

Readopt with amendment Nur 401.01 through Nur 401.03, effective 9/27/23 (Document #13706), to read as follows:

PART Nur 401 RENEWAL ~~[AND REINSTATEMENT]~~ **REQUIREMENTS**

Nur 401.01 Licensure Renewal for All Licensees. **Each applicant for license renewal shall submit:**

(a) ~~[Each applicant seeking renewal of licensure shall, pursuant to RSA 326-B:22 and Nur 403]~~ **The following application and appropriate addendum to that application:**

(1) ~~[By midnight on the applicant's date of birth in the renewal year submit a completed renewal application applicable to the type of license renewal sought, as follows:]~~ **The “The Universal Application for License Renewal” required by Plc 308.05(b)(1);**

(2) In addition to the application required by (1) one of the following addendums to the application specific to the profession for which they are applying:

a. An applicant for a license renewal to practice as a **registered nurse (RN) or licensed practical nurse (LPN)** under RSA 326-B:22 shall complete and submit the ~~[“Application for License Renewal: Registered (RN) and Practical Nurse (LPN)”~~, revised 6/2023;] **“RN or LPN Addendum to the Universal application for License Renewal” requiring the following information:**

1. For active in the profession requirements select one of the following:

i. I have completed a minimum of 400 active-in-practice within 4 years immediately preceding the submission of this application; or

ii. I have successfully completed the NCLEX exam within 2 years immediately preceding the submission of this application;

2. For continuing education requirements select one of the following:

i. I have completed 30 contact hours of continuing education within 2 years immediately prior to the submission of this application; or

ii. I have successfully completed the NCLEX within the 2 years immediately prior to the submission of this application;

3. Whether or not the applicant is currently participating in a substance about or alcohol or drug treatment program?

4. Whether or not the applicant has been diagnosed with a substance about disorder which in any way currently affects or limits their ability to practice safely and in a competent and professional manner?

5. Whether or not the applicant has been, within the past 24 months or not previously reported, been impaired by or diverted any chemical substances that impaired your ability to practice?;

6. The following information is required to be provided by only LPN’s working in NH:

i. The first and last name of the LPN’s licensed supervising RN, physician, or dentist; and

ii. Whether or not the LPN has completed a New Hampshire board approved IV therapy course program and if yes the year completed;

b. An applicant for license renewal to practice as an Advanced Practice Registered Nurse (APRN) under RSA 326-B:22 shall complete and submit the [~~“Application for License Renewal: Advanced Practice Registered Nurse (A.P.R.N.)”, revised 6-2023;~~] **“APRN Addendum to the Universal Application for License Renewal” requiring the following information:** [and]

IS THERE ANYTHING IN ADDITION THAT IS NEEDED?

c. An applicant for license renewal to practice as an LNA under RSA-B: 22 shall complete and submit the [~~“Application for License Renewal: Nursing Assistant (LNA)”, revised 6-2023;~~] **the “Licensed Nursing Assistant Addendum to the Universal Application for License Renewal” requiring the following information:**

1. With regards to nursing related activities select one of the following:

i. I have provided a minimum of 200 hours of nursing related activities under the supervision of a licensed RN within the 2 years immediately prior to the submission of this application; or

ii. I have successfully completed the written and clinical competency testing within the 2 years immediately prior to the submission of this application;

2. With regards to continuing education select one of the following:

i. I have completed 24 hours contact hours of continuing education within 2 years immediately prior to the submission of this application; or

ii. I have successfully completed the written and clinical competency testing within the 2 years immediately prior to the submission of this application;

3. First and last name of the licensed RN who provided supervision; and

4. Have you within the past 24 months or not previously reported been impaired by or diverted any chemical substances that impaired your ability to practice?;

~~(b)~~ **(b) Pay the applicable renewal fee as [set forth in (b), below] required by Plc 1002.33;**

(c) Provide the following with the application for renewal:

(1) Provide a detailed description of any yes answers to the background or character questions on the application for renewal providing any of the following that apply in support of the description:

a. Any relevant court documents;

b. Any documentation of disciplinary action taken by other state licensing authorities;

c. Any settlement agreements; and

d. Any malpractice documents allowed to be shared under the law;

~~[(3)]~~**(d)** Meet the applicable continuing competence requirements described in Nur 401;

~~[(4)]~~ Report any pending criminal charges, criminal convictions, or plea arrangements in lieu of convictions;

~~[(5)]~~ Have committed no acts or omissions constituting grounds for disciplinary actions as set forth in RSA 326-B or the rules adopted pursuant thereto, unless the board has found, after investigation that sufficient restitution has been made;

~~[(6)]~~ Meet the continuing competence requirements for the specific type of license for which the applicant seeks renewal; and]

~~[(7)]~~**(e)** Have complied with all [~~special~~] requirements ordered by the board as part of disciplinary action against the applicant.

~~[(8)]~~**(f)** Pursuant to RSA 326-B 9, all applicants for renewal of license as an RN or LPN shall comply with the Nurse Licensure Compact (NLC) Model Rules and Regulations developed by the Nurse Licensure Compact Administrators (NLCA) as amended January 19, 2018 and as referenced in Appendix 2;

~~[(9)]~~ Applicants for renewal shall pay the fee for the type of license renewal sought as set forth in ~~Ple 1002.33~~;

~~— (d) The license for which renewal is sought shall be renewed when the completed application has been reviewed and approved. The application shall be approved if it complies with the specific procedural and substantive provisions of this part and all applicable requirements of RSA 326-B.~~

~~— (e) Each license renewal shall be valid for the biennium commencing the day after the license being renewed expired, except that reinstatement of a license that has lapsed, was obtained after completion of a reentry program, or was the subject of discipline shall be effective as of the date that the renewal application was approved and shall expire at the end of the biennium.~~

~~— (f) Failure to renew the license shall result in forfeiture of the ability to practice nursing or engage in nursing activities in New Hampshire. Failure to receive and complete the license renewal application shall not relieve the licensee of the obligation to renew the license prior to midnight on the licensee's birthday of the renewal year.~~

~~— (g) Each person who practices as a nurse or as a nursing assistant after their license or certification has lapsed, after notice and opportunity for a hearing pursuant to Nur 402.04(a), shall be fined up to \$50.00 for every calendar month, or any part thereof, during which the individual so practices. The Board shall apply the factors described in Nur 402.04(g) when determining the amount of the fine to be imposed.]~~

(h) ~~[Each]~~ **If it is determined at the time of renewal that the** nurse or ~~[as a]~~ nursing assistant ~~[who]~~ fails to notify the ~~[board]~~ **OPLC** of a change of address shall, after notice and opportunity for a hearing pursuant to Nur 402.04(a), be fined \$10.00.

Nur 401.02 ~~[Re-entry Requirement and Process for Re-entry for]~~ **Renewal or Reinstatement Requirements for an RN [and] or LPN License. An applicant for license renewal or reinstatement of an RN or LPN license shall submit to the OPLC the following:**

~~[(a) Each nurse who has not held an active RN or LPN license in any U.S. jurisdiction for 5 or more years prior to their application for renewal or reinstatement shall successfully complete a reentry program prior to being issued a license.]~~

~~(b) [An applicant for a license renewal to practice as a RN or LPN under RSA 326-B:23 shall complete and submit Form “Registered and Practical Nurse License Reinstatement”, 3-2014] **The completed “Universal Application for License Renewal” required by Plc 308.05(b)(1).**~~

Commented [TK1]: Should there be an addendum?

~~(c) [An applicant for a license renewal to practice as a [registered and practical nurse] **RN or LPN** under RSA 326-B:23 shall complete and submit t] The “**Declaration of Primary State of Residency Form**”, **[revised 6/2023]** requiring the following information about the applicant[~~]~~:~~

(1) Full legal name;

(2) Date of birth;

(3) Home phone number;

(4) License type being applied for from one of the following;

a. RN;

b. LPN; or

c. APRN;

(5) Nursing license number, if applicable;

(6) Indication of which of the following applies;

a. New Hampshire is my primary state of residence;

b. New Hampshire is not my primary state of residence. My permanent residence is a state not participating in the nurse licensure compact. My license will be valid in New Hampshire only;

c. Another state is my primary state of residence and the other state is a compact state; or

d. I am employed exclusively in the U.S. military, active duty or with the U.S. federal government and request a NH single-state license

(7) Current home physical address; and

(8) Current mailing address;

(d) The applicant shall sign and date the form described in (c) above under the following statement:

“I swear the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension, or revocation of a license pursuant to RSA 326-B: 37 and may also be grounds for conviction of a misdemeanor pursuant to RSA 641:3.”

~~[(d) Each re-entry applicant shall also:~~

- ~~(1) Obtain temporary licensure prior to the start of the re-entry program;~~
- ~~(2) Be supervised by an RN; and~~
- ~~(3) After completion of the reentry program, document successful completion of the program.~~

~~— (e) Each re-entry applicant shall select and complete one of the following within 120 days of application:~~

- ~~(1) A structured refresher course as described in (g) below; and~~
- ~~(2) An individualized program of study as described in (h) and (i) below.~~

~~— (f) The board shall extend the time in (e) above for 90 days when the reentry applicant:~~

- ~~(1) Cannot meet the time requirement of (e) above; and~~
- ~~(2) Requests that the board extend the time in a letter setting forth the reason(s) for requesting extension.~~

~~— (g) Each applicant seeking re-entry through successful completion of a structured refresher course shall complete a course of at least 120 hours that includes theoretical and clinical experiences which:~~

- ~~(1) Are pertinent to those activities set forth in RSA 326-B:12 for practical nurses or RSA 326-B:13 for registered nurses; and~~
- ~~(2) Comply with Nur 605.03.~~

~~— (h) Each applicant seeking re-entry through successful completion of an individualized program of study shall submit the proposed program of study to the board for approval.~~

~~— (i) The board shall approve the proposed individualized program of study if:~~

(1) ~~It includes theoretical and clinical components which:~~

a. ~~Include content described in Nur 602.13; and~~

b. ~~Are consistent with RSA 326-B:12 for practical nursing and RSA 326-B:13 for registered nursing; and~~

(2) ~~The clinical component of the individualized program shall be supervised by an RN.]~~

Nur 401.03 Specific Renewal and Reinstatement Requirements for an APRN.

(a) In addition to meeting the requirements of Nur 401.01, each applicant for renewal or reinstatement of an APRN license shall:

(1) Document at least 30 educational contact hours to satisfy the requirements of RN continuing competence and an additional 30 hours, 5 of which shall be education in pharmacology within 2 years immediately prior to date of application;

Commented [TK2]: Needs to be reworded

(2) Document current national certification if licensed after September 1984;

(3) If holding lifetime certification, document continuing participation in the certification process; and

Commented [TK3]: Not sure what this is?

(4) Verify current licensure as an RN in NH or another compact state.

(b) The national certification required by (a)(3) above may be counted as 30 of the 60 contact hours required by (a)(2) above.

Commented [TK4]: This should be under Continuing Education

~~(c) Failure to provide all the requested information shall cause the application to be refused.]~~

(d) APRN applicants for license renewal unable to comply with (a)(1) above shall complete a board approved reentry program as described in Nur 401.05.

(e) Pursuant to RSA 126-A:5, XVIII-a (a) and RSA 326-B:9-a, licensees ~~may~~ **shall** complete ~~and submit,~~ as part of their renewal application, the New Hampshire ~~D]division of [P]public [H]health [Service-s] professions survey~~ “New Hampshire APRN Licensure Survey”, **pursuant to He-C 801.03**, issued by the ~~[S]state [O]office of [R]rural [H]health and [P]primary [C]care, [D]department of [H]health and [H]human [S]services.~~

(f) The ~~board~~ **OPLC** shall provide licensees with the opportunity to opt out of the survey. Written notice of the opt-out opportunity shall be provided with the renewal application. ~~[The] Licenses may access the~~ opt out form ~~[shall be available]~~ on the NH State ~~[O]office of [R]rural [H]health and [P]primary [C]care~~ website, <https://www.dhhs.nh.gov/programs-services/health-care/rural-health-primary-care/health-professions-data-center>.

(g) Licensees choosing to opt-out of the survey shall ~~submit a~~ **completed, sign, and return the “New Hampshire Professions Survey Opt-Out Form”**, ~~[Department of Health and Human Services form, “New Hampshire Health Professions Survey Opt-Out Form”]~~ pursuant to ~~[HB 322, Laws of 2017, Ch. 131] He-C 801.03~~, to the ~~[S]state [O]office of [R]rural [H]health and [P]primary [C]care, [D]department of [H]health and [H]human [S]services,~~ via one of the following ~~[as specified on the form]:~~

- (1) Mail;
- (2) Email; or
- (3) Fax.

(h) Information contained in the opt-out forms shall be kept confidential in the same accord with the survey form results, pursuant to RSA 126-A:5, XVIII-a (c).

Repeal Nur 401.04, effective 9/27/23 (Document #13706), as follows:

~~[Nur 401.04 Re-entry Requirement and Process for Re-entry for APRN.~~

~~— (a) Each APRN who has not held an active APRN license in any U.S. jurisdiction for 5 years or more prior to their application for renewal or reinstatement shall successfully complete a re-entry program prior to being issued a license.~~

~~— (b) An applicant for license reinstatement to practice as an APRN under RSA 326 B:23 shall complete and submit Form “Application for Reinstatement: Advanced Practice Nurse (A.P.R.N.)”, revised 6/2023.~~

~~— (c) An applicant for license reinstatement to practice as an APRN under RSA 326 B:23 shall complete and submit the “Declaration of Primary State of Residency Form”, revised 6/2023.~~

~~— (d) APRN re-entry applicants shall hold a current registered nurse license issued by the New Hampshire board of nursing or hold a multi-state registered nurse license issued by a state that is a member of the nurse licensure compact.~~

~~— (e) Re-entry applicants shall, after completion of the re-entry program, document successful completion of the program.~~

~~— (f) Re-entry applicants shall complete one of the following:~~

~~(1) An established reentry program approved by the board pursuant to Nur 603 and designed and implemented by a New Hampshire, regional, or national nursing specialty professional organization; or~~

~~(2) A supervised re-entry program as described in (g) below and then comply with (h) below.~~

~~— (g) Each applicant seeking re-entry through successful completion of a supervised reentry program shall complete the following under the supervision of an education program that prepares APRN’s:~~

~~(1) A minimum of 3 credit hours or minimum of 30 class hours in pharmacology at the advanced nurse practitioner level; and~~

~~(2) A minimum of 200 hours clinical practice supervised by an advanced registered nurse practitioner practicing in the applicant’s specialty practice area.~~

~~—(h) After completion of the re-entry program pursuant to (g) above, each applicant shall provide documentation from the program director or designee that the applicant possesses competencies equal to or greater than current program graduates.]~~

Readopt with amendment and renumber Nur 401.05 through Nur 401.07, effective 9/27/2023 (Document #13706), as Nur 401.04 through Nur 401.06 to read as follows:

Nur 401.0[5]4 ~~[Specify]~~ **Renewal and Reinstatement Requirements for LNA.**

(a) An ~~[applicant seeking licensure renewal as an]~~ LNA **who wishes to renew or reinstate their** license shall complete and submit ~~[Form “Nursing Assistant License Renewal”, as amended, 5-2016]~~ **the completed “Universal Application for License Renewal” required by Plc 308.05(b)(1).**

~~[(b) An applicant seeking licensure reinstatement as an LNA shall complete and submit the “Application for License Reinstatement: Nursing Assistant”, revised 6/2023.~~

~~—(c) Each re-entry nursing assistant applicant shall complete and submit an application form for renewal or reinstatement, as applicable, and pay the appropriate application fee.]~~

~~[(d)](b)~~ **[In addition to meeting the requirements of Nur 401.01, each applicant for renewal or reinstatement of an LNA license shall either] In addition to the application required by (a) above the LNA shall complete and submit an “LNA Addendum to the Universal Application for License Renewal” requiring the following information:**

- (1) ~~[Affirm use of nursing assistant]~~ **Answer yes or no to the question “I have used my** knowledge, judgment, and skills ~~[within their practice category]~~ **as a nursing assistant** for a minimum of 200 hours within **the** 2 years immediately ~~[prior to]~~ **preceding** the date of **submission of this** application;
- (2) ~~[Affirm completion of]~~ **Answer yes or no to the question “I have completed** at least 24 contact hours of continuing education in the last 2 years immediately preceding the **date of submission of this** application; or
- (3) ~~[Present evidence of completion of]~~ **Answer yes or no to the question “I have completed** a board-approved nursing assistant education program pursuant to Nur 702 within 2 years immediately ~~[prior to the date of]~~ **preceding the date of submission of this** application.

~~[(e)](c)~~ Applicants shall have the option to fulfill the requirements of ~~[(d)]~~ **(b)**(1) above through:

- (1) Paid or unpaid work; or
- (2) Providing care to a family member if:
 - a. Licensed expertise is required for such care;
 - b. A nursing plan of care is implemented; and
 - c. Care is provided under the supervision of a licensed nurse.

(d) The applicant shall submit the following with their application for renewal or reinstatement:

(1) Evidence of completion of a board-approved nursing assistant education program pursuant to Nur 702 within the immediately preceding 2 years of the date of submission of the application required by (a) and (b) above;

(2) A detailed explanation of any yes answers to the questions on the “Universal Application for License Renewal” described in Plc 308.06(c); and

(3) The fee required by Plc 1001.08 and Plc 1002.33

(e) The individual wishing to reinstate a license shall only do so within 1 year of the lapse of their license as an LNA.

(f) An individual wishing to activate a license lapsed for more than one year shall follow the initial licensure process and:

(1) Submit the “LNA Addendum to the Universal Application for License Renewal” described in (b) above; and

(2) The documentation required by (d)(1) above.

Nur 401.0[6]5 [~~Specific~~] Renewal Requirements for Medication Nursing Assistant (MNA).

Commented [TK5]: Is this an LNA that gets this?

(a) In addition to meeting the requirements of Nur 401.01, each applicant for renewal or reinstatement of a Medication Nursing Assistant (MNA) certificate shall either:

(1) Affirm use of medication nursing assistant knowledge, judgment and skills within the applicant’s practice category for a minimum of 50 hours within 2 years immediately prior to the date of application;

(2) Affirm completion of at least 8 contact hours of continuing education in each of the last 2 years immediately preceding the application for a minimum total of 8 hours for the 2-year period; or

(3) Present evidence of completion of a board-approved medication nursing assistant education program pursuant to Nur 806.03 within 2 years immediately prior to the date of application.

(b) An applicant for license renewal as a MNA shall complete and submit Form “MNA Renewal Application”, as amended, 5-2016.

(c) Applicants for renewal or reinstatement who fail to meet the requirements of (a) shall have the option to take a board-approved medication nursing assistant competency evaluation to meet the active in practice, continuing education requirement, or both.

(d) An applicant who fails the medication nursing assistant competency evaluation shall not retake the competency evaluation and may reestablish eligibility only by meeting the requirements for and receiving another initial certificate pursuant to Nur 801.01.

(e) A licensed nursing assistant whose medication administration certification has expired and has not been renewed within one year from the certification expiration date shall be:

- (1) Ineligible to administer medication; and
- (2) Able to reestablish eligibility only by meeting the requirements for and receiving another initial certificate pursuant to Nur 801.01.

(f) An applicant seeking reinstatement of MNA Certification shall complete and submit Form “Medication Nursing Assistant Certification Reinstatement”, as amended, 5-2016.

Nur 401.0[7]6 Retired Status Designation.

- (a) A retired RN may use the title, “R.N. (Ret.)”
- (b) A retired LPN may use the title, “L.P.N. (Ret.)”
- (c) A retired APRN may use the title, “ A.P.R.N. (Ret.)”
- (d) A retired LNA may use the title, “L.N.A. (Ret.)”

Adopt Nur 402 and renumber Nur 402 through Nur 405 as Nur 403 through Nur 406, as follows:

PART Nur 402 RE-ENTRY TO PRACTICE

Nur 401.01 Re-entry Requirements for RN and LPN.

(a) Each nurse who has not held an active RN or LPN license in any U.S. jurisdiction for 5 or more years prior to their application for re-entry shall successfully complete a re-entry program prior to being issued a license.

(b) An applicant for a license to re-enter the practice as a RN or LPN under RSA 326-B:23 shall complete and submit the “Universal Application for Initial Licensure” required by Plc 304.01(a)(1).

(c) An applicant for a license to re-enter practice as an RN or LPN nurse under RSA 326-B:23 shall complete and submit the “Declaration of Primary State of Residency Form”, revised 6/2023.

(d) Each re-entry applicant shall also:

- (1) Obtain temporary licensure prior to the start of the re-entry program;**
- (2) Be supervised by an RN; and**
- (3) After completion of the reentry program, document successful completion of the program.**

(e) Each re-entry applicant shall select and complete one of the following within 120 days of application:

(1) A structured refresher course as described in (g) below; and

(2) An individualized program of study as described in (h) and (i) below.

(f) The OPLC shall extend the time in (e) above for 90 days when the reentry applicant:

(1) Cannot meet the time requirement of (e) above; and

(2) Requests that the OPLC extend the time in a letter setting forth the reason(s) for requesting extension.

(g) Each applicant seeking re-entry through successful completion of a structured refresher course shall complete a course of at least 120 hours that includes theoretical and clinical experiences which:

(1) Are pertinent to those activities set forth in RSA 326-B:12 for practical nurses or RSA 326-B:13 for registered nurses; and

(2) Comply with Nur 605.03.

(h) Each applicant seeking re-entry through successful completion of an individualized program of study shall submit the proposed program of study to the OPLC for approval.

(i) The OPLC shall approve the proposed individualized program of study if:

(1) It includes theoretical and clinical components which:

a. Include content described in Nur 602.13; and

b. Are consistent with RSA 326-B:12 for practical nursing and RSA 326-B:13 for registered nursing; and

(2) The clinical component of the individualized program shall be supervised by an RN.

Readopt with amendment and renumber Nur 402.01, effective 4/17/14 (Document #10571), as Nur 403.01 to read as follows:

PART Nur 40[2]3 ~~[REVOCAION, SUSPENSION AND OTHER SANCTIONS]~~ **DISCIPLINARY MATTERS**

Nur 40[2]3.01 **Initiation of Disciplinary Action.** The ~~board~~ **OPLC** shall undertake misconduct investigations, settlements of misconduct allegations, or disciplinary hearings, when warranted, in response to any information which reasonably suggests that a licensee has engaged in professional misconduct.

[Source.](#) (See Revision Note #1 at chapter heading for Nur 100) #5887, eff 8-26-94; ss by #6778, eff 6-26-98; ss by #7741, eff 8-13-02; ss by #8873, eff 4-24-07; ss by #10299, eff 3-22-13; ss by #10571, eff 4-17-14

Repeal Nur 402.02 and Nur 402.03, effective 4/17/14 (Document #10571), as follows:

Commented [TK6]: Is this necessary as I believe it is addressed in the Plc 200 adopted by the Board

~~[Nur 402.02 License Surrender When Misconduct Allegations Pending.~~

- ~~—— (a) A licensee may surrender the license at any time.~~
- ~~—— (b) Surrender or nonrenewal of license shall not preclude the board from investigating or completing a disciplinary proceeding based upon the licensee's conduct while the license was still in effect. Such investigations and proceedings shall be handled in the same manner as other disciplinary investigations and proceedings.~~
- ~~—— (c) A licensee who surrenders a license shall have no right or privilege to practice in New Hampshire except as shall be specifically set forth in a board order or settlement agreement. A licensee who reapplies for a license in New Hampshire after surrender shall meet all the requirements in effect for new applicants as set forth in statute or rules at that time.~~
- ~~—— (d) A licensee who surrenders the license as part of a settlement of pending misconduct allegations shall make a written settlement offer to the board before the close of the record in a disciplinary hearing.~~
- ~~—— (e) Any settlement agreement reached under (d), above, shall include the following concessions:
 - ~~(1) That license surrender has occurred in settlement of pending disciplinary allegations;~~
 - ~~(2) That all or some specifically identified part of the material facts pertaining to the allegations are true; and~~
 - ~~(3) That the pending allegations shall be issues to be resolved in any future application the licensee submits to the board.~~~~
- ~~—— (f) The fact of license surrender pending disciplinary action and the terms of any settlement agreement pertaining thereto shall be distributed to all relevant licensing authorities and data bank in the same manner as a final decision containing specific findings of dishonesty or misconduct.~~

~~Nur 402.03 Immediate Suspension.~~

- ~~—— (a) When the board receives information indicating that a licensee has engaged misconduct that poses an immediate danger to public health, safety, or welfare, the board shall, pursuant to RSA 326 B:37, IV, immediately suspend such person's license and commence an adjudicative proceeding not later than 10 working days after the date of the board order suspending the license.~~
- ~~—— (b) Suspension orders under this section shall include a notice of hearing that sets forth all the information required by RSA 326 B: 38, IX, and RSA 541 A: 31, III.~~
- ~~—— (c) No hearing date established in a proceeding conducted under this section shall be postponed at the request of the licensee unless the licensee agrees in writing to waive the 10 working day requirement. If the licensee waives the 10 working day requirement, the suspension shall remain in effect until the completion of the hearing, pursuant to RSA 326 B: 37, IV.~~
- ~~—— (d) Pursuant to RSA 541 A: 31, III, a record of the proceeding shall be made by a certified shorthand court reporter provided by the board.]~~

Readopt with amendment and renumber Nur 402.04, effective 4/26/16 (Document #11082), as Nur 403.02 and Nur 403.03 to read as follows:

Nur 40[2]3.0[4]2 ~~[Disciplinary Sanctions]~~ **Misconduct. Misconduct shall be:**

~~[(a) Other than immediate license suspensions authorized by RSA 541-A: 30, III, and RSA 326-B: 37, IV, the board shall impose disciplinary sanctions only:~~

- ~~(1) After prior notice and an opportunity for a hearing; or~~
- ~~(2) Pursuant to a mutually agreed upon settlement or consent decree.]~~

~~[(b) In addition to the acts described in RSA 326-B: 37, II, the following shall also be considered acts of misconduct or dishonesty for]~~ **(a) The following shall constitute misconduct by** any person licensed under RSA 326-B:

- (1) Accepting a nursing or nursing-related assignment when the licensee knows or has reason to know ~~he or she is~~ **they are** unqualified to perform the assignment;
- (2) Leaving an assignment from the acute care, long term care, home care, or community setting, without notifying the appropriate authority, whereby such departure endangers the health, safety, and welfare of those individuals entrusted to the licensee's care;
- (3) Violating care recipients' rights, confidentiality, privacy, or records;
- (4) Practicing in a manner that discriminates on the basis of age, race, sex, handicap, national origin, sexual orientation, nature of illness, ~~or~~ health status, **or** physical or mental infirmity;
- (5) Misappropriating human or material resources;
- (6) Physical, mental ~~and~~ or verbal abuse, battery, exploitation, harassment, or neglect of individuals;
- (7) Receiving, or agreeing to receive, fees or other considerations for influencing the care, activities, or records of individuals;
- (8) Failure to maintain standards of practice or education pursuant to RSA 326-B: 2;
- (9) Claiming as their own another's license, or allowing others to use a license not their own;
- (10) Administering therapeutic agents, treatments, ~~or~~ activities, or recording of same, in an inaccurate or negligent manner;
- (11) Failure to record or report in an accurate manner without omission, falsification, or alteration any patient care data, or health care, employment or board records;
- (12) Failure to take appropriate action to safeguard individuals from incompetent health[-]care, nursing practices, nursing-providers, ancillary personnel, or others involved with care-recipients;

- (13) Performing nursing activities or interventions, or providing nursing-related activities beyond the authorized scope of practice;
- (14) Practicing without a current license, or altering a license [~~pocket card~~] by changing dates, numbers, or any information appearing on a license [~~pocket card~~];
- (15) Falsifying or not providing information requested by the board **or the OPLC**;
- (16) Being the subject of 3 different medical injury actions reported under RSA 326-B: 37; [~~and~~]
- (17) Any pattern of behavior consisting of more than one incident of professional misconduct that is incompatible with the standards of practice[-]; **or**

(18) Violation of:

(1) Any provision of RSA 326-B;

(2) Any provision of RSA 310;

(3) Any rule adopted by the board; or

(4) Any state or federal law reasonably related to the licensee's authority to practice or the licensee's ability to practice safely; and

~~(a)~~ **(b)** Acts of misconduct for APRNs, RNs and LPNs shall also include:

- (1) Delegating or directing activities or tasks to individuals when the licensee knows or has reason to know that the individual(s) is not qualified to perform the activity or task;
- (2) Failure of licensee to supervise individuals or groups required to practice nursing or provide nursing-related activities under supervision;
- (3) Requiring a licensee to perform specific nursing interventions or nursing related activities when the licensee clearly and cogently states their inability, either through lack of education, practice, or knowledge and skills, to perform the delegated activity; and
- (4) Permitting the use or disclosure of program information under control of the APRN's by a person not authorized to receive it in violation of RSA 318 or administrative rules of the board of pharmacy.

~~(d) When the board receives notice that a licensee has been disciplined for acts related to professional conduct by the licensing authority of another jurisdiction, the board shall issue an order providing the opportunity for a hearing and directing the licensee to demonstrate why reciprocal discipline should not be imposed in New Hampshire.~~

~~(e) In a disciplinary proceeding brought on the basis of discipline imposed in another jurisdiction, a licensee shall not be subject to disciplinary sanctions which exceed those imposed by the other jurisdiction unless the board first provides specific notice of an intention to consider other sanctions. When such notice is provided, the licensee shall be subject to any disciplinary sanction authorized by RSA 326-B: 37, III.~~

~~— (f) Following opportunity for a hearing and after a finding that misconduct or dishonesty has occurred by a licensee, the board shall impose disciplinary sanctions, to the extent authorized by RSA 326-B: 37, III, and the Omnibus Budget Reconciliation Act (OBRA) of 1987; Section 1819 and 1919 of the Social Security Act (42 U.S.C. 1395 & 1396).]~~

~~[(g) In imposing sanctions, the board shall apply the following factors in determining the level or kind of disciplinary sanction imposed:~~

- ~~(1) The seriousness of the offense;~~
- ~~(2) The licensee's prior disciplinary record;~~
- ~~(3) The licensee's state of mind at the time of the offense;~~
- ~~(4) The licensee's acknowledgment of his or her wrongdoing;~~
- ~~(5) The licensee's willingness to cooperate with the board;~~
- ~~(6) The purpose of the rule or statute violated;~~
- ~~(7) The potential harm to public health and safety; and~~
- ~~(8) The nature and extent of the enforcement activities required of the board as a result of the offense.~~

~~— (h) Discipline imposed upon a licensee under (b) above shall be intended to be the minimum sanction or sanctions, both in type and extent, that the board believes will, based upon the unique facts and circumstances of each act of misconduct:~~

- ~~(1) Protect the public; and~~
- ~~(2) Deter both the licensee charged and any other licensee from engaging in such misconduct in the future.]~~

Nur 403.03 Sanctions.

~~[(i) The type of disciplinary sanctions available to the board shall include the following, listed in ascending order of severity:] **(a) Disciplinary measures available to the board to sanction misconduct shall be:**~~

- ~~(1) [Issuance of a public reprimand pursuant to RSA 326-B: 37, III(a)] **Reprimand;**~~
- ~~(2) [Imposing conditions on the licensee's scope of practice pursuant to RSA 326-B: 37, III(a)] **Suspension of a license for a period of time as determined reasonably by the board;**~~
- ~~(3) [Imposing one or more limitations on the licensee's scope of practice pursuant to RSA 326-B:37, III(a)] **Revocation of a license;**~~
- ~~(4) Placing the licensee on [probation for a specific period of time pursuant to RSA 326-B: 37, III(a)] **probationary status and submit one or more of the following:**~~

a. Regular reporting to the board concerning the matters which are the basis of the probation;

b. Continuing professional education until a satisfactory degree of skill has been achieved in those areas which are the basis of probation;

c. Submitting to the care, counseling, or treatment of a physician, counseling service, health care facility, professional assistance program, or any comparable person or facility approved by the board; and

d. Practicing under the direct supervision of another licensee for a period of tie specified by the board;

~~(6) The imposition of an administrative fine not to exceed \$3,000 per offense, \$300.00 for each day the violation continues, whichever is greater.~~

~~(5) Requiring the licensee to practice under the direct supervision of an RN pursuant to RSA 326-B: 37, III(e);~~

~~(6) Imposition of an administrative fine pursuant to RSA 326-B: 37, III(f);~~

~~(7) Requiring the licensee to submit to the care, counseling, or treatment of a physician, counseling service, health care facility, professional assistance program, or any comparable person or facility pursuant to RSA 326-B:37, III(d);~~

~~(8) Requiring continuing nursing education in the area or areas in which they have been found deficient or incompetent pursuant to RSA 326-B:37, III(e);~~

~~(9) Requiring participation in a rehabilitative program in the area or areas in which they have been found deficient or incompetent pursuant to RSA 326-B: 37, III(e);~~

~~(10) Imposition of a period of license suspension pursuant to RSA 326-B: 37, III(a);~~

~~(11) Declining to renew or reinstate a license pursuant to RSA 326-B: 37, III; and~~

~~(12) Revocation of a license pursuant to RSA 326-B: 37, III(b).~~

~~— (j) Copies of board orders imposing disciplinary sanctions and copies of all settlement agreements or consent decrees shall be sent to the licensing body of each state in which the licensee is licensed and to such other entities, organizations, associations, or boards as are required to be notified under applicable state or federal law.]~~

(b) In the case of sanctions for discipline in another jurisdiction, the decision of the other jurisdiction's disciplinary authority may not be collaterally attacked, and the board may impose any of the sanctions set forth in this chapter, but shall provide notice and an opportunity to be heard prior to imposing any sanctions.

(c) In cases involving imminent danger to public health, safety, or welfare, a board may order immediate suspension of a license pending an adjudicative proceeding before the board to determine if the suspension should remain in place pending final adjudication of the matter, and which shall commence not later than 10 working days after the date of the order suspending the license unless

the licensee or certified individual agrees in writing to a longer period. In such cases of immediate danger, the board shall comply with RSA 541-A:30.,

(c) For any order issued in resolution of a disciplinary proceeding by the board, where the board has found misconduct sufficient to support disciplinary action, the board may require the licensee who is the subject of such finding to pay the OPLC the reasonable cost of investigation and prosecution of the proceeding, but which shall not exceed \$10,000. This sum may be imposed in addition to any otherwise authorized administrative fines levied by the board as part of the penalty. The investigative and prosecution costs shall be assessed by the OPLC.

Source. (See Revision Note #1 at chapter heading for Nur 100) #5887, eff 8-26-94; ss by #6778, eff 6-26-98; ss by #7741, eff 8-13-02; ss by #8873, eff 4-24-07; ss by #10299, eff 3-22-13; ss by #10571, eff 4-17-14; amd by #10953, eff 10-22-15; amd by #11082, eff 4-26-16

Adopt Nur 403.04 through Nur 403.07 as follows:

Nur 403.04 Procedure for Imposition of Sanctions. Other than immediate license suspension the board shall impose disciplinary sanctions only:

(a) After prior notice to the licensee in accordance with Plc 200 and the opportunity for the licensee to be heard; or

(b) By agreement in a settlement between the board and the licensee made pursuant to Plc 200.

Nur 403.05 Determinations Required for Sanctions.

(a) In determining which sanction or combination of sanctions to impose, the board shall:

(1) First determine the nature of the act or omission constituting the misconduct done by the licensee;

(2) Next determine whether the misconduct has one or more of the characteristics listed in (b) below; and

(3) Finally, apply the standards in Nur 402.06.

(b) The characteristics shall be:

(1) The misconduct actually caused physical or mental harm to the client or another person;

(2) The misconduct had the potential to cause physical or mental harm to the client or another person;

(3) The misconduct repeated earlier misconduct done by the licensee, as determined by:

a. An earlier hearing;

b. An earlier settlement agreement predicated on the same misconduct by the licensee;
or

c. An admission by the licensee;

(4) The misconduct was not the first misconduct by the licensee, as determined by:

a. An earlier hearing;

b. An earlier settlement agreement predicated on the same misconduct by the licensee;
or

c. An admission by the licensee; and

(5) The misconduct was intentional rather than the result of negligence or inadvertence.

Nur 403.06 Standards for the Selection of Sanctions. The board shall select appropriate sanction(s):

(a) From the list in Nur 402.03; and

(b) By choosing, in light of the characteristics determined pursuant to Nur 402.04(b), the sanction or combination of sanctions most likely to:

(1) Protect public health and safety;

(2) Prevent future misconduct by the licensee;

(3) Take into account any acknowledgement of fault by the licensee and any cooperation by the licensee with the board's investigation of misconduct;

(4) Correct any attitudinal, educational, or other deficiencies which led to the licensee's misconduct;

(5) Encourage the responsible nursing practices; and

(6) Demonstrate to the licensee and the public the board's intention to insure that its licensees practice in accordance with applicable law and the public welfare.

Nur 403.07 Non-Disciplinary Substance Abuse Recovery Program.

(a) The board shall make available to eligible licensees the non-disciplinary substance abuse recovery program specified by RSA 328-A:14.

(b) A licensee complying with and completing such non-disciplinary substance abuse recovery program shall be deemed not to have been sanctioned for misconduct.

Readopt with amendment and renumber Nur 403, effective 4/17/14 (Document #10571), as Nur 404 to read as follows:

PART Nur 40[~~3~~]4 CONTINUING EDUCATION

Nur 40[3]4.01 Continuing Education Requirements for LPN, RN, and APRN.

(a) Each applicant for licensure by endorsement, renewal, or reinstatement for an RN or LPN license shall complete at least 30 contact hours of workshops, conferences, lectures, or in-service educational offerings that are designed to enhance nursing knowledge, judgment, and skills. Current national certification may be used to fulfill such continuing education requirement.

(b) Educational courses offering content in the following shall fulfill the requirements of (a) above:

- (1) Nursing art and science;
- (2) Nursing education, practice, or research;
- (3) Research in health care;
- (4) Biological, physical, or behavioral sciences;
- (5) Management, administration, or supervision of health-care delivery;
- (6) Teaching or learning principles;
- (7) Ethical or legal aspects of health-care;
- (8) Content offered in basic nursing educational programs appropriate to the licensure category;
or
- (9) Health-care trends, issues, or policies.

(c) One or more of the following educational activities shall fulfill the requirements of (a) above:

- (1) Authorship of a published professional nursing article or book;
- (2) Preparation and initial delivery of a professional nursing paper;
- (3) Preparation and initial participation on a professional nursing panel;
- (4) Participation in quality assessment or risk management studies;
- (5) Nursing or nursing-related grant-writing or research; or
- (6) Completion of 2 or more credits in a school, college, or university that enhances nursing knowledge, judgment, and skills.

(d) Each APRN applicant for APRN license renewal or reinstatement shall complete at least 30 contact hours of continuing education in addition to the continuing education requirements to renew or reinstate a RN license within the 2 years immediately preceding date of application. At least 20 of the 30 hours shall be specific to the specialty practice area, and 5 hours shall be education in pharmacology appropriate to the specialty practice area.

Nur 40[3]4.02 Continuing Education Requirements for LNA. Each applicant for renewal, reinstatement, or endorsement of an LNA license shall complete at least 12 contact hours per year of workshops, conferences, lectures, or in-service educational offerings that are designed to enhance nursing assistant knowledge, judgment, and skills. Successful completion of a state nursing assistant examination may be used to fulfill such continuing education requirements.

Nur 40[3]4.03 Continuing Education Requirements for MNA. Each applicant for renewal of an MNA license shall complete at least 4 contact hours per year of workshops, conferences, lectures, or in-service educational offerings that are designed to enhance nursing assistant knowledge, judgment, and skills related to medications and/or medication administration.

Nur 40[3]4.04 Method of Calculation of Contact Hours for Individualized Learning.

(a) Academic credit for courses shall be converted to contact hours, with one credit being the equivalent of 15 contact hours.

(b) Individualized learning activities shall count on an hour-for-hour basis towards fulfilling the requirements of continuing education.

Nur 40[3]4.05 Continuing Education Validation.

(a) Licensees shall be responsible for maintaining accurate records and upon request shall submit documentation demonstrating compliance with all applicable continuing education requirements.

(b) All nurse licensees audited for continuing education shall complete and submit Form “Continuing Education Contact Hour Audit”, 1-2014.

(c) All nursing assistant licensees audited for continuing education shall complete and submit “Form Licensed Nursing Assistant Continuing Education Audit”, 11-2013.

(d) At least 45 days prior to the renewal date, every 100th license application shall be selected for a continuing education audit and the licensee shall submit a list of educational offerings, sponsor and hours documenting compliance with continuing education requirements.

(e) A renewal under Nur 401 shall not be issued if:

(1) The licensee fails to submit documentation upon request before midnight of the renewal date; or

(2) Submitted documents fail to meet continuing education requirements.

(f) Licensees may request inactive status in lieu of complying with the specific continuing education requirements of Nur 403 applicable to their license.

Readopt with amendment and renumber Nur 404.01 through 401.03, effective 4/26/16 (Document #11082), as Nur 405.01 through 405.03 to read as follows:

PART Nur 40[4]5 ONGOING REQUIREMENTS

Nur 40[4]5.01 Purpose.

(a) The purpose of Nur 404.01 to Nur 404.07 is to regulate the delegation of tasks of client care by licensed nurses to licensed and unlicensed persons, pursuant to RSA 326-B:28 and RSA 326-B:29.

(b) The purpose of Nur 404.08 to Nur 404.11 is to regulate the delegation of tasks of administration of medication tasks by licensed nurses to MNA, pursuant to RSA 326-B:28 and RSA 326-B:29.

Nur 40[4]5.02 Scope. This part shall apply to the delegation of nursing tasks by all licensees except for those persons exempted by RSA 326-B:43.

Nur 40[4]5.03 Definitions

(a) “Administration of medication” means an action taken by a licensee or authorized delegate whereby a single [~~does~~] dose of the prescribed medication is instilled into or applied to the body of a person for immediate consumption or use.

(b) “Assistance with administration of medication” means an action taken by a licensee or authorized delegate whereby a client with stable medical condition(s) and who is fully able to recognize and accept prescribed medications is assisted with one or more of the following steps in the process of instilling or applying a single dose of prescribed medication:

- (1) Providing assistance, observation, and documentation to a a client;
- (2) Taking the medication to the client when the client is present to receive medication;
- (3) Opening the medication container for the client when the client is present;
- (4) Reminding or prompting the client to take the medication at the proper time;
- (5) Reading a medication label to the client;
- (6) Physically assisting the client to self-administer medication utilizing hand or hand technique; and
- (7) Providing food or liquids if the medication label instructs the client to take the medication with food or liquids.

(c) “Nursing task” means a procedure that requires nursing education and a license as a registered nurse or licensed practical nurse to perform.

Readopt with amendment and renumber Nur 404.04 and Nur 404.05, effective 12/22/17 (Document #12439), as Nur 405.04 and Nur 405.05 to read as follows:

Nur 40[4]5.04 Licensees with the Authority to Delegate Nursing Related Activities.

(a) The following licensees shall have the authority pursuant to RSA 326-B to delegate nursing related activities:

- (1) Any currently licensed RN or APRN when practicing registered nursing; and

(2) Any currently licensed LPN when practicing practical nursing directed by a licensed APRN, RN, dentist, or physician.

(b) For nursing related tasks involving assistance with or the administration of medication, the following persons shall be eligible to be delegates:

- (1) Any currently licensed RN and APRN;
- (2) Any currently licensed LPN, only when:
 - a. The method of medication administration is not intravenous; or
 - b. The method of medication administration is intravenous and the LPN is in compliance with Nur 604.01 (b) and (c);
- (3) Unlicensed assistive personnel who have competency to perform the specific task to be delegated; and
- (4) Any currently licensed LNA only when:
 - a. The task is assistance with medication administration; or
 - b. The task is administration of medication in a setting that involves administration of medication to stable clients, as defined in Nur 101.21, and the LNA holds a certificate of medication administration issued in accordance with the provisions of Nur 801; or
 - c. The LNA that does not hold a certificate of medication administration is employed in the home care, residential care, adult day care, or hospice care setting, where the number of delegations is limited to the number of clients assigned to the LNA, and in accordance with Nur 404.07(h).

Nur 40[4]5.05 Eligibility to be a Delegatee.

(a) Any individual shall be eligible to receive the delegation of a task of client care not involving the administration of medication only if such individual has competency to perform the specific task.

(b) For nursing related activities involving the administration of medication, the following persons shall be eligible to be delegates:

- (1) Any currently licensed RN and APRN;
- (2) Any currently licensed LPN only when:
 - a. The method of medication administration is not intravenous; or
 - b. The method of medication administration is intravenous and the LPN is in compliance with Nur 604.01 (b) and (c);
- (3) Unlicensed assistive personnel who have competency to perform the specific task to be delegated; and

- (4) Currently licensed LNA when:
- a. The LNA holds a certificate of medication administration issued in accordance with the provisions of Nur 801 and in compliance with this part; or
 - b. The LNA is in compliance with Nur 404.07(h).

Readopt with amendment and renumber Nur 404.06, effective 4/26/16 (Document #11082), as Nur 405.06 to read as follows:

Nur 404.06 Delegation of Nursing Tasks.

- (a) To delegate a nursing task, the delegating nurse shall:
- (1) Assess the client to ensure the client's condition is stable and predictable pursuant to Nur 101.21;
 - (2) Ensure the task does not require nursing assessment and consider:
 - a. The nature of the task, the complexity, and the risks involved;
 - b. The delegate skills necessary to safely perform the task within the care setting and without the direct supervision of the delegating nurse; and
 - c. The willingness of the delegate to perform the task;
 - (3) Teach the task to the prospective delegate;
 - (4) Observe the prospective delegate performing the task to ensure that the task is performed safely and accurately;
 - (5) Upon finding the delegate competent at the task, delegate the task and instruct the delegate that the delegation is specific to the specified client only and not transferable to another client;
 - (6) Document the delegation and the delegation process and leave written instructions with the delegate, as appropriate;
 - (7) Supervise the delegate and provide ongoing evaluation at a frequency determined by consideration of the following:
 - a. The complexity of the delegated task of client care;
 - b. The condition of the client;
 - c. The skill level of the delegate; and
 - d. The familiarity of the delegate with the environment in which the task is to be performed; and
 - (8) Rescind the delegation if:

- a. The client’s condition changes in a way that renders the delegation no longer safe or appropriate;
- b. The delegate proves unwilling or incompetent to perform the delegated task;
- c. The client objects to the delegation ; or
- d. The delegating nurse is no longer able to supervise the performance of the delegated task. The delegating nurse shall notify the delegate and the delegatee’s supervisor of a rescission.

(b) A licensed nurse shall report to the ~~board~~ **OPLC** an attempt to coerce the delegation of a task of client” care in violation of RSA 326-B: 29, II.

Readopt with amendment and renumber Nur 404.07, effective 12/22/17 (Document #12439), as Nur 405.07 to read as follows:

Nur 40[4]5.07 Delegation of Medication Administration.

(a) In addition to the requirements of Nur 404.05, when delegating medication administration, the delegating nurse shall specify:

- (1) The medication to be administered;
- (2) The dosage, route and time of the medication to be administered;
- (3) The proper method for administration;
- (4) Required documentation; and
- (5) The duty to report immediately to the delegating nurse any error in the administration.

(b) In addition to the requirements in paragraph (a), and when relevant to the care of the client by the delegate, the delegating nurse shall instruct the delegate on:

- (1) The reasons for the medication;
- (2) The potential side effects of the medication;
- (3) Observation of the client’s response; and
- (4) Expected actions if side effects are observed.

(c) A nurse may delegate medication administration when medication is administered via the following routes:

- (1) Topical;
- (2) Oral;

- (3) Nasal;
- (4) Ocular;
- (5) Auricular;
- (6) Vaginal;
- (7) Rectal;
- (8) Enteral tube; and
- (9) Injection of insulin or epinephrine in accordance with paragraph (f) and (g).

(d) A nurse shall not delegate the following:

- (1) Medication administered via a parenteral route, if not listed in paragraph (c);
- (2) Medication administered via a nasogastric tube;
- (3) The initial dose of a new medication or a previously prescribed medication with a dosage change; or
- (4) Medication administration requiring a dosage calculation by the LNA.

(e) A nurse may delegate PRN medications subject to the following:

- (1) The delegating nurse provides written instructions; and
- (2) The administration is authorized by the supervising nurse on duty or on call.

(f) A nurse may delegate the administration of insulin from a labeled and pre-set or pre-drawn Insulin delivery device.

(g) A nurse may delegate the administration of epinephrine from a labeled and pre-set or pre-drawn delivery device.

(h) In addition to the requirements of this part, when delegating medication administration to a currently licensed LNA that does not hold a certificate of medication administration, the delegating nurse shall:

- (1) Ensure the administration of medication is to stable clients, as defined in Nur 101.21 and pursuant to Nur 404.06(a)(1);
- (2) Identify a routine medication regime with a clear process for the LNA to follow, such as the use of:
 - a. A medication planner or box that is prefilled by a licensed nurse;

- b. early marked medication bottles or containers that provide direction for administration;
or
 - c. Written instructions on administration provided by the delegating nurse;
- (3) Ensure the LNA has, pursuant to Nur 404.06(a)(3), received instruction on requirements of the task delegated and understands a client medication administration record; and
- (4) Ensure delegation of medication administration does not, pursuant to Nur 404.06(a)(2), require independent decision-making by the LNA and shall only be appropriate when the client is unable to safely self-administer.

Adopt Nur 405.08 through Nur 405.12, effective 4/17/14 (Document #10571) and expired 4/17/24, to read as follows:

Nur 40[4]5.08 Obligations of Licensees as Delegates.

(a) A licensee to whom a specific task of client care has been delegated shall perform that task in accordance with RSA 326-B and these rules.

(b) A delegatee who is a licensee shall wear a badge showing the delegatee's name and title when performing the delegated task of client care.

(c) A delegatee who is a licensee shall report to the ~~board~~ **OPLC** the fact of any delegation which the delegatee believes to be beyond ~~his or her~~ **their** competency.

Nur 40[4]5.09 Circumstances Permitting the Performance by a MNA of Tasks Involving the Administration of Medication. A MNA shall perform a task involving the administration of medication only if:

(a) The task has been delegated to the MNA by a licensed nurse in accordance with the provisions of Nur 404; and

(b) The delegation is not prohibited by Nur 404.04.

Nur 40[4]5.10 Circumstances Prohibiting the Performance by an LNA of Tasks Involving Medication Administration. An MNA shall not perform a task involving the administration of medication if:

(a) The task requires the determination of the client's need for the medication, the calculation of the dosage of the medication or the conversion of dosage;

(b) The delegating nurse is unavailable to monitor the progress of the client and the effect on the client of the medication; or

(c) The client is not stable or has changing nursing needs.

Nur 40[4]5.11 Obligations of Delegating Licensee in Connection with the Delegation to a LNA of a Task Involving Medication Administration.

(a) A licensee intending to delegate, or having delegated, a task involving medication administration to a MNA shall comply with the requirements of Nur 404.05 and Nur 404.06.

(b) A licensee who, having delegated a task involving medication administration to a MNA, has any reason to believe that the delegatee may have made an error in the administration of medication shall:

- (1) Immediately ascertain whether the error occurred; and
- (2) If the error occurred or its occurrence cannot be ascertained immediately, take the following steps:
 - a. Inform the administrator of the facility, institution or agency in which the error occurred;
 - b. Document the error in the client's clinical record;
 - c. Complete any report required by the policies or rules of the facility, institution or agency within the required time period;
 - d. Determine whether immediate action is required to be taken with respect to the delegation of tasks to the MNA who made the error; and
 - e. Maintain a record of errors in medication administration and actions taken by the delegating licensee for medication nursing assistant program site review.

Nur 40[4]5.12 Obligation of MNA to Report Possible or Known Error in the Administration of Medication. An MNA who has any reason to believe that ~~he or she has~~ **they have** made an error in the administration of medication shall:

(a) Immediately report to the following people a possible or known error in the administration of medication:

- (1) The licensee who delegated the task involving the administration of medication; and
- (2) The MNA's immediate supervisor in the facility, institution or agency in which the possible or known error occurred, if such supervisor is someone other than the delegating licensee; and

(b) Assist the delegating licensee and the immediate supervisor in the setting in which the possible or known error occurred in the completion of any document for reporting error which required to be completed.

Readopt with amendment and renumber Nur 405, effective 4/26/16 (Document #11082), as Nur 406 to read as follows:

PART Nur 405 ONGOING REQUIREMENTS

Nur 405.01 Competence to Practice. All licensees shall, through education and experience, maintain the ability to practice nursing or nursing related activities competently.

Adopt Nur 406.02, effective 4/17/14 (Document #10571) and expired 4/17/24, to read as follows:

Nur 405.02 Change of Address.

(a) Each licensee shall notify the ~~board~~ **OPLC**, in writing or electronically, within 30 days of a change of residential or business address ~~[by completing and submitting Form “Address Name Change Form”, 11-2013].~~

(b) The notification required by (a) above shall include the licensee’s:

- (1) Full name, license type, and number;
- (2) Complete current residential mailing and physical address, even if unchanged;~~and~~
- (3) Current business mailing and physical address, even if unchanged~~;~~ **and**

(4) E-mail address.

~~[(c) As part of the notice required pursuant to (a) above, the licensee may also provide his or her email address, even if unchanged.]~~

~~[(c)](c) Each person who fails to notify the ~~board~~ **OPLC** as required pursuant to (a) above shall, after notice and opportunity for a hearing pursuant to Nur 402.04(a), be fined \$10.00.~~