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Board position statements do not have the force of law, but are a means for providing guidance for nurses on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.

Tennessee Board of Nursing Position Statements



TENNESSEE BOARD OF NURSING POSITION STATEMENT

Tennessee Department of Health Mission: To protect, promote and improve the health and prosperity of people in Tennessee

Board of Nursing Mission: To protect, promote and improve the health and prosperity of the people in Tennessee by ensuring the safety of nursing practice and integrity of nursing regulation

Board of Nursing Vision: The Tennessee Board of Nursing will be a proactive leader in regulatory excellence protecting and promoting public health, safety and welfare.

The Board has developed strategic initiatives:

1. Tennessee Board of Nursing promotes evidence based regulation
2. Tennessee Board of Nursing advances the engagement and leadership potential of all members through education, information and networking
3. Tennessee Board of Nursing ensures the competence of licensees
4. Tennessee Board of Nursing collaborates to advance nursing regulation
5. Tennessee Board of Nursing enhances nursing regulation through efficient use of technology

TENNESSEE BOARD OF NURSING POSITION STATEMENT

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TENNESSEE BOARD OF NURSING POSITION STATEMENT

Education
Continued Approval of Schools of Nursing
Board position statements do not have the force of law, but are a means for providing guidance for nurses on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 08/24/2017; Revised 02/20/2025

PURPOSE: To establish an incremental accountability process for ensuring the public that nursing programs meet quality standards. In order to safeguard life and health of citizens receiving nursing care from students enrolled in approved nursing programs. Additionally, to assure consumers that schools of nursing are providing education that prepares nurses to competently practice and successfully pass the National Council Licensure Examination (NCLEX®).

POLICY: The board may take action against a nursing program to protect the public based on its statutes and rules. Determination of continued approval is based on correspondence, annual reports, NCLEX® first time writer pass rates, school survey visits and/or testimony before the board.

Deficiencies in major criteria and/or standards	Program Responsibilities	Board Action
Year One		
NCLEX® first time candidate pass rate less than 80% or other major deficiencies for one year.	<p>Program will submit a written improvement plan prior to the next board meeting.</p> <p>Program will submit ongoing written progress reports as required by board.</p>	<p>The board shall:</p> <ol style="list-style-type: none"> Issue a letter of warning advising of one year to comply with standards, and Place the program on notice that if standards are not met the Board may place the program on conditional approval.
Year Two		
NCLEX® first time candidate pass rate less than 80% or other major deficiencies for two consecutive years.	<p>Program will appear before the board at first board meeting after release of annual NCLEX® results to explain deficiencies and discuss improvement plan.</p> <p>Program will submit ongoing written progress reports as required by board.</p> <p>A focused survey visit will be</p>	<p>The board shall:</p> <ol style="list-style-type: none"> Place the program on conditional approval with one year to comply with standards, and Place the program on notice that if standards are not met the Board may withdraw approval of the program to admit students for a specified amount of time. <p style="text-align: center;">OR</p>

TENNESSEE BOARD OF NURSING POSITION STATEMENT

	conducted by the Executive Director or designee.	<p>**If newly approved program and year one only included one graduating class**</p> <p>c. Issue a second letter of warning advising of one year to comply with standards, and</p> <p>d. Place the program on notice that if standards are not met the Board shall place the program on conditional approval.</p>
Year Three		
NCLEX® first time candidate pass rate less than 80% or other major deficiencies for three consecutive years and program currently on conditional approval.	<p>Program will remain committed to success of current students.</p> <p>Program will provide a teach out plan to the Board.</p> <p>Program will submit ongoing written progress reports as required by board.</p>	The board shall: Withdraw approval of the program to admit students for a specified amount of time.
NCLEX® first time candidate pass rate less than 80% or other major deficiencies for three consecutive years and program has received second letter of warning.	<p>Program will appear before the board at first board meeting after release of annual NCLEX® results to explain deficiencies and discuss improvement plan.</p> <p>Program will submit ongoing written progress reports as required by board.</p>	The board shall: a. Place the program on conditional approval with one year to comply with standards, and b. Place the program on notice that if standards are not met the Board may withdraw approval of the program to admit students for a specified amount of time.
Year Four		
NCLEX® first time candidate pass rate less than 80% or other major deficiencies for three consecutive years and program currently on conditional approval.	<p>Program will remain committed to success of current students.</p> <p>Program will provide a teach out plan to the Board.</p> <p>Program will submit ongoing written progress reports as required by board.</p>	The board shall: Withdraw approval of the program to admit students for a specified amount of time.

AUTHORITY: Tennessee Code Annotated §63-7-119 Survey of Schools and Report- Loss of Accreditation.

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At least once every eight (8) years, the executive director or other authorized employee shall survey each school of nursing in Tennessee and submit a written report to the board. If the board determines that a school of nursing previously approved is not maintaining the required standards, written notice shall be furnished the school with a specification of the deficiencies claimed to exist by the board. After a hearing, which shall be afforded if demanded, a school that fails to correct the deficiencies written in such notice within the time specified shall be removed from the list of approved schools of nursing.

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,

(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.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Education
Examination and Re-Examination
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 02/20/2025

Purpose: To clarify the process for candidates who fail the licensure exam.

Policy: A candidate who fails the examination may be eligible to repeat the licensure examination. A candidate who fails the licensure exam three (3) times, regardless of which state or jurisdiction made the candidate eligible, shall be required to complete an NCLEX preparatory course recommended by the Dean or Director of the graduate’s Nursing Program. The candidate must cause to be submitted proof of passing the course to the Board before being approved for re-examination. Candidates must apply for re-examination within six months of the completion of the NCLEX preparatory course. The candidate may be approved to retake the NCLEX examination up to three (3) additional times.

If the candidate applicant fails to pass the NCLEX within two (2) years or six (6) attempts following graduation the candidate must, prior to retaking the examination, complete the following:

- Knowledge and skills evaluation by the Dean or Director of the Nursing Program, or designee.
 - The Dean or Director of the Nursing Program, or designee must submit a letter to the Board with the results of the evaluation and recommendations. The letter must be on school letterhead, signed, and dated and submitted to nursing.examdocs@tn.gov with the candidate’s name and Knowledge and Skills Evaluation in the subject line (i.e. John Doe Knowledge and Skills Evaluation).
- Successfully complete all classes and/or clinical courses as required following the evaluation; courses must be completed for a grade; no audited courses are accepted.
- Upon completion of the course(s), request an official transcript be submitted to the Board of Nursing.

Note: Nursing Programs are not under any obligation to do this evaluation.

AUTHORITY: Tennessee Code Annotated §63-7-104 Registered nurse qualifications. An applicant for a license to practice professional nursing shall submit to the board evidence in such form as the board may prescribe... Tennessee Code Annotated §63-7-109 Practical nurse qualifications. An applicant for a license to practice as a licensed practical nurse shall submit to the board evidence in such form as the board may prescribe... 1000-01-.03 RN/LPN LICENSURE BY EXAMINATION.

(1) Application

(g) An RN applicant shall take and pass National Council Licensure Examination (NCLEXRN®). An LPN applicant shall take and pass National Council Licensure Examination (NCLEX-PN®).

(2) Qualifications - Successful completion of a course of study in an approved school of nursing shall be required before the day of the examination.

(3) Examination and Re-Examination.

(c) A candidate who fails the examination may be eligible to repeat the licensure examination.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Education
Examination – More Than Ten Years After Program Completion
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 02/20/2025

Purpose: To clarify the process for applicants who completed the course of study more than ten (10) years prior to date of application to write the examination.

Policy: Applicants who completed the course of study more than ten (10) years prior to date of application to write the examination shall be considered for eligibility to initially apply to write the examination in Tennessee only on an individual basis.

An applicant who completed the course of study more than ten (10) years prior to date of application to write the examination shall be considered for eligibility if the applicant has never attempted the licensure examination in any state or jurisdiction. The applicant must complete the following:

- Knowledge and skills evaluation by the Dean or Director of the Nursing Program, or designee.
 - The Dean or Director of the Nursing Program, or designee must submit a letter to the Board with the results of the evaluation and recommendations. The letter must be on school letterhead, signed, and dated and submitted to nursing.examdocs@tn.gov with the applicant’s name and Knowledge and Skills Evaluation in the subject line (i.e. John Doe Knowledge and Skills Evaluation).
- Successfully complete all classes and/or clinical courses as required following the evaluation; courses must be completed for a grade; no audited courses are accepted.
- Upon completion of the course(s), request an official transcript be submitted to the Board of Nursing.

Note: Nursing Programs are not under any obligation to do this evaluation.

AUTHORITY: Tennessee Code Annotated §63-7-104 Registered nurse qualifications. An applicant for a license to practice professional nursing shall submit to the board evidence in such form as the board may prescribe...

Tennessee Code Annotated §63-7-109 Practical nurse qualifications. An applicant for a license to practice as a licensed practical nurse shall submit to the board evidence in such form as the board may prescribe...

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

(1) Application

(g) An RN applicant shall take and pass National Council Licensure Examination (NCLEXRN®). An LPN applicant shall take and pass National Council Licensure Examination (NCLEX-PN®).

(2) Qualifications - Successful completion of a course of study in an approved school of nursing shall be required before the day of the examination.

(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.

(3) Examination and Re-Examination.

(c) A candidate who fails the examination may be eligible to repeat the licensure examination.



TENNESSEE BOARD OF NURSING POSITION STATEMENT

Education
Air Force Nursing Services Practical Nursing Program
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 5/16/2025

PURPOSE: To establish licensure standards for Air Force educated practical nurses.

POLICY: In order to ensure that the education and training of Air Force members is comparable to the Tennessee Board of Nursing standards, the following documents are required.

Active Duty, Air Force Reserves, or National Guard - 4N051/4N071:

1. Community College of the Air Force (CCAF) Allied Health Sciences or Practical Nursing Technology degree
 - a. Certificate of confirmation of degree
 - b. Transcript from CCAF
2. Career Data Brief or SURF – indicating the CCAF LPN degree
3. Completed 4N0X1 CFETP Attachment 2 Specialty Training Standards document
4. Proof of NCLEX review course completed within 6 months of application for licensure (not required for endorsement)

Veteran/separated from Active Duty, Air Force Reserves, or National Guard - 4N051/4N071:

1. DD 214 Form
2. Community College of the Air Force (CCAF) Allied Health Sciences or Practical Nursing Technology degree
 - a. Certificate of confirmation of degree
 - b. Transcript from CCAF
3. Completed 4N0X1 CFETP Attachment 2 Specialty Training Standards document
4. Proof of NCLEX review course completed within 6 months of application for licensure (not required for endorsement)

AUTHORITY: Tennessee Code Annotated §63-7-104(3) Has successfully completed a course of study in an approved school of nursing, as defined by the board, and the applicant holds a diploma or degree from an approved school of nursing, or the approved school has certified to the board that the applicant has met all requirements for a diploma or degree.

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.
 - (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.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

(2) Qualifications - Successful completion of a course of study in an approved school of nursing shall be required before the day of the examination.

(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.

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

(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.

(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.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Education
High School Equivalency
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017; revised 8/08/2023

PURPOSE: To determine the equivalency for a diploma from a four-year accredited high school.

POLICY: Acceptable high school diploma equivalency includes:

- (1) A college degree in any field of study
- (2) Diploma or degree from an approved professional school of nursing
- (3) High school equivalency credential approved by the state board of education

AUTHORITY: §63-7-104 (2). Registered nurse qualifications. An applicant for a license to practice professional nursing shall submit to the board evidence in such form as the board may prescribe that such applicant holds a diploma from a four-year accredited high school, or the equivalent thereof, as determined by the board.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Education
Simulation
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To assist the board in evaluating the readiness of nursing programs in using simulation as a substitute for traditional clinical experience. To guide nursing education programs in the establishment of evidence based simulation programs for the undergraduate nursing curriculum.

POLICY: DEFINITIONS:

1. **“Simulation”** means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.
2. **“Debriefing”** means an activity that follows a simulation experience, is led by a trained facilitator, encourages participant’s reflective thinking, and provides feedback regarding the participant’s performance.

A nursing education program (“program”) may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course/concentration (e.g. pediatrics, obstetrics, medical/surgical, mental health, community health, etc.). A program that uses simulation shall adhere to the standards set in this policy and follow established national guidelines such as the INACSL Standards of Best Practice for Simulation:

[http://www.nursingsimulation.org/article/S1876-1399\(16\)30126-8/pdf](http://www.nursingsimulation.org/article/S1876-1399(16)30126-8/pdf)

STANDARDS:

1. Evidence of Compliance: A program shall provide evidence to the Board of Nursing that these standards have been met.
2. Organization and Management:
 - a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
 - b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
 - c. There shall be a budget that will sustain the simulation activities and training of the faculty.
3. Facilities and Resources:
 - a. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.
4. Faculty Preparation:
 - a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
 - b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.
5. Curriculum:

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a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

6. Policies and Procedures:

The program shall have written policies and procedures on the following:

- a. short-term and long-term plans for integrating simulation into the curriculum;
- b. method of debriefing each simulated activity; and
- c. plan for orienting faculty to simulation.

7. Evaluation:

- a. The program shall develop criteria to evaluate the simulation activities.
- b. Students shall evaluate the simulation experience on an ongoing basis.

8. Annual Report:

- a. The program shall include information about its use of simulation in its annual report to the Board.

AUTHORITY: §63-7-117 Application for school accreditation.

An institution desiring to conduct a school of professional nursing or a school of practical nursing on ground, distance, online or via other electronic means must apply to the board for approval, and submit evidence that it is prepared to:

- (1) Carry out the prescribed basic professional nursing curriculum or the prescribed curriculum for practical nursing, as the case may be; and
- (2) Meet other standards established by this chapter or by the board.

References:

- *NCSBN Simulation Guidelines for Prelicensure Nursing Education Programs 2016:*
<https://www.ncsbn.org/nursing-regulation/education/national-simulation-guidelines.page>
- <https://www.inacsl.org/clinical-simulation-in-nursing-journal-access>

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Licensure
Foreign-Educated Nurses
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017; revised 8/08/2023

PURPOSE: To establish licensure standards for foreign-educated nurses.

POLICY: In order to ensure that the education and training of foreign-educated nurses is comparable to the Tennessee Board of Nursing standards, a Credentials Evaluation Service (CES) Professional Report and English Language Proficiency Report from the Commission on Graduates of Foreign Nursing Schools (CGFNS) is required.

AUTHORITY: Tennessee Code Annotated §63-7-104(3) Has successfully completed a course of study in an approved school of nursing, as defined by the board, and the applicant holds a diploma or degree from an approved school of nursing, or the approved school has certified to the board that the applicant has met all requirements for a diploma or degree.

1000-01-.03 RN/LPN LICENSURE BY EXAMINATION. (2)

(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

1000-01-.04 RN/LPN LICENSURE BY ENDORSEMENT. (2)

(e) An internationally educated applicant shall cause the Commission on Graduates of Foreign Nursing Schools (CGFNS) to submit a CES professional report.

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Licensure
Unreadable Biometric Criminal Background Check
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017; revised 8/08/2023; revised 02/20/2025

PURPOSE: To establish requirements for unreadable biometric criminal background checks.

POLICY: Health care consumers are dependent upon professional licensing boards to conduct appropriate screening of applicants. The Board of Nursing has a duty to exclude individuals who pose a risk to the public health, safety and welfare. In the event an individual's fingerprints are rejected, a second fingerprint submission is required. After two rejected submissions, the Board requires a FBI/TBI name search.

AUTHORITY: Tennessee Code Annotated §63-7-207 The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter:

(10) Conduct hearings upon charges of suspension or revocation of a license or approval of a school of nursing or course of training, and deny, suspend or revoke for proper cause, licenses or approval of schools or course of training as provided in this chapter. Any action of or ruling or order made or entered by the board shall be subject to review by the courts of this state in the same manner and subject to the same powers and conditions as now provided by law in regard to the rulings, orders and findings of other quasi-judicial bodies in Tennessee, where not otherwise specifically provided;

1000-01-.03 RN/LPN LICENSURE BY EXAMINATION. (1)

(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.

1000-01-.04 RN/LPN LICENSURE BY ENDORSEMENT. (1)(d) RN/LPN Licensure by Endorsement (1)

(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.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Licensure
Approved APRN Licensure Certification Organizations and Exams
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017; revised 8/08/2023

PURPOSE: To determine approved APRN licensure certification organizations and exams accepted for an Advanced Practice Registered Nurse certificate.

POLICY: The following are the approved certifying organizations and exams:

APRN Role	AANP-CP <i>American Academy of Nurse Practitioners-Certification Program</i>	AACN <i>American Association of Critical-Care Nurses</i>	AMCB <i>American Midwifery Certification Board</i>	ANCC <i>American Nurses Credentialing Center</i>	NBCRNA <i>National Board of Certification & Recertification for Nurse Anesthetists</i>	NCC <i>National Certification Corporation</i>	PNCB <i>Pediatric Nursing Certification Board</i>
CNM Certified Nurse Midwife			CNM-Women's Health				
CNP Certified Nurse Practitioner	FNP- Primary Care Adult-Gero Primary Care	Adult- Gero Acute Care		Adult-Gero Acute Care Adult- Gero Primary Care FNP Pediatric Primary Care Psych-Mental Health		Women's Health Neonatal	Pediatric Primary Care Pediatric Acute Care
CRNA Certified Registered Nurse Anesthetist					CRNA		
CNS Clinical Nurse Specialist		Adult-Gero Neonatal Pediatric		Adult-Gero			

Adapted from National Council State Boards of Nursing APRN Licensure Certification Exams 05/20/2021:
https://www.ncsbn.org/public-files/APRN_Licensure_CertificationExams.pdf

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Abandonment of Patients
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To define patient abandonment and differentiate between employment abandonment.

POLICY: Patient abandonment is unprofessional conduct and thus may subject a nurse’s license to disciplinary action.

For patient abandonment to occur, the nurse must:

- a) Have first accepted the patient assignment, thus establishing a nurse-patient relationship, and then
- b) Severed that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements can be made for continuation of nursing care by others.

A nurse-patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse. The following will not constitute patient abandonment:

- Failure of a nurse to work beyond her/his scheduled work shift
- Refusal to accept an assignment or a nurse-patient relationship and failure to notify the employing agency that the nurse will not appear to work an assigned shift
- Failure of a licensed nurse to comply with a facility policy involving mandatory overtime, refusal to accept an assignment or a nurse-patient relationship
- Failure to notify the employing agency the nurse will not appear to work
- Failure of the licensee to provide the employer with sufficient notice of intent to end the employment relationship.

However, the Board encourages licensees to end their employment relationships in a professional manner.

The licensed nurse who follows the above policy statement will not be considered to have abandoned the patient for purposes of board disciplinary action. Again, it should be noted that the board has no jurisdiction over employment and contract issues.

AUTHORITY: Tennessee Code Annotated §63-7-115 (a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:
(F) Is guilty of unprofessional conduct

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:

(c) Abandoning or neglecting a patient requiring nursing care;

*Adapted from the California Board of Registered Nurses and Connecticut Board of Nursing

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Advisory Private Letter Rulings
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To establish the process for submission of Requests for Advisory Private Letter Rulings

POLICY: All proper Requests for an Advisory Private Letter Ruling must be received at the Board of Nursing administrative office at least forty five (45) days prior to the next regularly scheduled Board meeting.

Requests which are received less than forty five (45) days before an upcoming Board meeting will not be considered until the subsequent regularly scheduled Board meeting.

The Board adopts this policy in order to ensure that there is sufficient time for practice committee or staff to research and draft proposed advisory rulings.

In order for the Board to form the advisory private letter ruling, the licensed nurse must provide the following information prior to the forty-five day deadline:

1. Existing literature and research
2. Information on Standard of Care in the community; local, regional or national
3. Statements and opinions of professional groups
4. Information about necessary education or training
5. Description of decision making tree inadequacy and
6. Position statements or information from other Boards of Nursing

The request for advisory ruling form must be attached to the supportive documentation and can be found in Rule 1000-01-.04(9) or 1000-02-.04(9)

AUTHORITY: Tennessee Code Annotated § 63-7-207 Powers and duties

The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter:

- (15) Issue advisory private letter rulings to any affected licensee who makes such a request regarding any matters within the board's primary jurisdiction. Such private letter ruling shall only affect the licensee making such inquiry, and shall have no precedential value for any other inquiry or future contested case to come before the board. Any dispute regarding a private letter ruling may, if the board chooses to do so, be resolved pursuant to the declaratory order provisions of T.C.A. § [4-5-223](#);



TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Decision-Making Guidelines
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To encourage appropriate practice standards for nursing practice.

POLICY: Although the Tennessee Board of Nursing administrative staff receives numerous inquiries in the course of the year from nurses who have questions regarding their scope of practice, Board staff may not issue opinions or interpretations on legal questions. Therefore, the Board has developed a decision-making model to assist nurses in making their own determination as to whether a contemplated practice or activity falls within the scope of practice. The guidelines and a decision-making model follow.

When a nurse finds that the decision-making guidelines are inadequate to a decision process, the nurse may write a request for advisory private letter ruling from the Board.

AUTHORITY: Tennessee Code Annotated §63-7-101 The purpose of this chapter is to safeguard life and health by requiring each person who is practicing, or is offering to practice nursing to submit evidence that the person is qualified to practice and to be licensed as provided in this chapter. Such evidence of qualifications shall be submitted to the state board of nursing, which is the regulatory body authorized to enforce the provisions of this chapter.

Tennessee Code Annotated §63-7-103 (a) (1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care.

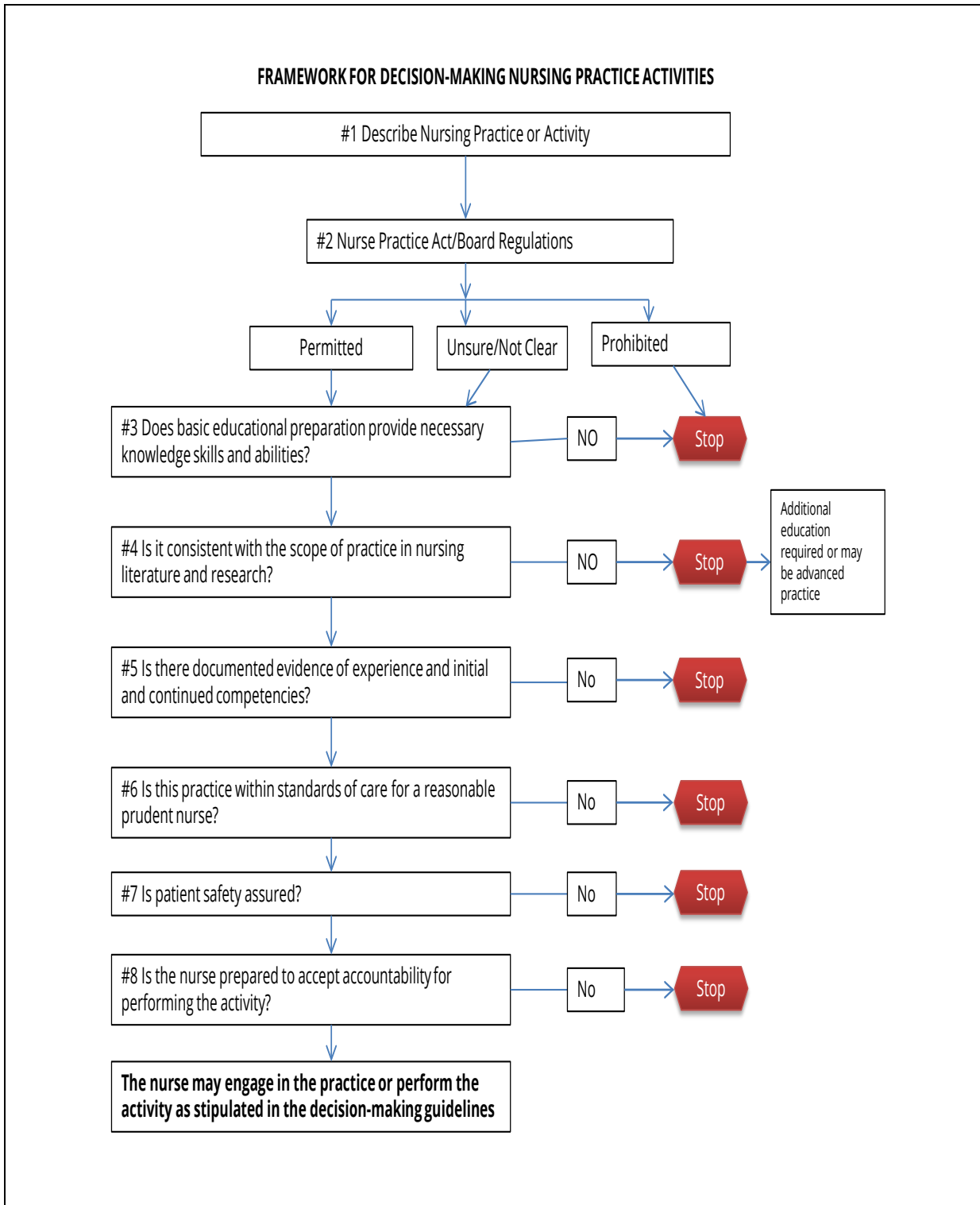
Tennessee Code Annotated §63-7-108 The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

Tennessee Code Annotated §63-7-126 (a) "Advanced practice nurse" means a registered nurse with a master's degree or higher in a nursing specialty and national specialty certification as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist.

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.

NOTE: The Tennessee Board of Nursing strongly encourages you to consult your attorney, your facility/employer's general counsel or your private attorney; if you are uncertain about the answer to any of the questions listed in the decision-making guidelines. Published Nursing Perspectives Summer 2006

TENNESSEE BOARD OF NURSING POSITION STATEMENT



TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Licensed Practical Nurse Role in Intravenous Access and Infusions in Peripheral Lines
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To guide LPN practice regarding intravenous access and infusions in peripheral lines.

POLICY: LPNs are educated in their basic vocational program to start, maintain, flush, and administer medications [limited by the list in rule 1000-02-.15(1) (c)] through peripheral lines located in the arms and hands.

AUTHORITY: Tennessee Code Annotated §63-7-108. "Practice of practical nursing" defined. The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

1000-01-.11 CRITERIA FOR SCHOOLS OF NURSING.

(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:

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

TENNESSEE BOARD OF NURSING POSITION STATEMENT

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 lifestyle

1000-02-.02 LICENSED PRACTICAL NURSE LIMITED, DIRECTED SCOPE OF PRACTICE.

(3) Licensed Practical Nurses shall not administer the following fluids/medication/agents or drug classifications in the context of intravenous therapy:

- (a) Chemotherapy;
- (b) Serums;
- (c) Oxytocics;
- (d) Tocolytics;
- (e) Thrombolytics;
- (f) Blood or blood products;
- (g) Titrated medications and dosages calculated and adjusted by the nurse based on patient assessment and/or interpretation of lab values and requiring the nurse's professional judgment;
- (h) Moderate sedation;
- (i) Anesthetics;
- (j) Paralytics; or
- (k) Investigative or experimental drugs.

(4) Intravenous (IV) Push Medications - The administration of intravenous push medications refers to medications administered from a syringe directly into an ongoing intravenous infusion or into a saline or heparin lock. Intravenous push does not include saline or heparin flushes.

(a) Licensed Practical Nurses may deliver selected intravenous push medications when prescribed by a licensed health care professional who has legal authority to prescribe such medications, and when under the supervision of a licensed physician, dentist or registered nurse pursuant to T.C.A. § 63-7-108, provided:

1. The Licensed Practical Nurse administers IV push medications in peripheral lines only; and
2. The Licensed Practical Nurse administers IV push medications only to adults weighing over eighty (80) pounds; and
3. The Licensed Practical Nurse has successfully completed a course of study developed from the Infusion Nurse Society Standards; or
4. The Licensed Practical Nurse has successfully completed a formal (institutional/agency-based) intravenous therapy training and competency program prior to January 1, 2007.

(b) Licensed Practical Nurses shall not administer IV push medications to pediatric or prenatal obstetrical patients.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Licensed Practical Nurse Role in Intravenous Access and Infusions in Central Lines
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To guide LPN practice regarding intravenous access and infusions in central lines.

POLICY: LPNs are educated in their basic vocational program to perform dressing change, flush, and administer medications [limited by the list in rule 1000-02-.15(1) (c)] through central lines.

AUTHORITY: Tennessee Code Annotated §63-7-108. "Practice of practical nursing" defined. The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

1000-01-.11 CRITERIA FOR SCHOOLS OF NURSING.

(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:

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.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

(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 lifestyle1000-02-.02 LICENSED PRACTICAL NURSE LIMITED, DIRECTED SCOPE OF PRACTICE.

(3) Licensed Practical Nurses shall not administer the following fluids/medication/agents or drug classifications in the context of intravenous therapy:

- (a) Chemotherapy;
- (b) Serums;
- (c) Oxytocics;
- (d) Tocolytics;
- (e) Thrombolytics;
- (f) Blood or blood products;
- (g) Titrated medications and dosages calculated and adjusted by the nurse based on patient assessment and/or interpretation of lab values and requiring the nurse's professional judgment;
- (h) Moderate sedation;
- (i) Anesthetics;
- (j) Paralytics; or
- (k) Investigative or experimental drugs.

(4) Intravenous (IV) Push Medications - The administration of intravenous push medications refers to medications administered from a syringe directly into an ongoing intravenous infusion or into a saline or heparin lock. Intravenous push does not include saline or heparin flushes.

(a) Licensed Practical Nurses may deliver selected intravenous push medications when prescribed by a licensed health care professional who has legal authority to prescribe such medications, and when under the supervision of a licensed physician, dentist or registered nurse pursuant to T.C.A. § 63-7-108, provided:

1. The Licensed Practical Nurse administers IV push medications in peripheral lines only; and
2. The Licensed Practical Nurse administers IV push medications only to adults weighing over eighty (80) pounds; and
3. The Licensed Practical Nurse has successfully completed a course of study developed from the Infusion Nurse Society Standards; or
4. The Licensed Practical Nurse has successfully completed a formal (institutional/agency-based) intravenous therapy training and competency program prior to January 1, 2007.

(b) Licensed Practical Nurses shall not administer IV push medications to pediatric or prenatal obstetrical patients.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Licensed Practical Nursing Care of Ventilator Dependent Patients in the Home Health Setting
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To provide guidance to LPNs in home health settings caring for ventilator-dependent patients

POLICY: It is the position of the Tennessee Board of Nursing that an LPN may provide home health care to a ventilator-dependent patient, but may only provide those services which fall within the scope of practice as an LPN, including:

Patient Care Responsibilities:

Monitor and maintain patient on high flow oxygen; deflate or inflate tracheostomy cuff; monitor cuff pressures using minimal leak technique; maintain security of tracheostomy patient’s airway- ties etc; disconnecting ventilator to do open suctioning; open suctioning patient while on a tracheostomy collar; use closed suction technique on a ventilated patient; use closed suction for patient on a high humidity high flow oxygen system; use a resuscitation bag to ventilate a tracheostomized patient with high flow oxygen during the suction procedure and during an emergency; change from ventilator to tracheostomy collar if circuit is preassembled and settings appropriately adjusted by RN or respiratory care practitioner; administer aerosol treatment to patient requiring disconnect of the circuit; give aerosol treatment to patients while on a tracheostomy collar; administer meter dose inhaler medication to patients while on the ventilator or tracheostomy collar; perform tracheostomy care on a ventilated patient or patient with a tracheostomy collar; change inner cannula of tracheostomy.

Equipment Responsibilities:

Turning the ventilator on or off during modality change (for example from tracheostomy collar and back to the ventilator); respond to alarms (high pressure, leak, frequent suctioning requirement, disconnect) and troubleshoot problems associated with frequently occurring issues *in consultation with a licensed respiratory therapist.*

The following practices will be within the scope of practice of the LPN caring for ventilator dependent patients in the home care setting if the basic practical nursing program includes the underlying scientific principles within the curriculum: Setting up and changing a ventilator or trach collar circuit; assembly of high humidity, high flow oxygen set up; application or management of speaking valve of patient on or off the ventilator; lavage of trach patient during suctioning; change HME daily on ventilator patient; adjustment of alarms; change out trach of tracheotomized patient and; change ventilator settings except for on/off and standby.

Addendum:

While all emergency situations cannot be anticipated, the board acknowledges that emergency situations occur and can sometimes be anticipated. The board charges the home health agency registered nurse supervisor to look for and attempt to anticipate emergencies that may require emergency action not always within the scope of practice for a licensed practical nurse. The agency Registered Nurse shall establish and ensure a training program for Licensed Practical Nurses on potential emergencies situations that allows for education of the procedure to help to stabilize the patient, practice on the steps to stabilize the patient and adequate supervision for back up. Both the Registered Nurses doing the training and the Licensed Practical Nurses receiving the training shall maintain a record of both the initial and annual training on emergency procedures. Having said this, the Tennessee Board of Nursing anticipates the need for LPNs practicing in home health agencies to replace the outer cannula in an emergency situation to establish a patent airway for a patient.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

AUTHORITY: §63-7-108. "Practice of practical nursing" defined.

The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

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.

1000-02-.01 STANDARDS RELATED TO ACCOUNTABILITY OF LICENSED PRACTICAL NURSES.

(1) Licensed Practical Nurses Practicing in Tennessee shall:

- (a) Practice within the legal boundaries for practical nursing through the scope of practice authorized in the statutes and rules governing nursing; and
- (b) Demonstrate honesty and integrity in nursing practice; and
- (c) Base nursing decisions on nursing knowledge and skills, the needs of patients and licensed practical nursing standards; and
- (d) Accept responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice; and
- (e) Maintain competence through ongoing learning and application of knowledge in practical nursing practice; and
- (f) Report violations of the statutes or rules by self or other licensees.

1000-02-.02 LICENSED PRACTICAL NURSE LIMITED, DIRECTED SCOPE OF PRACTICE.

(1) Licensed Practical Nurses have knowledge and preparation in nursing, but not to the extent required of Registered Nurses. Licensed Practical Nurses may only perform activities to the extent that the activity is included in the basic practical nurse curriculum. The LPN maintains competence through ongoing learning and application of knowledge within practical nursing education.

(2) The LPN scope of practice is a directed scope of practice and requires appropriate supervision. The LPN, practicing under the supervision of an RN, APRN, licensed physician or dentist:



TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Reporting Incompetent, Unethical or Illegal Practice
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To give direction to nurses on reporting incompetent, unethical or illegal practice through the proper channels.

POLICY: A nurse who knows of any health care provider's incompetent, unethical or illegal practice MUST report that information through proper channels*.

The only two (2) proper channels to report nurses are:

- The Board of Nursing, via Health Related Boards Investigations, or
- The Tennessee Nurses Professional Assistance Program.

TN Department of Health
 Office of Investigations
 665 Mainstream Drive, Second Floor
 Nashville, TN 37243
 Telephone Number 615-741-8485 or Toll Free Number 1-800-852-2187

<https://www.tn.gov/health/health-program-areas/health-professional-boards/nursing-board/nursing-board/complaints.html>

Tennessee Professional Assistance Program
 545 Mainstream Drive, Suite 414
 Nashville, TN 37228-1219
 Phone: 615-726-4001 or Toll Free: 1-888-776-0786

www.tnpap.org

*Tennessee Code Annotated § 63-1-126, effective July 1, 2017, a covered employer who has employees who are nurses who refuse a drug screen or test positive for any drug on any government or private sector pre-employment or employer-ordered confirmed drug test for an employer when the nurse does not have a lawful prescription for using the drug or valid medical reason for using the drug, these nurses must be reported to the board by reporting through:

TN Department of Health
 Office of Investigations
 665 Mainstream Drive, Second Floor
 Nashville, TN 37243
 Telephone Number 615-741-8485 or Toll Free Number 1-800-852-2187

<https://www.tn.gov/health/health-program-areas/health-professional-boards/nursing-board/nursing-board/complaints.html>

TENNESSEE BOARD OF NURSING POSITION STATEMENT

AUTHORITY: Tennessee Code Annotated 63-7-115 (a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:

(F) Is guilty of unprofessional conduct;

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-01-.13 and Licensed Practical Nurses 1000-02-.13:

UNPROFESSIONAL CONDUCT AND NEGLIGENCE, HABITS OR OTHER CAUSE.

(1) Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following:

(s) Failing to report, through proper channels, facts known to the individual regarding incompetent, unethical or illegal practice of any health care provider.

Tennessee Code Annotated § 63-1-126. Refusal to submit to drug test or testing positive for any drug violation of practitioner's practice act.

(a) As used in this section:

(1) "Confirmed drug test" means a confirmed test as defined in § 50-9-103;

(2) "Drug" means a drug as defined in § 50-9-103;

(3) "Employer" means a covered employer, as defined in § 50-9-103, that is a healthcare facility licensed under title 68, chapter 11, part 2, or any other healthcare employer that employs healthcare practitioners; and

(4) "Healthcare practitioner" or "practitioner" means any person required to be licensed, permitted, certified, or authorized:

(A) Under this title by a board or committee under the division of health-related boards specified in § 68-1-101(a)(8), who has humans for patients; or

(B) Under title 68, chapter 24, part 6; or

(C) Under title 68, chapter 140.

(b) A healthcare practitioner violates the practitioner's practice act by refusing to submit to a drug test or testing positive for any drug on any government or private sector preemployment or employer-ordered confirmed drug test for an employer when the practitioner does not have a lawful prescription for using the drug or a valid medical reason for using the drug.

(c)

(1)

(A) If a healthcare practitioner refuses to submit to a drug test or tests positive for any drug on any government or private sector preemployment or employer-ordered confirmed drug test for a covered employer, then this section shall apply to the practitioner.

(B) The practitioner shall be given three (3) business days from the time of notification to the practitioner of the confirmed test result to:

(i) Produce a lawful prescription for the drug or a valid medical reason for using the drug to the employer; or

(ii) Report to the substance abuse peer assistance or treatment program of the appropriate board for the practitioner.

(C) So long as the practitioner obtains and maintains the advocacy of the substance abuse peer assistance or treatment program, unless otherwise required by law, the employer is not required to notify the appropriate board for the practitioner of the violation of the practitioner's practice act.

(2)

TENNESSEE BOARD OF NURSING POSITION STATEMENT

(A) Whenever a healthcare practitioner who has been referred by the practitioner's employer or who has self-reported to the substance abuse peer assistance or treatment program of the appropriate board pursuant to subdivision (c)(1) fails to obtain or maintain the advocacy of the program, the program shall report the practitioner to the appropriate board concerning the violation of the practitioner's practice act.

(B)

(i) So long as the practitioner complies with the terms and conditions of a referral to a substance abuse peer assistance or treatment program, the practitioner's license or certificate shall not be suspended or revoked by the appropriate board for a positive result on a confirmed drug test or a refusal to submit to a drug test.

(ii) The board shall suspend the license, certificate, permit, or authorization of a healthcare practitioner who has been referred to the substance abuse peer assistance or treatment program pursuant to this subsection (c) when the practitioner fails to comply with the terms and conditions of the program.

(iii) The board is not prohibited from taking any other disciplinary action authorized by law for conduct other than a positive result on a confirmed drug test or a refusal to submit to a drug test.

(iv) A substance abuse peer assistance or treatment program shall promptly report any failure of a practitioner who has reported to the program pursuant to this subsection (c) to maintain compliance with the terms and conditions of the program to the appropriate licensing board.

(d) Any drug test used for action pursuant to this section shall comply with the requirements of title 50, chapter 9. The employer of the healthcare practitioner shall promptly report, as determined by rule and subject to subsection (c), a practitioner who tests positive for any drug on a confirmed drug test, or who refuses to submit to a drug test, to the department.

(e) The commissioner of health is authorized to promulgate rules to effectuate the purposes of this section. The rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Skilled Nursing Services Rendered by Unlicensed Personnel
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To provide guidance in acts that constitute the practice of nursing and define certain acts that should not be delegated to unlicensed personnel.

POLICY: The following is a non-inclusive list of acts that are included in the practice of nursing:

- The insertion of a catheter into the bladder
- Enteral feedings
- Medication administration, unless exempted by the nurse practice act

AUTHORITY:

§63-7-108. "Practice of practical nursing" defined.

The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

§63-7-103. "Practice of professional nursing" and "professional nursing" defined.

- (a) (1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences and the humanities as the basis for application of the nursing process in wellness and illness care; and
- (2) "Professional nursing" includes:
- (A) Responsible supervision of a patient requiring skill and observation of symptoms and reactions and accurate recording of the facts;
 - (B) Promotion, restoration and maintenance of health or prevention of illness of others;
 - (C) Counseling, managing, supervising and teaching of others;
 - (D) Administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist or nurse authorized to prescribe pursuant to § 63-7-123;
 - (E) Application of such nursing procedures as involve understanding of cause and effect; and
 - (F) Nursing management of illness, injury or infirmity including identification of patient problems.
- (b) Notwithstanding the provisions of subsection (a), the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by §§ 63-1-132, 63-7-123 and 63-7-207.

§63-7-101. Purpose of chapter.

The purpose of this chapter is to safeguard life and health by requiring each person who is practicing or is offering to practice nursing to submit evidence that the person is qualified to practice and to be licensed as provided in this chapter. Such evidence of qualifications shall be submitted to the state board of nursing, which is the regulatory body authorized to enforce the provisions of this chapter.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

63-7-102. Exemptions.

Nothing in this chapter shall be construed as applying to: (10) Persons trained in accordance with § 68-1-904(c) who are:

(A) Providing personal support services to clients living in their own home or private residence pursuant to a contract or agreement under any Medicaid waiver or other program of the department of intellectual and developmental disabilities;

(B) Employed by agencies that are both licensed under title 33 and under contract to provide residential or adult day programs for people with intellectual disabilities and persons trained in accordance with T.C.A. § 68-1-904(c); or

(C) Employed by community-based licensed intermediate care facilities for people with intellectual disabilities who will administer medication only at a location other than the community-based facility. The employees of the community-based licensed intermediate care facilities for people with intellectual disabilities may additionally receive medication administration training specific to the person served. For the purposes of this subdivision (10)(C), when administered by employees of the intermediate care facilities, medications shall be packaged in individual doses labeled with the name of the individual patient, the time of administration and the drug name and dosage;

(11) Except for those persons covered under subdivision (10)(A), a person employed by an agency licensed under title 33, chapter 2, part 4 providing personal support services to clients living in their own home or private residence may assist the client with medication, except for injections, upon a written authorization by the client or the client's authorized representative. For the purpose of this section, assistance is limited to opening medication packaging and providing medication reminders and does not permit giving the client any form of medication. Before any such person is authorized to assist the client with medication as provided in this subdivision (11), the person shall receive and be able to document training in medication assistance performed by or under the general supervision of a registered nurse and consistent with the state's home and community-based services (HCBS) training in assisting with medications. For the purposes of this subdivision (11), assisting with medications is not to be interpreted in any manner or fashion to include, or to be the same as, medication administration that would be only appropriate and acceptable for persons who are authorized so to do by specific professional acts under this title or by rules or regulations;

(12) (A) Persons trained in accordance with T.C.A. § 68-1-904(c)(2), who are employed by agencies that are both licensed under title 37 and under contract with the department of children's services to provide services, can assist children and youth with the self-administration of medication in a group home setting. Before that person is authorized to assist the child or youth with self-administration of medication, that person must have received and be able to document six (6) hours of training in medication administration from a registered nurse licensed pursuant to this chapter;

(B) For the purposes of subdivision (12)(A), assisting with self-administration of medications is not to be interpreted in any manner or fashion to include, or to be the same as, medication administration that would be only appropriate and acceptable for persons who are authorized to do so by specific professional acts under this title or by rules or regulations.

§ 68-11-244. Certified medical assistants

(c) A hospital licensed under this title, may employ certified medical assistants to administer approved medications to the hospital's patients in an ambulatory outpatient hospital clinic as set forth in this section.

(e) An individual employed as a certified medical assistant within an ambulatory outpatient hospital clinic must:

(1) Be at least eighteen (18) years of age;

(2) Have completed the twelfth grade or its equivalent, or have successfully passed the test for and received a high school equivalency credential approved by the state board of education; and

(3) Be certified by the following:

(A) American Medical Technologists (AMT);

(B) American Association of Medical Assistants (AAMA);

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- (C) National Center for Competency Testing (NCCT);
- (D) National Healthcareer Association (NHA); or
- (E) National Association for Health Professionals (NAHP).

(f) An ambulatory outpatient hospital clinic shall verify compliance with subsection (e) and shall keep records regarding compliance available for the health facilities commission.

(g) An ambulatory outpatient hospital clinic is responsible for training and verifying competence of certified medical assistants used under this section.

(h) Certified medical assistants shall not administer medications to hospital inpatients or patients in an emergency department.

(i)(1)(A) A certified medical assistant may administer approved, standardized dosage vaccines to the patients of an ambulatory outpatient hospital clinic that use certified medical assistants pursuant to this section. A certified medical assistant shall administer other medications only pursuant to delegation by a licensed nurse or physician.

(B)(i) A delegation of medication administration or other nursing tasks to a certified medical assistant from a licensed nurse shall be carried out in accordance with the rules for nursing delegation adopted by the board of nursing.

(ii) The board of nursing may promulgate rules related to the administration of vaccines and other tasks that may be delegated by a licensed nurse to certified medical assistants under this chapter.

(2) In exercising the authority to administer medications pursuant to a physician's or licensed nurse's delegation, a certified medical assistant may administer or prepare only those medications that have been ordered by an authorized healthcare provider and are consistent with the policies and procedures of the applicable facility licensed under this part. Such medications include the following categories:

- (A) Single dose intramuscular or subcutaneous medications;
- (B) Vaccines from single or multi-dose vials or packaging;
- (C) Oral, sublingual, and buccal medications;
- (D) Topical creams and ointments;
- (E) Saline solutions for simple irrigation;
- (F) Eye drops;
- (G) Inhalation treatments, either metered hand-held inhalants or unit dose nebulizers;
- (H) Ear medications;
- (I) Nasal medications;
- (J) Rectal medications; or
- (K) Medications prepared by the certified medical assistant for administration by the provider.

(3) A certified medical assistant may engage in other patient care activities as delegated by a physician or licensed nurse, including, but not limited to, vital sign measurement, phlebotomy, simple dressing changes, collection of patient's medical history data, or preparation of patient care areas. A licensed nurse shall not delegate patient care activities that require nursing judgment in altering care delivery based on the needs of the individual. A physician shall not delegate patient care activities that constitutes the practice of medicine or requires diagnostic analysis.

(j) A physician or licensed nurse shall not delegate to a certified medical assistant the administration or preparation of:

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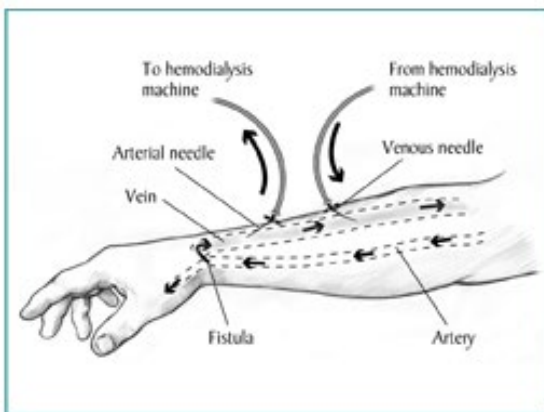
- (1) Intravenous medications;
- (2) Blood or blood products;
- (3) Investigational drugs;
- (4) Chemotherapy drugs;
- (5) Drugs given through an implanted device;
- (6) Insulin;
- (7) Controlled substances;
- (8) Anesthetic agents;
- (9) Medications used for cosmetic procedures;
- (10) A medication or vaccination requiring calculation of dosage;
- (11) Contrast media;
- (12) Allergy antigen agents; or
- (13) A medication requiring patient monitoring and assessment of response when a licensed nurse or physician is not immediately available to provide monitoring or assessment.

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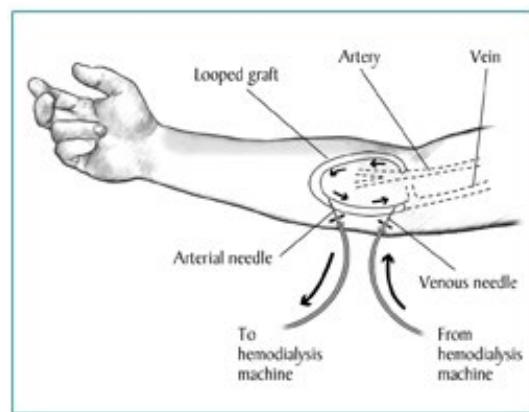
Practice
Licensed Practical Nurse's Role in an Outpatient End Stage Renal Disease Dialysis Setting
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 08/24/2017; revised 8/08/2023

PURPOSE: To clarify LPN scope of practice in the end stage renal disease dialysis setting and the responsibility of the RN for LPN supervision in this setting.

POLICY: A licensed practical nurse, deemed competent by the RN, is to be allowed to give certain intravenous push medications in End Stage Renal Disease (ESRD) outpatient settings where they are directly supervised by a registered nurse and that registered nurse is immediately available in the dialysis facility. Given the National Kidney Foundation, Centers for Medicare and Medicaid Services and the Department of Health and Human Services recommendation of AV fistula as the preferred type of access for hemodialysis, the board acknowledges the need for clarifying the LPN's role in administering IV push medications in the hemodialysis access site. For purposes of outpatient renal dialysis, the arteriovenous fistula or graft in the arm joining a dialysis circuit is considered a peripheral line. The Board acknowledges the need for clarification that LPNs may initiate hemodialysis through the CVC and terminate such treatment. Competency, obtained through appropriate coursework, must be documented in the employee's personnel record. Medications that may be administered by the competent LPN include: drugs that are legally permitted, recombinant human erythropoietin, Vitamin D analogs, anticoagulants, 0.9% sodium chloride and iron. This policy applies only to practice in the licensed outpatient ESRD dialysis setting under the direct supervision of RN. The supervising RN is accountable and responsible for the delegation of this treatment.

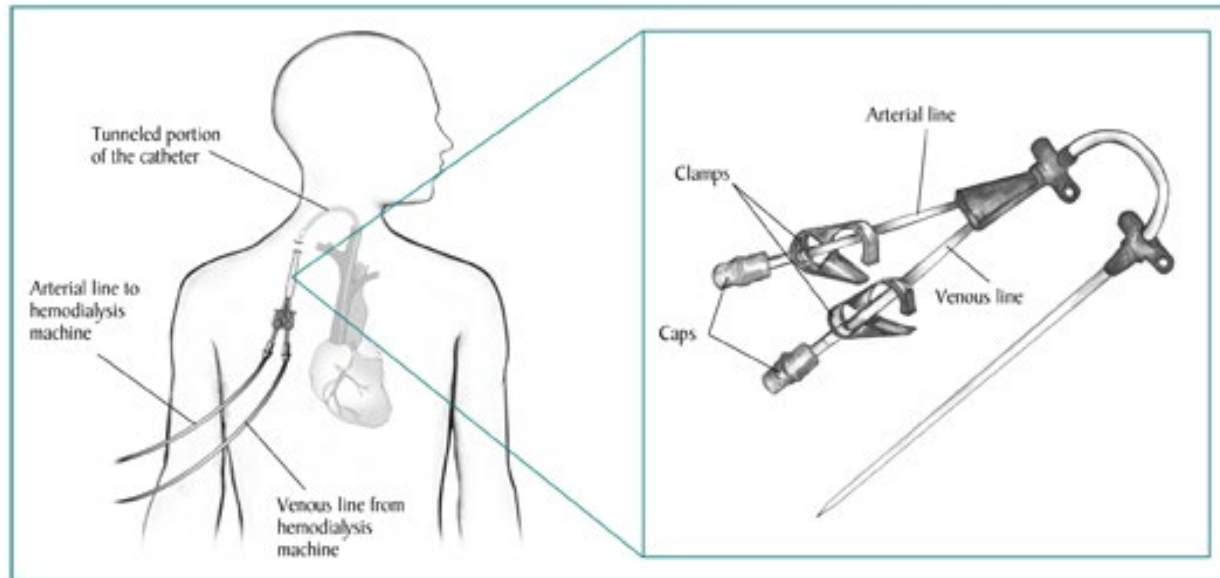


AV Fistula - Peripheral



AV Graft - Peripheral

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Central Catheter – Not Peripheral

https://www.kidney.org/professionals/guidelines/guidelines_commentaries/vascular-access (2023)

<https://www.davita.com/treatment-services/dialysis/preparing-for-dialysis/arteriovenous-av-fistula-the-gold-standard-hemodialysis-access> (2004-2023)

<https://www.niddk.nih.gov/about-niddk/strategic-plans-reports/usrds> (2023)

AUTHORITY: §63-7-108. "Practice of practical nursing" defined.

The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

1000-02-.02 LICENSED PRACTICAL NURSE LIMITED, DIRECTED SCOPE OF PRACTICE.

(3) Licensed Practical Nurses shall not administer the following fluids/medication/agents or drug classifications in the context of intravenous therapy:

- (a) Chemotherapy;
- (b) Serums;
- (c) Oxytocics;
- (d) Tocolytics;
- (e) Thrombolytics;

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- (f) Blood or blood products;
- (g) Titrated medications and dosages calculated and adjusted by the nurse based on patient assessment and/or interpretation of lab values and requiring the nurse's professional judgment;
- (h) Moderate sedation;
- (i) Anesthetics;
- (j) Paralytics; or
- (k) Investigative or experimental drugs.

(4) Intravenous (IV) Push Medications - The administration of intravenous push medications refers to medications administered from a syringe directly into an ongoing intravenous infusion or into a saline or heparin lock. Intravenous push does not include saline or heparin flushes.

(a) Licensed Practical Nurses may deliver selected intravenous push medications when prescribed by a licensed health care professional who has legal authority to prescribe such medications, and when under the supervision of a licensed physician, dentist or registered nurse pursuant to T.C.A. § 63-7-108, provided:

1. The Licensed Practical Nurse administers IV push medications in peripheral lines only; and
2. The Licensed Practical Nurse administers IV push medications only to adults weighing over eighty (80) pounds; and
3. The Licensed Practical Nurse has successfully completed a course of study developed from the Infusion Nurse Society Standards; or
4. The Licensed Practical Nurse has successfully completed a formal (institutional/agency-based) intravenous therapy training and competency program prior to January 1, 2007.

(b) Licensed Practical Nurses shall not administer IV push medications to pediatric or prenatal obstetrical patients.

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Practice
Prescribing for Oneself and One's Family
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 08/24/2017; Revised 02/20/2025

PURPOSE: To clarify APRN scope of practice in prescribing.

POLICY: For purposes of this policy, "immediate family" means a spouse, parent, child, sibling or other individual in relation to who an Advanced Practice Registered Nurse's personal or emotional involvement may render that APRN unable to exercise detached professional judgment in reaching diagnostic or therapeutic decisions. Records shall be maintained of all treatment.

Self-Prescribing

- 1) An APRN cannot have a bona fide provider/patient relationship with himself or herself. Therefore, except in emergency situations, an APRN shall not prescribe, dispense, issue, administer or otherwise treat himself/herself.
- 2) Prescribing, providing, dispensing, issuing, or administering of a scheduled drug to oneself is prohibited.

Immediate Family

- 1) Treatment of immediate family members should be reserved only for minor, self-limited illnesses or emergency situations.
- 2) No scheduled drugs should be dispensed or prescribed except in emergency situations.

Supervisee Treatment

- 1) Unless there is an established provider-patient relationship, including a chart, prescribing by supervisees to the physician or family members of supervising/collaborative physician could give the appearance of coercion and be considered unprofessional conduct. This behavior could result in disciplinary action.
- 2) No scheduled drugs should be dispensed or prescribed except in emergency situations



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AUTHORITY: Rule 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:

(ff) Except in emergencies, prescribing controlled substances for oneself, immediate family members, or friends.

Reference:

The Tennessee Board of Nursing adapted the Tennessee Board of Medical Examiners policy statement, *Policy: Prescribing for Oneself and One's Family*.

Best practice of Tennessee Board of Medical Examiners, originally adopted January 21, 1997, and revised May 24, 2017, and May 23, 2018.

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Discipline
Lapsed License
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017; revised 8/08/2023

PURPOSE: To set up a system for managing those situations in which licensees practice nursing beyond the period of a license, permit or valid renewal certificate

POLICY:

Infraction	LPN, RN and APRN
Practicing nursing on a lapsed (expired) license or certificate less than six months.	<ul style="list-style-type: none"> • Shall remit applicable renewal and reinstatement fees.
Practicing nursing on a lapsed (expired) license or certificate six months and up to twelve months.	<ul style="list-style-type: none"> • Shall remit applicable renewal and reinstatement fees. • Issue letter of concern
Practicing nursing on a lapsed (expired) license or certificate twelve months or longer.	<ul style="list-style-type: none"> • Schedule for appearance before Application Review Committee • Recommend civil penalty for practice beyond the period of a valid license

AUTHORITY: T.C.A. § 63-7-115. Grounds for denial, revocation or suspension of certificate or license.
 (a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:
 (F) Is guilty of unprofessional conduct

§63-7-120. Violations and penalties.
 (a) It is a Class B misdemeanor for any person, corporation or association to:
 (5) Practice nursing during the time the person's license issued under the provisions of this chapter is suspended or revoked;

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:
 (k) Practicing nursing in this state on a lapsed (state) license or without an active license;

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Discipline
Non-compliance With Continued Competence Requirements
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 08/24/2017

PURPOSE: To manage those licensed nurses who fail to come into compliance with the continued competence monitoring program.

POLICY:

Infraction	Disciplinary Guideline
Noncompliance with first audit	<ul style="list-style-type: none"> • Letter of warning • Schedule audit prior to next renewal per compliance unit
Noncompliance with second audit	<ul style="list-style-type: none"> • Refer to Bureau of Investigations, open a complaint

AUTHORITY: T.C.A. § 63-7-207. Powers and duties. The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter: (16) By January 1, 2002, the board of nursing shall implement a plan to assure continuing competence of licensees, using educationally sound methods to promote learning and assess outcomes pertinent to contemporary standards of nursing practice;

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.

(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.

1000-04-.05 RENEWAL OF CERTIFICATE. All advanced practice registered nurses must biennially renew their Tennessee Advanced Practice Registered Nurse certificate. They must also either biennially renew their Tennessee registered nurse license or maintain their license as a registered nurse with the multistate licensure privilege to practice in Tennessee.

1000-01-.18 STANDARDS OF NURSING COMPETENCE.

(b) Advanced Practice Registered Nurses:

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

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Discipline
Patient Safety: Culture of Learning, Justice and Accountability
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017; Revised 8/08/2023

PURPOSE: To set out the Board’s philosophy concerning learning, justice and accountability.

POLICY:

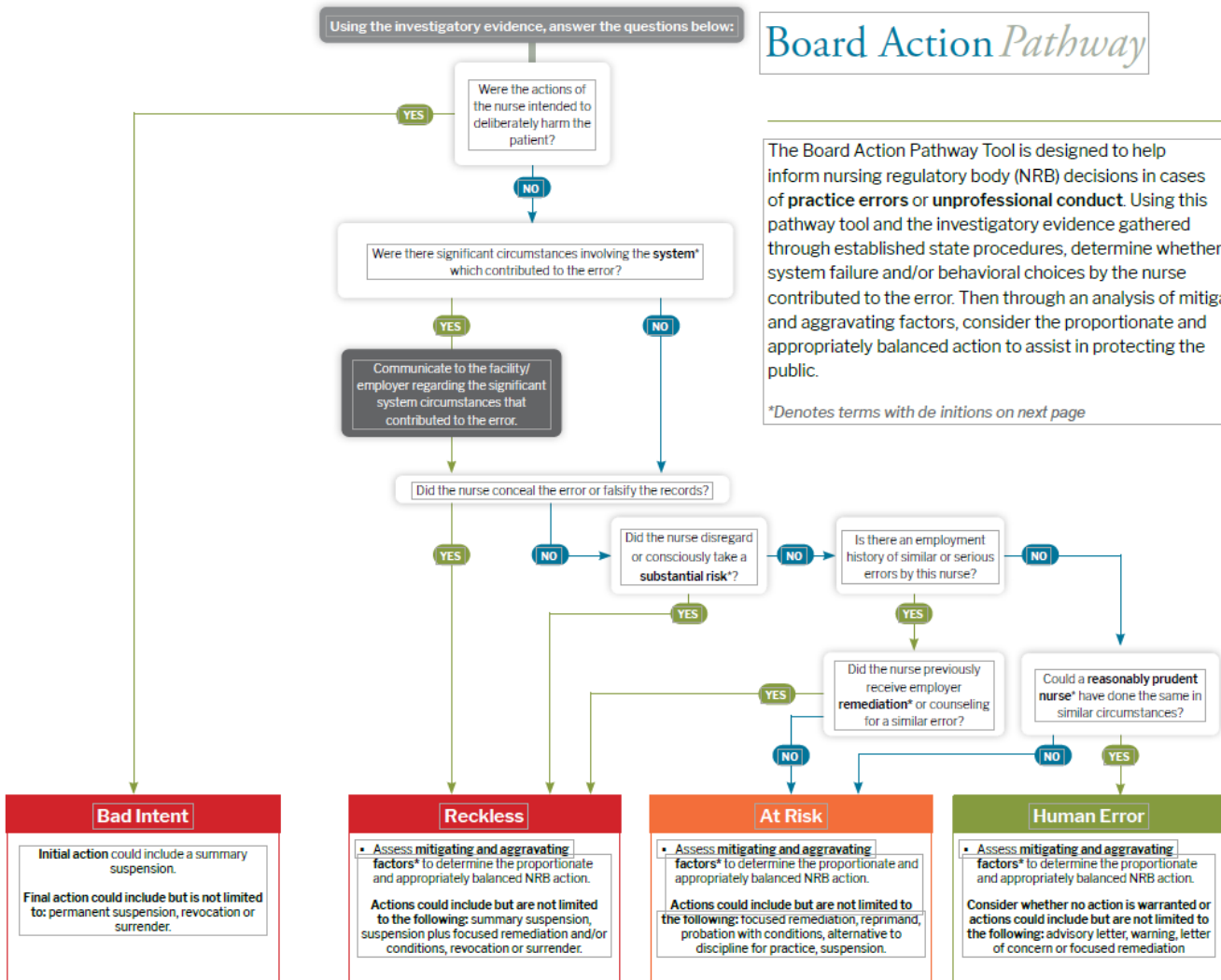
A. Given that:	B. The Board will:
<ol style="list-style-type: none"> 1. Medical errors and patient safety are a national concern to all involved in health care delivery. 2. The Board is legally and ethically obligated to hold nurses accountable for their competency and behaviors that impact patient/client care. 3. A punitive environment does not fully take into effect systems issues, and a blame-free environment does not hold nurses appropriately accountable. 	<ol style="list-style-type: none"> 1. Strive for a culture that balances the need for a non-punitive learning environment with the equally important need to hold persons accountable for their actions. 2. Judge based on behavior, not the outcome. 3. Distinguish between human error, at-risk behavior, and intentional reckless behavior. 4. Foster a learning environment that encourages the identification and review of all error, near-misses, adverse events, and system weaknesses. 5. Support the prevention of future errors by promoting the use of a wide range of responses to safety-related events including coaching, non-disciplinary counseling, additional education or training, demonstration of competency, additional supervision and oversight and disciplinary action when appropriate to address performance issue. 6. Work to share information across organization to promote continuous improvement and ensure the highest level of patient/client/resident/staff safety. <ol style="list-style-type: none"> (a) Collaborate in efforts to establish a statewide culture of learning, justice and accountability to provide the safest possible environment of patients/clients. 7. In reviewing complaints filed with the Boards, the consultants and staff will consider the following blameworthy activity that may result in board action: <ol style="list-style-type: none"> (a) An event or medical error that is a result of a nurse’s actions while under the influence of alcohol or drugs. (b) The nurse responsible for the error has blatantly disregarded the facility’s policies and procedures or professional standards of practice. (c) The nurse is being purposefully or recklessly unsafe. (d) The nurse commits an intentional and/or criminal act (including abuse, neglect or misappropriation of patient/resident property).

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Board Action Pathway

The Board Action Pathway Tool is designed to help inform nursing regulatory body (NRB) decisions in cases of **practice errors** or **unprofessional conduct**. Using this pathway tool and the investigatory evidence gathered through established state procedures, determine whether system failure and/or behavioral choices by the nurse contributed to the error. Then through an analysis of mitigating and aggravating factors, consider the proportionate and appropriately balanced action to assist in protecting the public.

*Denotes terms with definitions on next page



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Board Action *Pathway*

Process:

1. Examine the investigatory evidence through a series of questions about the behavioral choices by the nurse leading to a determination of error accountability by the nurse (human error, at risk behavior, reckless behavior, or bad intent).
2. Determine the proportionate and appropriately balanced NRB action using the analysis of behavioral choice and aggravating and mitigating factors leading to a decision whether a board action is warranted.

Definitions

Aggravating Factor

Any fact or circumstance that increases the severity or culpability of the act

Factors could include, but are not limited to, the following:

- Knowingly created risk for more than one patient
- Number or frequency of acts of misconduct
- Act committed for personal gain or benefit
- Age, capacity, vulnerability of the patient
- Experience in practice
- Holds leadership/mentor position
- Past facility discipline
- Past NRB complaints, discipline

Mitigating Factor

Extenuating, explanatory or justifying fact, situation or circumstance

Factors could include, but are not limited to, the following:

- Isolated event
- Systems issues, communication breakdown
- Interruptions, chaotic environment
- Policies/procedures lacking or unclear
- No past NRB complaints, discipline
- Acknowledgment of responsibility/accountability

Reasonably Prudent Nurse

A nurse who uses good judgment in providing care according to accepted standards

Remediation

Education or training to correct a knowledge or skill deficit

Substantial Risk

A significant possibility that an adverse outcome may occur

System

An organization's operational methods, processes or infrastructure/environment

Adapted from National Council State Boards of Nursing Board Action Pathway.

AUTHORITY: T.C.A § 63-7-101. Purpose of chapter. The purpose of this chapter is to safeguard life and health by requiring each person who is practicing or is offering to practice nursing to submit evidence that the person is qualified to practice and to be licensed as provided in this chapter. Such evidence of qualifications shall be submitted to the state board of nursing, which is the regulatory body authorized to enforce the provisions of this chapter.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Discipline
Disciplinary Guidelines
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Last review held: 05/19/2022 (Assigned Policy Number – 2205311604); revised 8/08/2023

PURPOSE: To establish an impartial and consistent process for disciplinary action by the Tennessee Board of Nursing with the understanding that discipline is determined on a case-by-case basis.

POLICY:

<p>DRUG RELATED OFFENSES</p> <ul style="list-style-type: none"> The board will require a minimum of two years documented continuous sobriety prior to consideration of licensure. The term “sobriety” is not meant to apply to or prohibit the use of medication pursuant to a valid prescription. Probation may be considered. In a disciplinary action, any applicant/licensee who is referred to the Tennessee Professional Assistance Program TNPAP, and who, based on the findings of the board, is a potential risk to the public, will be placed on suspension pending evaluation by TNPAP. The license will remain suspended until such time as the applicant/licensee provides proof to the Board that an evaluation has been completed and a monitoring agreement has been signed, if recommended. At that time, the suspension will be stayed and the license placed on probation to run concurrent with the TNPAP monitoring agreement. A condition of probation shall include the compliance with any request from TNPAP and compliance with all terms of the TNPAP monitoring agreement.
<p>INAPPROPRIATE PRESCRIBING OF CONTROLLED SUBSTANCES</p> <p>Prescription drug abuse is a national epidemic that has serious consequences for public safety. According to the CDC, the epidemic is often fueled by inappropriate prescribing. The Board of Nursing seeks to prevent inappropriate prescribing through partnerships with stakeholders to educate licensees, students and the public.</p> <ul style="list-style-type: none"> In order for the suspension, revocation or voluntary surrender of the APRN certificate to be lifted; evidence of successful completion of board-approved continuing education/testing/evaluation and/or monitoring options related to prescribing, professional ethics and professional boundaries, in addition to any other requirements ordered by the board, will be required to be presented to the Application Review Committee. Additional evidence to establish the ability to safely practice may be required by the board/ARC. The requirements of this section are in addition to requirements in other sections of this policy, e.g. criminal offenses, sexual misconduct, addiction/substance abuse that co-exist with the overprescribing. Refer to Prescribing for Oneself and One’s Family policy.

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<p>GENERAL CRIMINAL OFFENSES</p> <ul style="list-style-type: none"> • If an initial, endorsement or reinstatement applicant self-reports a crime, a crime is found on a criminal background check or the applicant's license/certificate/privilege to practice has been disciplined for a criminal offense(s), the board will require the person to provide evidence from the court that all sentences and probation requirements have been completed prior to licensure. • Applicants recently cleared from court action may be required to have a minimum of 1 year of no additional arrests/convictions prior to licensure. • Applicants for licensure may be required to appear before the Application Review Committee.
<p>DISCIPLINE OF A LICENSE</p> <ul style="list-style-type: none"> • All disciplinary orders, with the exception of a reprimand, continuing education or civil penalty only, shall contain language restricting practice to Tennessee (single state license) and revoking the privilege to practice in all states party to the nurse licensure compact. • The board, at its discretion, may recommend in an order that a license/certificate be permanently denied or denied for a certain period of time. • If a nurse/applicant applies for licensure and has a license/certificate which is currently under investigation or discipline in another state or jurisdiction for an offense which would be a violation under Tennessee law, the applicant will not be eligible for licensure or re-licensure in Tennessee until such time as the action in the other state/jurisdiction is clear. Those applicants recently cleared from disciplinary action in another state may be required to provide evidence of a period of time of safe practice (e.g.no significant investigation) prior to licensing. • Agreed Orders and Consent Orders will contain language that provides for revocation/suspension of licensure upon non-compliance with the order.
<p>MONITORING AGREEMENTS</p> <ul style="list-style-type: none"> • Alternative to discipline monitoring agreements in other states shall be completed in the state where the agreement occurred prior to licensure in Tennessee. • Tennessee disciplinary orders including a requirement for a monitoring agreement will be completed in Tennessee with the exception of treatment which may be completed outside of Tennessee.
<p>PRIVILEGE TO PRACTICE</p> <ul style="list-style-type: none"> • Consistent with the intent of the nurse licensure compact, nurses practicing on the privilege to practice in Tennessee who have been found to have violated the Tennessee Nurse Practice Act will have their privilege to practice in Tennessee revoked.

AUTHORITY: Tennessee Code Annotated § 63-7-115

- (a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:
- (A) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
 - (B) Is guilty of a crime;
 - (C) Is unfit or incompetent by reason of negligence, habits or other cause;
 - (D) Is addicted to alcohol or drugs to the degree of interfering with nursing duties;
 - (E) Is mentally incompetent;
 - (F) Is guilty of unprofessional conduct; or
 - (G) Has violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of, or conspired to violate, any provision of this chapter or any lawful order of the board issued pursuant thereto.

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Discipline
Disciplinary Guidelines for Sexual Boundary Violations
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Last review held: 8/24/2017; revised 8/10/2023

PURPOSE:

The Tennessee Board of Nursing, consistent with its mission to protect public health, safety, and welfare, finds it essential to take a position regarding the licensure of those who engage in sexual boundary violations and/or sexual misconduct. This position is intended to establish a consistent disciplinary process.

POLICY:

The following applies to licensees and applicants for licensure:

Assumptions

- Patients under the care of a nurse are vulnerable by virtue of illness or injury, and the dependent nature of the nurse-patient relationship. The nurse must not abuse the patient’s trust. The nurse shall respect the dignity of the profession and maintain appropriate professional boundaries with respect to patients, patients’ families, and the nurse’s coworkers. The nurse will not engage in sexual misconduct or violent, threatening or abusive behavior towards patients, patients’ families or the nurse’s coworkers. The nurse must be aware of the potential imbalance of power in professional relationships with patients, based on their need for care, assistance, guidance and support, and ensure that all aspects of that relationship focus exclusively upon the needs of the patient.
- Nurses are in the position to have access to privileged information and opportunity to exploit patient vulnerability. Persons who are especially vulnerable include the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized.
- Nurses are frequently in situations where they provide intimate care to patients.
- There are appropriate boundaries in the nurse-patient relationship that nurses must clearly understand and be trusted not to cross.
- A nurse's duty to maintain boundaries extends beyond a patient's discharge from nursing care, especially when it pertains to confidential medical records.
- Sexual misconduct raises serious questions about the individual’s ability to provide safe, competent care.
- Sexual misconduct that occurs outside of the workplace, including conviction or deferred adjudication of or probation for a crime, raises concern as to whether misconduct will recur in nursing practice.
- The work of nursing is inherently personal. Within their professional role, nurses recognize and maintain appropriate relationship boundaries. Nurse-patient and nurse-colleague relationships have

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as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering. Nurse-patient relationships are therapeutic in nature but can also test the boundaries of professionalism. Accepting gifts from patients is generally not appropriate; factors to consider include the intent, the value, the nature, and the timing of the gift, as well as the patient's own cultural norms. When a gift is offered, facility policy should be followed. The intimate nature of nursing care and the involvement of nurse in important and sometimes highly stressful life events may contribute to the risk of boundary violations. Dating and sexually intimate relationships are always prohibited.

Boundary violations can also occur in professional colleague relationships. In all communications and actions, nurses are responsible for maintaining professional boundaries. They should seek the assistance of peers or supervisors in managing or removing themselves from difficult situations (American Nurses Association, 2015).

Crimes Related to Sexual Misconduct

Crimes of sexual misconduct that involve abuse of a minor or a vulnerable person or taking advantage of another person are extremely serious grounds for revocation of a license/certificate or denial of any application/reapplication for a license/certificate. The length of time between the conviction and the application is not a mitigating factor due to the high recidivism rate for sex offenders, lack of empirical evidence regarding the success of treatment, and the fact that many victims do not report that a sexual offense has been committed against them.

Sexual Misconduct

Sexual misconduct is never acceptable. Conduct includes but is not limited to sexual relations with a patient, rape, sex disguised as treatment (unnecessary or prolonged pelvic/breast/genital exams or touching intimate body parts when the touch is not necessary for care) and "sneaky sex" (surreptitious touch, voyeurism, or exposing the patient's body when not necessary) are grounds for limitation, denial, or revocation of licensure.

Nurses should never engage in conduct with a patient that is sexual or may reasonably be interpreted as sexual or in any behavior that is seductive or sexually demeaning to a patient, or engaging in sexual exploitation of a patient or former patient. Even if a patient initiates the sexual contact, a sexual relationship is still considered sexual misconduct for the nurse. The nurse should never use the patient to satisfy the nurse's need for personal amusement, gratification, power, control, sexual stimulation or satisfaction. It is always the responsibility of the nurse to establish appropriate boundaries with present and former patients.

Other sexual misconduct such as sexual harassment of a patient, verbal interaction of a sexual nature, or a romantic-like relationship with a patient are unacceptable but not necessarily a disqualification from licensure.

Determination of Severity of Sexual Misconduct

A forensic psychological evaluation with a sexual predator component – such as the sex MMPI, as well as a polygraph, may be necessary for the board to determine the severity of the violation. The evaluation will be performed by a Board approved psychologist or psychiatrist with forensic credentials who has expertise in evaluating sexual offenders.



TENNESSEE BOARD OF NURSING POSITION STATEMENT

(Policy adapted from the Oregon Board of Nursing Policy, 1999, Texas Board of Nursing policy, 2016 and Idaho Board of Nursing rules 2015).

AUTHORITY: Tennessee Code Annotated § 63-7-115

(a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:

(A) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;

(B) Is guilty of a crime;

(C) Is unfit or incompetent by reason of negligence, habits or other cause;

(D) Is addicted to alcohol or drugs to the degree of interfering with nursing duties;

(E) Is mentally incompetent;

(F) Is guilty of unprofessional conduct; or

(G) Has violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of, or conspired to violate, any provision of this chapter or any lawful order of the board issued pursuant thereto.

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:

(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;

References:

American Nurses Association. (2015). Provision 2, Interpretive Statement 2.4. *Code of Ethics for Nurses with Interpretive Statements* (p. 7). Silver Spring, Maryland: Nursebooks.org.