filed November 22, 2000; effective February 6, 2001. Amendment filed September 4, 2002; effective December 8, 2002. Amendment filed October 18, 2004; effective January 1, 2005. Amendment filed November 4, 2005; effective January 18, 2006. Amendment filed March 23, 2007; effective June 6, 2007. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.16 FREE HEALTH CLINIC AND VOLUNTEER PRACTICE REQUIREMENTS.

- (1) Free Health Clinic Practice Pursuant to T.C.A. § 63-1-201
 - (a) Any nurse licensed/certified to practice in this state or any other state who has not been disciplined by any nursing licensure board may have their license/certificate converted to or receive a Tennessee “Special Volunteer License,” as defined in T.C.A. § 63-1-201, which will entitle the licensee to practice without remuneration solely within a “free health clinic,” as defined by T.C.A. § 63-1-201, at a specified site or setting by doing the following:
 1. Obtaining from the Board’s administrative office a “Special Volunteer License” application, completing it and submitting it along with any required documentation to the Board’s administrative office; and
 2. For nurses who have not been licensed in Tennessee, comply with all provisions of Rule 1000-01-.04 and, if applicable, the Health Care Consumer-Right-To-Know Act compiled at T.C.A. §§ 63-51-101, et seq.; and
 3. Submitting the specific location of the site or setting of the free health clinic in which the licensee intends to practice along with proof of the clinic’s private, and not-for-profit, status.
 - (b) A nurse holding a Special Volunteer License is not required to pay any fee for its issuance or the required biennial renewal pursuant to the Division of Health Related Board’s biennial birthdate renewal system.
 - (c) A nurse holding a Special Volunteer License may not do any of the following:
 1. Practice nursing anywhere other than in the free health clinic site or setting specified in the application; and
 2. Charge any fee or receive compensation or remuneration of any kind from any person or third party payor including insurance companies, health plans and state or federal benefit programs for the provision of services except as otherwise authorized by law; and
 3. Practice for any free health clinic that imposes any charge on any individual to whom health care services are rendered or submits charges to any third party

(Rule 1000-01-.16, continued)

payor including insurance companies, health plans and state or federal benefit programs for the provision of any services.

- (d) Special Volunteer applicants and licensees are subject to all of the following:
 - 1. All rules governing renewal, retirement and reinstatement as provided by these rules, except those requiring the payment of any fees; and
 - 2. The rules governing continuing nursing competence as provided by these rules; and
 - 3. Disciplinary action for the same causes and pursuant to the same procedures as all other licenses issued by the Board.
- (2) Practice Pursuant to the "Volunteer Health Care Services Act" T.C.A. §§ 63-6-701, et seq.
 - (a) Any nurse licensed in this or any other state, territory, district or possession of the United States whose license is not under a disciplinary order of suspension or revocation may practice in this state but only under the auspices of an organization that has complied with the provisions of this rule and T.C.A. §§ 63-6-701 through 707 and Rule 1200-10-01-.12 of the Division of Health Related Boards.
 - (b) Any nurse who may lawfully practice in this or any other state, territory, district or possession of the United States under an exemption from licensure and who is not under a disciplinary order of suspension or revocation and who is not and will not "regularly practice," as defined by T.C.A. § 63-6-703(4) may practice in this state but only under the auspices of an organization that has complied with the provisions of this rule and T.C.A. §§ 63-6-701 through 707 and Rule 1200-10-01-.12 of the Division of Health Related Boards.
 - (c) A nurse or anyone who practices under an exemption from licensure pursuant to this rule may not charge any fee or receive compensation or remuneration of any kind from any person or third party payor including insurance companies, health plans and state or federal benefit programs for the provision of services; and may not practice for any organization that imposes any charge on any individual to whom health care services are rendered or submits charges to any third party payor including insurance companies, health plans and state or federal benefit programs for the provision of any services.
 - (d) Any organization that organizes or arranges for the voluntary provision of health care services on residents of Tennessee may utilize persons described in subparagraphs (a) and (b) to practice only when it has complied with the provisions of T.C.A. §§ 63-6-701 through 707 and Rule 1200-10-01-.12 of the Division of Health Related Boards.

Authority: T.C.A. §§ 63-1-201, 63-6-701 through 63-6-707, 63-7-102, 63-7-104, 63-7-105, 63-7-207, and 63-7-210. **Administrative History:** Original rule filed March 9, 2001; effective May 23, 2001. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.17 ADVERTISING.

- (1) Policy Statement. The lack of knowledge on the part of many of the public concerning nursing services, the importance of the interests affected by the choice of a nurse and the foreseeable consequences of unrestricted advertising by nurses which is recognized to pose special possibilities for deception, require that special care be taken by nurses to avoid misleading the public. The nurse must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by nurses is calculated and not

(Rule 1000-01-.17, continued)

spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.

(2) Definitions.

- (a) Advertisement. Informational communication to the public in any manner designed to attract public attention to the practice of a nurse who holds a license/certificate to practice in Tennessee.
- (b) Licensee. Any person holding a license/certificate to practice as a nurse in the State of Tennessee. Where applicable this shall include partnerships and/or corporations.
- (c) Material Fact. Any fact which an ordinary reasonable and prudent person would need to know or rely upon in order to make an informed decision concerning the choice of practitioners to serve his or her particular needs.
- (d) Bait and Switch Advertising. An alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell. Its purpose is to switch consumers from buying the advertised service or merchandise, in order to sell something else, usually for a higher fee or on a basis more advantageous to the advertiser.
- (e) Discounted Fee. Shall mean a fee offered or charged by a person for a product or service that is less than the fee the person or organization usually offers or charges for the product or service. Products or services expressly offered free of charge shall not be deemed to be offered at a "discounted fee."

(3) Advertising Fees and Services.

- (a) Fixed Fees. Fixed fees may be advertised for any service. It is presumed unless otherwise stated in the advertisement that a fixed fee for a service shall include the cost of all professional recognized components within generally accepted standards that are required to complete the service.
- (b) Range of Fees. A range of fees may be advertised for services and the advertisement must disclose the factors used in determining the actual fee, necessary to prevent deception of the public.
- (c) Discount Fees. Discount fees may be advertised if:
 - 1. The discount fee is in fact lower than the licensee's customary or usual fee charged for the service; and
 - 2. The licensee provides the same quality and components of service and material at the discounted fee that are normally provided at the regular, non-discounted fee for that service.
- (d) Related Services and Additional Fees. Related services which may be required in conjunction with the advertised services for which additional fees will be charged must be identified as such in any advertisement.
- (e) Time Period of Advertised Fees. Advertised fees shall be honored for those seeking the advertised services during the entire time period stated in the advertisement whether or not the services are actually rendered or completed within that time. If no time period is stated in the advertisement of fees, the advertised fee shall be honored

(Rule 1000-01-.17, continued)

for thirty (30) days from the last date of publication or until the next scheduled publication whichever is later whether or not the services are actually rendered or completed within that time.

- (4) Advertising Content. The following acts or omissions in the context of advertisement by any licensee shall constitute unprofessional conduct, and subject the licensee to disciplinary action pursuant to T.C.A. § 63-7-115(a)(1)(F):
- (a) Claims that the services performed, personnel employed, materials or office equipment used are professionally superior to that which is ordinarily performed, employed, or used, or that convey the message that one licensee is better than another when superiority of services, personnel, materials or equipment cannot be substantiated.
 - (b) The misleading use of an unearned or non-health degree in any advertisement.
 - (c) Promotion of professional services which the licensee knows or should know are beyond the licensee's ability to perform.
 - (d) Techniques of communication which intimidate, exert undue pressure or undue influence over a prospective client.
 - (e) Any appeals to an individual's anxiety in an excessive or unfair manner.
 - (f) The use of any personal testimonial attesting to a quality or competency of a service or treatment offered by a licensee that is not reasonably verifiable.
 - (g) Utilization of any statistical data or other information based on past performances for prediction of future services, which creates an unjustified expectation about results that the licensee can achieve.
 - (h) The communication of personal identifiable facts, data, or information about a patient without first obtaining patient consent.
 - (i) Any misrepresentation of a material fact.
 - (j) The knowing suppression, omission or concealment of any material fact or law without which the advertisement would be deceptive or misleading.
 - (k) Statements concerning the benefits or other attributes of nursing procedures or products that involve significant risks without including:
 - 1. A realistic assessment of the safety and efficacy of those procedures or products; and
 - 2. The availability of alternatives; and
 - 3. Where necessary to avoid deception, descriptions or assessment of the benefits or other attributes of those alternatives.
 - (l) Any communication which creates an unjustified expectation concerning the potential results of any treatment.
 - (m) Failure to comply with the rules governing advertisement of fees and services, or advertising records.

(Rule 1000-01-.17, continued)

- (n) The use of “bait and switch” advertisements. Where the circumstances indicate “bait and switch” advertising, the Board may require the licensee to furnish data or other evidence pertaining to those sales at the advertised fee as well as other sales.
 - (o) Misrepresentation of a licensee’s credentials, training, experience, or ability.
 - (p) Failure to include the corporation, partnership or individual licensee’s name, address, and telephone number in any advertisement. Any corporation, partnership or association which advertises by use of a trade name or otherwise fails to list all licensees practicing at a particular location shall:
 - 1. Upon request provide a list of all licensees practicing at that location; and
 - 2. Maintain and conspicuously display at the licensee’s office, a directory listing all licensees practicing at that location.
 - (q) Failure to disclose the fact of giving compensation or anything of value to representatives of the press, radio, television or other communicative medium in anticipation of or in return for any advertisement (for example, newspaper article) unless the nature, format or medium of such advertisement make the fact of compensation apparent.
 - (r) After thirty (30) days of the licensee’s departure, the use of the name of any licensee formerly practicing at or associated with any advertised location or on office signs or buildings. This rule shall not apply in the case of a retired or deceased former associate who practiced in association with one or more of the present occupants if the status of the former associate is disclosed in any advertisement or sign.
 - (s) Stating or implying that a certain licensee provides all services when any such services are performed by another licensee.
 - (t) Directly or indirectly offering, giving, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of professional services.
- (5) Advertising Records and Responsibility.
- (a) Each licensee who is a principal partner, or officer of a firm or entity identified in any advertisement, is jointly and severally responsible for the form and content of any advertisement. This provision shall also include any licensed professional employees acting as an agent of such firm or entity.
 - (b) Any and all advertisements are presumed to have been approved by the licensee named therein.
 - (c) A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media, and a copy of any other form of advertisement shall be retained by the licensee for a period of two (2) years from the last date of broadcast or publication and be made available for review upon request by the Board or its designee.
 - (d) At the time any type of advertisement is placed, the licensee must possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion, omission or representation of material fact set forth in the advertisement or public communication.

(Rule 1000-01-.17, continued)

- (6) Severability. It is hereby declared that the sections, clauses, sentences and parts of these rules are severable, are not matters of mutual essential inducement, and any of them shall be rescinded if these rules would otherwise be unconstitutional or ineffective. If any one or more sections, clauses, sentences or parts shall for any reason be questioned in court, and shall be adjudged unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remaining provisions thereof, but shall be confined in its operation to the specific provision or provisions so held unconstitutional or invalid, and the inapplicability or invalidity of any section, clause, sentence or part in any one or more instances shall not be taken to affect or prejudice in any way its applicability or validity in any other instance.

Authority: T.C.A. §§ 63-1-145, 63-1-146, 63-7-115, and 63-7-207. **Administrative History:** Original rule filed April 4, 2003; effective June 18, 2003. Amendment filed December 16, 2005; effective March 1, 2006. Repeal and new rule filed August 5, 2011; effective November 3, 2011. Amendment filed March 24, 2015; effective June 22, 2015. Amendments filed April 1, 2021; effective June 30, 2021. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.18 STANDARDS OF NURSING COMPETENCE. The Board requires all nurses holding an active license to document evidence of competence in their current practice role. The Board believes that the individual nurse is responsible for maintaining and demonstrating competence in the practice role. Nurses who have not practiced for more than five (5) years and do not intend to practice in the future, are not required to comply with this rule.

- (1) All applicants for licensure, renewal of license, reactivation of license, or reinstatement of license must demonstrate current competency. For initial licensees, successfully completing the requirements for licensure, as applicable, shall be considered proof of sufficient competence to constitute compliance with this rule.
- (2) For nurses who wish to maintain an active license, attesting to maintaining a personal file documenting continued competence may be considered proof of sufficient competence to constitute compliance with this rule. Such personal file shall include evidence of continued competency in the practice setting which shall consist of at least two (2) of the items below for the applicable renewal period:
 - (a) Licensed Practical Nurses and Registered Nurses:
 1. A satisfactory employer evaluation.
 2. A satisfactory peer evaluation.
 3. Evidence of contract renewal, re-appointment, or continuing contract.
 4. A written self-evaluation based on the standards of your profession.
 5. Evidence of having initially obtained or maintained, during the most recent biennial renewal period, certification from a nationally recognized certification body appropriate to the individual's nursing practice.
 6. Identification of two (2) or more areas of interest or goals and subsequent development, implementation, and evaluation, during the most recent biennial renewal period, of a plan to demonstrate competency for these areas of interest or goals based on nursing standards.
 7. Evidence of having performed volunteer or community activities related to nursing including, but not limited to:

(Rule 1000-01-.18, continued)

- (i) Satisfactory volunteer work in a position using nursing knowledge, skills, and abilities. Examples are:
 - (I) The Red Cross.
 - (II) Homeless clinics.
 - (III) Parish nursing.
 - (ii) Service relevant to nursing on local, state, or national boards, commissions, foundations, or agencies.
- 8. For Registered Nurses, having participated in the formal education of students in a program leading to licensure as a Licensed Practical Nurse or Registered Nurse or within a program offering a bachelor's or advanced degree in nursing.
- 9. Successful completion of (10) contact hours per renewal period of continuing education/in-service education applicable to nursing practice.
- 10. Having authored a published article relevant to nursing in a professional journal acceptable to the Board.
- 11. Successful completion of a two (2) week Board-approved nursing refresher program.
- 12. Successful completion of a two (2) week Board-approved comprehensive orientation program offered by a prospective nursing employer.
- 13. Enrollment in an approved/accredited school of nursing leading to licensure as a Registered Nurse, RN-BSN completion, or to an advanced degree in nursing.
 - (i) The individual must have satisfactorily completed three (3) hours of nursing credits or equivalent during the past five (5) years.
 - (ii) An official transcript verifying the completion of nursing courses shall be maintained.
- 14. Having retaken and successfully completed the NCLEX®.
- (b) Advanced Practice Registered Nurses:
 - 1. Evidence of initial or continuing national certification; and
 - 2. One (1) additional item from the Registered Nurse proof of competence list.
- (c) Advanced Practice Registered Nurses holding a Certificate of Fitness:
 - 1. Evidence of initial or continuing national certification; and
 - 2. One (1) additional item from the Registered Nurse proof of competence list; and
 - 3. A. minimum of two (2) contact hours of continuing education designed specifically to address controlled substance prescribing practices. The continuing education must include instruction in the Tennessee Department of Health's treatment guidelines on opioids, benzodiazepines, barbiturates, and

(Rule 1000-01-.18, continued)

carisoprodol, and may include such other topics as medicine addiction and risk management tools.

(3) Documentation of compliance.

- (a) Each active licensee must retain documentation of completion of all continued competence requirements of this rule for a period of four (4) years from when the requirements were completed. This documentation must be produced for inspection and verification, if requested in writing by the Board during its verification process.
- (b) The active licensee must, within thirty (30) days of a request from the Board, provide evidence of continued competence activities.
- (c) Any active licensee who fails to complete the continued competence activities or who falsely certifies completion of continued competence activities may be subject to disciplinary action pursuant to T.C.A. §§ 63-7-115, 63-7-116, and 63-7-207.

(4) Nurses seeking to reactivate their licenses after more than five (5) years break from practice, shall submit proof of one (1) of the following as evidence of continued nursing competence:

- (a) Ten (10) contact hours of continuing education for each year of inactivity.
- (b) An article relevant to nursing authored by the applicant and published during the period of inactivity in a professional journal acceptable to the Board.
- (c) Successful completion of a two (2) week Board-approved nursing refresher program.
- (d) Successful completion of a two (2) week Board-approved comprehensive orientation program offered by a prospective nursing employer.
- (e) Enrollment in an approved/accredited school of nursing leading to licensure as a Registered Nurse, RN-BSN completion or to an advanced degree in nursing.
 - 1. The individual must have satisfactorily completed three (3) hours of nursing credits or equivalent during the past five (5) years.
 - 2. An official transcript verifying the completion of nursing courses shall be submitted.
- (f) Current certification in an appropriate nursing specialty area.
- (g) Successful NCLEX® re-examination.

Authority: T.C.A. §§ 63-1-402, 63-7-101, 63-7-103, 63-7-109, 63-7-110, 63-7-114, and 63-7-207.

Administrative History: Original rule filed March 14, 2006; effective May 28, 2006. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.19 INTERSTATE NURSE LICENSURE. A link to the rules of the Enhanced Nurse Licensure Compact is located on the Board's website at <https://www.tn.gov/health/health-program-areas/health-professional-boards/nursing-board/nursing-board/statutes-and-rules.html>.

Authority: T.C.A. §§ 63-7-104, 63-7-105, 63-7-109, 63-7-110, 63-7-113, 63-7-115, 63-7-207, and 63-7-401, et seq. **Administrative History:** Original rule filed March 23, 2007; effective June 6, 2007. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-01-.20 UNIVERSAL PRECAUTIONS FOR THE PREVENTION OF HIV TRANSMISSION. The Board adopts, as if fully set out herein, Rules 1200-14-03-.01 through 1200-14-03-.03 inclusive, of the Department of Health and as they may from time to time be amended, as its rule governing the process for implementing universal precautions for the prevention of HIV transmission for health care workers under its jurisdiction.

Authority: T.C.A. §§ 63-7-103, 63-7-104, 63-7-108, 63-7-109, 63-7-207, and 68-10-107. **Administrative History:** Original rule filed March 24, 2015; effective June 22, 2015. Amendments filed April 1, 2021; effective June 30, 2021. Repeal and new rules filed July 10, 2024; effective October 8, 2024.