

Chapter 246-840 WAC
PRACTICAL AND REGISTERED NURSING
(COVID-19 Rule Changes)

NOTE: Bolded and highlighted sections in the table of contents have modifications. Unmodified rules do not appear in this document.

Key on citations: ALL citations for changes follow the altered text in double curly braces {{ }}

Governor waivers identified by Proclamation number, e.g. {{20-32}}

{{E-Rules 1}} denotes emergency rules approved 4/8/2020 by NCQAC

{{E-Rules 2}} denotes emergency rules approved 4/16/2020 by NCQAC

{{Secretary}} denotes waivers granted by the Secretary of Health

~~Strikethrough~~ text indicates deleted language

Underlined text indicates added language

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246-840-010

Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advanced clinical practice" means practicing at an advanced level of nursing in a clinical setting performing direct patient care.

(2) "Advanced nursing practice" means the delivery of nursing care at an advanced level of independent nursing practice that maximizes the use of graduate educational preparation, and in-depth nursing knowledge and expertise in such roles as autonomous clinical practitioner, professional and clinical leader, expert practitioner, and researcher.

(3) "Advanced registered nurse practitioner (ARNP)" is a registered nurse (RN) as defined in RCW [18.79.050](#), [18.79.240](#), [18.79.250](#), and [18.79.400](#) who has obtained formal graduate education and national specialty certification through a commission approved certifying body in one or more of the designations described in WAC [246-840-302](#), and who is licensed as an ARNP as described in WAC [246-840-300](#). The designations include the following:

- (a) Nurse practitioner (NP);
- (b) Certified nurse midwife (CNM);
- (c) Certified registered nurse anesthetist (CRNA); and
- (d) Clinical nurse specialist (CNS).

(4) "Associate degree registered nursing education program" means a nursing education program which, upon successful completion of course work, that includes general education and core nursing courses that provide a sound theoretical base combining clinical experiences with theory, nursing principles, critical thinking, and interactive skills, awards an associate degree in nursing (ADN) to prepare its graduates for initial licensure and entry level practice as an RN.

(5) "Bachelor of science degree registered nursing education program" means a nursing education program which, upon successful completion of course work taught in

an associate degree nursing education program, as defined in subsection (28) of this section, plus additional courses physical and social sciences, nursing research, public and community health, nursing management, care coordination, and the humanities, awards a bachelor of science in nursing (BSN) degree, to prepare its graduates for a broader scope of practice, enhances professional development, and provides the nurse with an understanding of the cultural, political, economic, and social issues that affect patients and influence health care delivery.

(6) "Certifying body" means a nongovernmental agency using predetermined standards of nursing practice to validate an individual nurse's qualifications, knowledge, and practice in a defined functional or clinical area of nursing.

(7) "Client advocate" means a licensed nurse who actively supports client's rights and choices, including the client's right to receive safe, high quality care, and who facilitates the client's ability to exercise those rights and choices by providing the client with adequate information about their care and options.

(8) "Commission" means the Washington state nursing care quality assurance commission.

(9) "Competency" means demonstrated knowledge, skill and ability in the practice of nursing.

(10) "Conditional approval" is the approval given a nursing education program that has not met the requirements of the law and the rules of the commission. Conditions are specified that must be met within a designated time to rectify the deficiency.

(11) "Dedicated education unit" means a clinical learning experience within a health care facility, as part of the curriculum of a nursing education program.

(12) "Delegation" means the licensed nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The nurse delegating the task is responsible and accountable for the nursing care of the client. The nurse delegating the task supervises the performance of the unlicensed person. Nurses must follow the delegation process following the RCW [18.79.260](#). Delegation in community and in-home care settings is defined by WAC [246-840-910](#) through [246-840-970](#).

(13) "Distance education" or "distance learning" means instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous, where the teacher and student communicate at the same time, or asynchronous, where the student and teacher communicate at different times, and shall facilitate and evaluate learning in compliance with nursing education rules.

(14) "Full approval" of a nursing education program is the approval signifying that a nursing program meets the requirements of the law and the rules of the commission.

(15) "Good cause" as used in WAC [246-840-860](#) for extension of a nurse technician registration means that the nurse technician has had undue hardship such as difficulty scheduling the examination through no fault of their own; receipt of the examination results after thirty days after the nurse technician's date of graduation; or an unexpected family crisis which caused him or her to delay sitting for the examination. Failure of the examination is not "good cause."

(16) "Good standing" as applied to a nursing technician, means the nursing technician is enrolled in a registered nursing program approved by the commission and is successfully meeting all program requirements.

(17) "Health care professional" means the same as "health care provider" as defined in RCW 70.02.010(18).

(18) "Home state" is defined as where the nursing education program has legal domicile.

(19) "Host state" is defined as the state jurisdiction outside the home state where a student participates in clinical experiences or didactic courses.

(20) "Immediately available" as applied to nursing technicians, means that an RN who has agreed to act as supervisor is on the premises and is within audible range and available for immediate response as needed which may include the use of two-way communication devices which allow conversation between the nursing technician and an RN who has agreed to act as supervisor.

(a) In a hospital setting, the RN who has agreed to act as supervisor is on the same patient care unit as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

(b) In a nursing home or clinic setting, an RN who has agreed to act as supervisor is in the same building and on the same floor as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

(21) "Initial approval" of nursing education program is the approval status conferred by the commission to a new nursing program based on its proposal prior to the graduation of its first class.

(22) "Licensed practical nurse (LPN)" is a nurse licensed as defined in RCW 18.79.030(3), with a scope of practice defined in RCW 18.79.020 and 18.79.060.

(23) "Limited educational authorization" is an authorization to perform clinical training when enrolled as a student through a commission approved refresher course. This authorization does not permit practice for employment.

(24) "Minimum standards of competency" means the knowledge, skills, and abilities that are expected of the beginning practitioner.

(25) "National nursing education accreditation body" means an independent nonprofit entity, approved by the United States Department of Education as a body that evaluates and approves the quality of nursing education programs within the United States and territories.

(26) "Nontraditional program of nursing" means a school that has a curriculum which does not include a faculty supervised teaching and learning component in clinical settings.

(27) "Nursing education program administrator" is an individual who has the authority and responsibility for the administration of the nursing education program.

(28) "Nursing education program" means a division or department within a state supported educational institution or other institution of higher learning, charged with the responsibility of preparing nursing students and nurses to qualify for initial licensing or higher levels of nursing practice.

(29) "Nursing faculty" means an individual employed by a nursing education program who is responsible for developing, implementing, evaluating, updating, and teaching nursing education program curricula.

(30) "Nursing technician" means a nursing student preparing for RN or LPN [{{E-rules 1}}](#) licensure who meets the qualifications for licensure under RCW [18.79.340](#) who is employed in a hospital licensed under chapter [70.41](#) RCW or a nursing home licensed under chapter [18.51](#) RCW, or clinic. The nursing student must be in a nursing educational program in the United States or its territories that is approved by the National Council Licensure Examination-RN or National Council Licensure Examination-PN. [{{E-rules 1}}](#) Approved nursing education programs do not include nontraditional schools as defined in subsection (27) of this section.

(31) "Philosophy" means the beliefs and principles upon which a nursing education program curriculum is based.

(32) "Practical nursing education program" means a nursing education program which, upon successful completion of course work that includes core nursing course to provide a sound theoretical base combining clinical experiences with nursing principles, critical thinking, and interactive skills for entry level practical nursing, awards a certificate that the graduate is prepared for interdependent practice to prepare a practical nurse for interdependent practice as an LPN.

(33) "Registered nurse" or "RN" is a licensed nurse as defined in RCW [18.79.030](#)(1), [18.79.040](#), [18.79.240](#), and [18.79.260](#).

(34) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(a) "Direct supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.

(b) "Immediate supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.

(c) "Indirect supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties.

(35) "Traditional nursing education program" means a program that has a curriculum which includes a faculty supervised teaching and learning component in clinical settings.

246-840-025

Initial licensure for registered nurses and practical nurses—Commission approved Washington state nursing education program.

Registered nursing and practical nursing applicants' educated in a commission approved Washington state nursing education program and applying for initial licensure must:

(1) Successfully complete a commission approved nursing education program. For applicants from a commission approved registered nurse program who are applying for a practical nurse license:

(a) Complete all course work required of commission approved practical nurse programs as listed in WAC 246-840-575(2). Required courses not included in the registered nurse program may be accepted if the courses were obtained through a commission approved program.

(b) Be deemed as capable to safely practice within the scope of practice of a practical nurse by the nurse administrator of the candidate's program.

~~(2) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. {{20-32}}~~

(3) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050. Testing may be allowed upon receipt of a certificate of completion from the administrator of the nursing education program.

(4) Submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission. The transcript must include course names and credits accepted from other programs. Transcripts must be received within ninety days of the applicant's first taking of the examination. The transcript must show:

(i) The applicant has graduated from an approved nursing program or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program; or

(ii) That the applicant has completed all course work required in a commission approved practical nurse program as listed in WAC 246-840-575(2).

(c) Applicants from a commission approved registered nurse program who are applying for a practical nurse license must also submit an attestation sent from the nurse administrator of the candidate's nursing education program indicating that the applicant is capable to safely practice within the scope of practice of a practical nurse.

246-840-030

Initial licensure for registered nurses and practical nurses—Out-of-state traditional nursing education program approved by another United States nursing board.

Registered nursing and practical nursing applicants educated in a traditional nursing education program approved by another United States nursing board and applying for initial licensure must:

(1) Successfully complete a board approved nursing education program. Applicants from a board approved registered nurse program who are applying for a practical nurse license:

(a) Complete all course work required of board approved practical nurse programs as listed in WAC 246-840-575(2). Required courses not included in the

registered nurse program may be accepted if the courses were obtained through a commission approved program.

(b) Be deemed as capable to safely practice within the scope of practice of a practical nurse by the nurse administrator of the applicant's nursing education program.

~~(2) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. {{20-32}}~~

(3) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050.

(4) Submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission. The transcript must include course names and credits accepted from other programs. The transcript must show:

(i) The applicant has graduated from an approved nursing program or has successfully completed the preclicensure portion of an approved graduate-entry registered nursing program; or

(ii) That the applicant has completed all course work required in a commission approved practical nurse program as listed in WAC 246-840-575(2).

(c) Applicants from a board approved registered nurse program who are applying for a practical nurse license must also submit an attestation sent from the nurse administrator of the applicant's nursing education program indicating that the applicant is capable to safely practice within the scope of practice of a practical nurse.

246-840-045

Initial licensure for registered nurses and practical nurses who graduate from an international school of nursing.

(1) Registered nurse and practical nurse applicants educated in a jurisdiction which is not a member of the National Council of State Boards of Nursing and applying for initial licensure must:

(a) Successfully complete a basic nursing education program approved in that country.

(i) The nursing education program must be equivalent to the minimum standards prevailing for nursing education programs approved by the commission.

(ii) Any deficiencies in the nursing program (theory and clinical practice in medical, psychiatric, obstetric, surgical and pediatric nursing) may be satisfactorily completed in a commission approved nursing program or program created for internationally educated nurses identified in WAC 246-840-549, 246-840-551 or 246-840-552.

(b) Obtain an evaluation or certificate from a commission approved credential evaluation service verifying that the educational program completed by the applicant is equivalent to nursing education in the state of Washington.

(c) Demonstrate English language proficiency by passing a commission approved English proficiency examination at a commission designated standard, or provide evidence directly from the school of earning a high school diploma or college

degree from a United States institution prior to commission approval to take the national licensing examination.

Individuals from Canada (except for Quebec), United Kingdom, Ireland, Australia, New Zealand, American Samoa, Guam, Northern Mariana Island, and U.S. Virgin Islands will have this requirement waived.

~~(d) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. {{20-32}}~~

(e) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050.

(2) Registered nurse and practical nurse applicants must submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) Official transcript directly from the nursing education program or licensure agency in the country where the applicant was educated and previously licensed.

(i) Transcript must be in English or accompanied by an official English translation. If the applicant's original documents (education and licensing) are on file in another state or with an approved credential evaluation agency, the applicant may request that the state board or approved credential evaluating agency send copies directly to the commission in lieu of the originals.

(ii) The transcript must:

(A) Include the applicant's date of enrollment, date of graduation and credential conferred.

(B) Describe the course names and credit hours completed.

(C) Document equivalency to the minimum standards in Washington state. Course descriptions or syllabi may be requested to determine equivalency to Washington state standards.

(c) Documentation from a commission approved nursing program showing that any deficiency has been satisfactorily completed.

(d) Documents must show the applicant has passed a commission approved English proficiency examination or the requirement is waived as identified in subsection (1) of this section.

246-840-090

Licensure for nurses by interstate endorsement.

Registered nurse and practical nurse applicants for interstate endorsement may be issued a license without examination provided the applicant meets the following requirements:

(1) The applicant graduated and holds a degree from:

(a) A commission or state board approved program preparing candidates for licensure as a nurse; or

(b) A nursing program that is equivalent to commission approved nursing education in Washington state at the time of graduation as determined by the commission.

(2) The applicant holds a current active nursing license in another state or territory, or holds an inactive or expired license in another state or territory and successfully completes a commission-approved refresher course.

(a) An applicant whose license was inactive or expired must be issued a limited education authorization by the commission to enroll in the clinical portion of the refresher course.

(b) The limited education authorization is valid only while working under the direct supervision of a preceptor and is not valid for employment as a registered nurse.

(3) The applicant was originally licensed to practice as a nurse in another state or territory after passing the National Council Licensure Examination (NCLEX).

(4) Applicants graduating from nursing programs outside the U.S. must demonstrate English proficiency by passing a commission approved English proficiency test if the nursing education is not in one of the following countries: Canada (except for Quebec), United Kingdom, Ireland, Australia, New Zealand, American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands, or complete one thousand hours of employment as a licensed nurse in another state, or provide evidence directly from the school of earning a high school diploma or college degree from a United States institution.

The one thousand hours of employment must be in the same licensed role as the nurse is applying for licensure in Washington state. Proof of employment must be submitted to the commission.

(5) For RNs: If the applicant is a graduate of a nontraditional nursing education program and:

(a) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit evidence of two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035, or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(b) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit evidence of at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

~~(6) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. {{20-32}}~~

(7) Applicants must submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission if the education cannot be verified from the original board of nursing, or commission-approved evaluation agency.

(i) The transcript must contain adequate documentation demonstrating that the applicant graduated from an approved nursing program or successfully completed the prelicensure portion of an approved graduate-entry registered nursing program.

(ii) The transcripts shall include course names and credits accepted from other programs.

(c) Verification of an original registered or practical nurse license from the state or territory of original licensure. The verification must identify that issuance of the original licensure included passing the NCLEX.

(d) For applicants educated outside the United States and in territories or countries not listed in subsection (4) of this section, successful results of a commission approved English proficiency exam, or, evidence of one thousand hours worked as a nurse.

(e) For RNs: If the applicant is a graduate of a nontraditional program in nursing and:

(i) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit documentation of two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035 or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(ii) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit documentation of at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

246-840-111

Expired license.

(1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for more than three years and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2;

~~(c) Meet the continuing competency requirements of WAC 246-840-201 through 246-840-207. {{20-32}}~~

(3) If the license has expired for more than three years and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully complete a commission approved refresher course. The practitioner will be issued a limited educational license to enroll in the refresher course. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a licensed practical or registered nurse;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

246-840-125

Retired active credential.

(1) A registered or licensed practical nurse may place their credential in "retired active" status by meeting the requirements of this section.

(2) A registered or licensed practical nurse who holds a retired active credential may only practice in intermittent or emergent circumstances.

(a) Intermittent means the registered or licensed practical nurse will practice no more than ninety days a year.

(b) Emergent means the registered or licensed practical nurse will practice only in emergency circumstances such as earthquakes, floods, times of declared war, or other states of emergency.

(3) To obtain a retired active credential a registered or a licensed practical nurse must:

(a) Meet the requirements in WAC **246-12-120**.

(b) Pay the appropriate fee in WAC **246-840-990**.

(4) To renew a retired active credential the registered nurse or licensed practical nurse must:

(a) Meet the requirements in WAC **246-12-130**. The retired active credential fee is in WAC **246-840-990**.

~~(b) Have completed forty-five hours of continuing nursing education every three years in compliance with WAC **246-840-220** (2)(b). Education may include CPR and first aid. {{E-rules 1 AND 20-32}}~~

~~(c) Demonstrate they have practiced at least ninety-six hours every three years. Practice may be paid or volunteer, but must require nursing knowledge or a nursing license. {{E-rules 1 AND 20-32}}~~

(d) Renew their retired active credential every year on their birthday.

(5) To return to active status the registered or licensed practical nurse must:

(a) Meet the requirements in WAC **246-12-140**. The active renewal fee is in WAC **246-840-990**.

~~(b) Meet the continuing competency requirements in WAC **246-840-230** (5)(d).~~

~~(6) A registered or licensed practical nurse who holds a retired active credential is subject to a continuing competency audit as outlined in WAC **246-840-220**, **246-840-230**, and **246-840-240**. {{E-rules 1}}~~

246-840-210

Continuing competency definitions.

The definitions in this section apply throughout WAC ~~**246-840-200**~~ through ~~**246-840-260**~~ unless the context clearly requires otherwise.

(1) ~~**"Active nursing practice"**~~ means engagement in paid, unpaid, or volunteer activity performing acts requiring substantial nursing knowledge, judgment, and skills described under ~~RCW **18.79.040**, **18.79.050**, and **18.79.060**~~. Active nursing practice may include, but is not limited to, working as an administrator, quality manager, policy officer, public health nurse, parish nurse, home health nurse, educator, consultant, regulator, and investigator or case manager.

(2) ~~**"Advanced nursing degree"**~~ means education preparation beyond one's initial education for nurse licensure.

(3) ~~**"Attestation"**~~ means the affirmation by signature of the nurse indicating compliance with the standards and terms of the continuing competency requirements.

~~(4) "Compliance audit" means a review of documents to determine whether the nurse has fulfilled the requirements in WAC 246-840-220 through 246-840-260.~~

~~(5) "Continuing competency" is the ongoing ability of a nurse to maintain, update and demonstrate sufficient knowledge, skills, judgment, and qualifications necessary to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. A nurse achieves continuing competency through active practice and continuing nursing education.~~

~~(6) "Continuing nursing education" refers to systematic professional learning experiences obtained after initial licensure and designed to augment the knowledge, skills, and judgment of nurses and enrich nurses' contributions to quality health care and the pursuit of professional career goals, related to a nurse's area of professional practice, growth and development.~~

~~(7) "Nurse" means a registered nurse and licensed practical nurse.~~

~~(8) "Review period" is three full licensing renewal cycles. For purposes of a compliance audit, the review period will be the three years preceding the audit due date.~~

~~(9) "Technical assistance" means guidance provided by commission staff to help the nurse comply with laws and rules. {{E-rules 1}}~~

246-840-220

Continuing competency requirements—Active status.

~~(1) At the end of the three-year continuing competency cycle, a nurse must attest on a form provided by the department of health declaring completion of the required active nursing practice hours and continuing nursing education hours.~~

~~(2) The nurse must complete, within each three-year review period:~~

~~(a) A minimum of five hundred thirty-one hours of active nursing practice; and~~

~~(b) A minimum of forty-five hours of continuing nursing education.~~

~~(3) A nurse will have a full three years to meet the requirements in subsections (1) and (2) of this section. The hours may be accumulated at any time throughout the three-year review period. The review period begins on the licensee's first birthday after receiving the initial license.~~

~~(4) Nurses must complete a qualified suicide prevention training as follows:~~

~~(a) Beginning January 1, 2016, registered nurses, except for registered nurses holding an active certified registered nurse anesthetist license, and licensed practical nurses must complete a one-time training in suicide assessment, treatment, and management from a qualified suicide prevention training program. The training must be completed by the end of the first full continuing competency reporting period after or during the first full continuing competency reporting period after initial licensure, whichever is later.~~

~~(b) Beginning July 1, 2017, a qualified suicide training program must be on the model list, required under RCW 43.70.442, to be accepted.~~

~~(c) A qualified suicide prevention training program must be an empirically supported training including assessment treatment and management, and must be at least six hours in length which may be provided in one or more sessions.~~

~~(d) The hours spent completing a qualified training program in suicide assessment, treatment, and management under this section counts toward continuing competency requirements in subsection (2)(b) of this section.~~

~~(5) Nurses who are enrolled in, or have completed prerequisite classes for, an advanced nursing education program are exempt from the continuing competency requirements during their current review period. A final transcript or transcript of classes documenting current progress towards an advanced degree will be required by the commission for approval of the exemption. {{20-32}}~~

246-840-230

Continuing competency audit process and compliance.

~~(1) The commission shall conduct a compliance audit:~~

~~(a) On all late renewals if continuing competency requirements under WAC 246-840-220(2) are due;~~

~~(b) Through random selection; and~~

~~(c) At the discretion of the commission, on nurses under the disciplinary process.~~

~~(2) The commission will notify a nurse selected for compliance audit at the address on record with the department. For a nurse selected randomly, notification will be sent with the renewal notice.~~

~~(3) The nurse must submit continuing education in clock hours.~~

~~(4) When the nurse is unable to document compliance with WAC 246-840-220, technical assistance may be provided.~~

~~(5) If the nurse is unable to provide the required documentation of compliance with WAC 246-840-220, the nurse may elect to:~~

~~(a) Place his or her license on inactive status as outlined in WAC 246-840-120;~~

~~(b) Let his or her license expire;~~

~~(c) Request an extension under WAC 246-840-240;~~

~~(d) Enter into an agreement, on a form provided by the commission, to complete a minimum of one hundred seventy-seven hours of active nursing practice and fifteen hours of continuing nursing education within one year. A compliance audit will be conducted at the end of the year to ensure compliance with the agreement.~~

~~(6) Failure to complete the required hours and provide the required documentation, or intentional deceit, fraud, or misconduct in reporting continuing competency may result in discipline for unprofessional conduct under RCW 18.130.180. {{20-32}}~~

246-840-240

Extension.

~~A nurse who does not meet continuing competency requirements in WAC 246-840-220 within the three-year audit review period may request an extension of up to one year to allow the nurse to complete the remaining hours. The commission will conduct an audit at the end of the extension period to ensure compliance. In order to qualify for~~

~~an extension, a nurse must agree to complete the remaining practice and continuing education hours within one year or less. If the remaining active nursing practice hours and continuing nursing education hours are not completed within one year, the commission will refer the nurse for disciplinary action. {{E-rules 1}}~~

246-840-250

Continuing competency requirements—Reactivation from expired status.

~~(1) All nurses applying for reactivation must meet the requirements of chapter **246-12 WAC**, Part 2 and **WAC 246-840-111**.~~

~~(2) If a license is expired for more than one year, the nurse must provide evidence of five hundred thirty-one hours of active nursing practice in any United States jurisdiction, and forty-five hours of continuing nursing education in the last three years.~~

~~(3) If the nurse cannot provide the evidence required in subsection (2) of this section, the nurse shall agree, on the form provided by the commission, to complete a minimum of one hundred seventy-seven hours of active nursing practice and fifteen hours of continuing nursing education within the first year following reactivation. The commission will conduct an audit at the end of the year to ensure compliance with the agreement.~~

~~(4) If the practice hours and continuing nursing education hours required in this section are not completed within one year of reactivation, the commission will refer the nurse for disciplinary action. {{20-32}}~~

246-840-260

Continuing competency requirements—Reactivation from inactive status.

~~(1) All nurses applying for reactivation must meet the requirements of chapter **246-12 WAC**, Part 4 and **WAC 246-840-120**.~~

~~(2) If a license is inactive for more than one year, the nurse must provide evidence of five hundred thirty-one hours of active nursing practice in any United States jurisdiction, and forty-five hours of continuing nursing education in the last three years.~~

~~(3) If the licensee cannot provide the evidence required in subsection (2) of this section, the nurse shall agree, on a form provided by the commission, to complete a minimum of one hundred seventy-seven hours of active nursing practice and fifteen hours of continuing nursing education within the first year following reactivation. The commission will conduct an audit at the end of the year to ensure compliance with the agreement.~~

~~(4) If the active nursing practice hours and continuing nursing education hours required in this section are not completed within one year of reactivation, the commission will refer the nurse for disciplinary action. {{20-32}}~~

246-840-302**ARNP designations, certification, and approved certification examinations.**

(1) ARNP designations recognized by the commission include:

- (a) Nurse practitioner (NP);
- (b) Certified nurse-midwife (CNM);
- (c) Certified registered nurse anesthetist (CRNA); and
- (d) Clinical nurse specialist (CNS).

~~(2) An ARNP must maintain current certification within his or her designation(s) by a commission approved certifying body as identified in subsection (3) of this section. An ARNP license becomes invalid when the certification expires. {{20-32}}~~

(3) To be eligible for licensure as an ARNP, an applicant must pass an examination from one of the following certifying bodies within the ARNP's specialty designation:

(a) For NP designation:

- (i) The American Academy of Nurse Practitioners;
- (ii) The American Nurses Credentialing Center;
- (iii) The National Certification Corporation;
- (iv) The Pediatric Nursing Certification Board;
- (v) The American Association of Critical Care Nurses; or
- (vi) The Oncology Nursing Certification Corporation.

(b) For CNM designation, the American Midwifery Certification Board.

(c) For CRNA designation, the National Board of Certification and Recertification for Nurse Anesthetists.

(d) For CNS designation:

- (i) The American Nurses Credentialing Center;
- (ii) The American Association of Critical Care Nurses; or
- (iii) The Oncology Nursing Certification Corporation.

(4) An ARNP recognized in more than one designation must obtain and maintain education, training, and practice in each area.

WAC 246-840-342**Licensure for ARNP applicants by interstate endorsement.**

(1) An applicant for interstate endorsement for Washington state licensure as an ARNP shall meet the following requirements:

(a) Have an active RN and ARNP license, or recognition in another state or jurisdiction, as practicing in an advanced practice role, without sanctions or restrictions;

(b) Have a graduate degree from an advanced nursing education program as identified in WAC 246-840-340 (1)(b);

(c) Hold certification from a certifying body as identified in WAC 246-840-302(3); and

~~(d) Have been performing advanced clinical practice as defined in WAC 246-840-010(1) as a licensed ARNP, or in the role of an advanced practice nurse as defined in~~

~~WAC 246-840-010(2), for at least two hundred fifty hours within the two years prior to the date of application. {{E-rules 2}}~~

(2) An applicant for an ARNP license through interstate endorsement shall:

(a) Apply for and be granted a Washington state RN license as identified in WAC 246-840-090;

(b) Submit a completed ARNP application for licensure to the commission;

(c) Submit the license fee as specified in WAC 246-840-990;

(d) Request the certifying body, as identified in WAC 246-840-302, to send official documentation of certification directly to the commission;

(e) Request the advanced nursing educational program to send an official transcript directly to the commission showing courses, grades, degree or certificate granted, official seal and appropriate registrar;

(f) Submit nursing education program objectives and course descriptions when requested by the commission; and

~~(g) Submit evidence of at least two hundred fifty hours of advanced clinical practice as an ARNP, or at an advanced nursing practice level, within the two years prior to the date of application. The two hundred fifty hours may include teaching advanced nursing practice if providing direct patient care as a faculty member or serving as a preceptor in a clinical setting.~~

~~(3) An ARNP applicant who does not meet practice requirements shall complete two hundred fifty hours of supervised advanced clinical practice for every two years the applicant may have been out of practice, not to exceed one thousand hours.~~

~~(4) An ARNP applicant needing to complete the supervised advanced clinical practice shall obtain an ARNP interim permit consistent with the requirements for supervised practice defined in WAC 246-840-340 (4) and (5). {{E-rules 2}}~~

246-840-360

Renewal of ARNP licensure.

(1) An applicant applying for ARNP license renewal, shall have:

(a) An active Washington state RN license, without sanctions or restrictions;

~~(b) Current certification from a certifying body as identified in WAC 246-840-302; {{20-32}}~~

~~(c) Thirty contact hours of continuing education obtained during the renewal period in each ARNP designation. An ARNP who has certification in more than one area of practice may count the continuing education hours for more than one certification when applicable to each area of practice; and {{20-32}}~~

~~(d) At least two hundred fifty hours in advanced clinical practice for each ARNP designation within the two-year licensing renewal cycle. The two hundred fifty hours may include teaching advanced nursing practice only when the faculty member is providing patient care or serving as a preceptor in a clinical setting. {{E-rules 2}}~~

(2) An applicant for ARNP licensure renewal shall comply with the requirements of chapter **246-12** WAC, Part 2 and submit:

(a) The renewal license fee as specified in WAC **246-840-990**;

~~(b) Evidence of current certification by the commission approved certifying body for each designation; {{20-32}}~~

(c) A written declaration, on forms provided by the commission attesting to:

~~(i) Completion of thirty contact hours of continuing education during the renewal period for each ARNP designation; and {{20-32}}~~

~~(ii) Completion of a minimum of two hundred fifty hours of advanced clinical practice for each designation in the ARNP role within the last two years.— {{E-rules 2}}~~

(d) Evidence of completion of continuing education contact hours and advanced clinical practice hours when requested by the commission.

~~(3) An applicant for ARNP licensure renewal who does not meet advanced clinical practice requirements shall complete two hundred fifty hours of supervised advanced clinical practice for every two years the applicant may have been out of practice, not to exceed one thousand hours.— {{E-rules 2}}~~

~~(4) An applicant for ARNP licensure renewal needing to complete supervised advanced clinical practice shall obtain an ARNP interim permit consistent with the requirements for supervised practice defined in WAC **246-840-340** (4) and (5).— {{E-rules 2}}~~

246-840-361

Continuing education for ARNP license renewal.

~~The thirty contact hours of continuing education required for the two year renewal of ARNP licensure must:~~

~~(1) Be acceptable to the certifying body identified in WAC **246-840-302**(3);~~

~~(2) Be obtained from courses in which the contact hour is at least fifty minutes;~~

~~(3) Not include the fifteen hours of continuing education required for an ARNP with prescriptive authority as identified in WAC **246-840-450** (1)(b); and~~

~~(4) Not include the same course taken more than once during the renewal cycle. {{E-rules 1}}~~

246-840-365

Inactive and reactivating an ARNP license.

To apply for an inactive ARNP license, an ARNP shall comply with WAC **246-12-090** or **246-12-540**, if military related.

(1) An ARNP may apply for an inactive license if he or she holds an active Washington state ARNP license without sanctions or restrictions.

(2) To return to active status the ARNP:

(a) Shall meet the requirements identified in chapter **246-12** WAC, Part 4;

(b) Must hold an active RN license under chapter **18.79** RCW without sanctions or restrictions;

(c) Shall submit the fee as identified under WAC **246-840-990**;

(d) Shall submit evidence of current certification by the commission approved certifying body identified in WAC 246-840-302(1);

~~(e) Shall submit evidence of thirty contact hours of continuing education for each designation within the past two years; and {{20-32}}~~

~~(f) Shall submit evidence of two hundred fifty hours of advanced clinical practice for each designation within the last two years. {{E-rules 1}}~~

~~(3) An ARNP applicant who does not have the required practice requirements, shall complete two hundred fifty hours of supervised advanced clinical practice for every two years the applicant may have been out of practice, not to exceed one thousand hours. {{E-rules 1}}~~

~~(4) The ARNP applicant needing to complete supervised advanced clinical practice shall obtain an ARNP interim permit consistent with the requirements for supervised practice defined in WAC 246-840-340 (4) and (5). {{E-rules 1}}~~

(5) To regain prescriptive authority after inactive status, the applicant must meet the prescriptive authority requirements identified in WAC 246-840-410

246-840-367

Expired license.

When an ARNP license is not renewed, it is placed in expired status and the nurse must not practice as an ARNP.

(1) To return to active status when the license has been expired for less than two years, the nurse shall:

(a) Meet the requirements of chapter 246-12 WAC, Part 2;

(b) Meet ARNP renewal requirements identified in WAC 246-840-360; and

(c) Meet the prescriptive authority requirements identified in WAC 246-840-450, if renewing prescriptive authority.

~~(2) Applicants who do not meet the required advanced clinical practice requirements must complete two hundred fifty hours of supervised advanced clinical practice for every two years the applicant may have been out of practice, not to exceed one thousand hours.~~

~~(3) The ARNP applicant needing to complete supervised advanced clinical practice shall obtain an ARNP interim permit consistent with the requirements for supervised practice defined in WAC 246-840-340 (4) and (5). {{E-rules 1}}~~

(4) If the ARNP license has expired for two years or more, the applicant shall:

(a) Meet the requirements of chapter 246-12 WAC, Part 2;

~~(b) Submit evidence of current certification by the commission approved certifying body identified in WAC 246-840-302(3); {{20-32}}~~

~~(c) Submit evidence of thirty contact hours of continuing education for each designation within the prior two years; {{20-32}}~~

(d) Submit evidence of two hundred fifty hours of advanced clinical practice completed within the prior two years; and

(e) Submit evidence of an additional thirty contact hours in pharmacology if requesting prescriptive authority, which may be granted once the ARNP license is returned to active status.

(5) If the applicant does not meet the required advanced clinical practice hours, the applicant shall obtain an ARNP interim permit consistent with the requirements for supervised advanced clinical practice as defined in WAC 246-840-340 (4) and (5).

246-840-450

Renewal of ARNP prescriptive authority.

(1) ARNP prescriptive authority must be renewed at the time of renewal of the ARNP license. For renewal of ARNP prescriptive authority, the licensee must:

(a) Meet the requirements of WAC **246-840-360**; and

~~(b) Provide a written declaration on forms provided by the commission of fifteen contact hours of continuing education during the renewal period in pharmacotherapeutics related to the licensee's scope of practice that are in addition to the thirty contact hours of continuing education required for renewal of the ARNP license as identified in WAC **246-840-360** (1)(c) and (2)(c) and **246-840-361**; {{20-32}} and~~

~~(c) Submit evidence of completion of continuing education contact hours when requested by the commission. {{20-32}}~~

(2) If the licensee fails to renew his or her prescriptive authority prior to the expiration date, then the individual may not prescribe until the prescriptive authority is renewed and is subject to the late renewal fee specified in WAC **246-840-990** and chapter **246-12** WAC, Part 2.

246-840-533

Nursing preceptors, interdisciplinary preceptors, and proctors in clinical or practice settings for nursing students located in Washington state.

(1) Nursing preceptors, interdisciplinary preceptors, and proctors may be used to enhance clinical or practice learning experiences after a student has received instruction and orientation from program faculty who confirm the student is adequately prepared for the clinical or practice experience. For the purpose of this section:

(a) A nursing preceptor means a practicing licensed nurse who provides personal instruction, training, and supervision to any nursing student, and meets all requirements of subsection (4) of this section.

(b) An interdisciplinary preceptor means a practicing health care provider who is not a licensed nurse, but provides personal instruction, training, and supervision to any nursing student, and meets all requirements of subsection (5) of this section.

(c) A proctor means an individual who holds an active credential in one of the professions identified in RCW **18.130.040** who monitors students during an

examination, skill, or practice delivery, and meets all requirements of subsection (6) of this section.

(2) Nursing education faculty are responsible for the overall supervision and evaluation of the student and must confer with each primary nursing and interdisciplinary preceptor, and student at least once during each phase of the student learning experience:

- (a) Beginning;
- (b) Midpoint; and
- (c) End.

(3) A nursing preceptor or an interdisciplinary preceptor shall not precept more than two students at any one time.

(4) A nursing preceptor may be used in nursing education programs when the nursing preceptor:

(a) Has an active, unencumbered nursing license at or above the level for which the student is preparing;

(b) Has at least one year of clinical or practice experience as a licensed nurse at or above the level for which the student is preparing;

(c) Is oriented to the written course and student learning objectives prior to beginning the preceptorship;

(d) Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and

(e) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.

(5) An interdisciplinary preceptor may be used in nursing education programs when the interdisciplinary preceptor:

(a) Has an active, unencumbered license in the area of practice appropriate to the nursing education faculty planned student learning objectives;

(b) Has the educational preparation and at least one year of clinical or practice experience appropriate to the nursing education faculty planned student learning objectives;

(c) Is oriented to the written course and student learning objectives prior to beginning the preceptorship;

(d) Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and

(e) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.

(6) A proctor who monitors, teaches, and supervises students during the performance of a task or skill must:

(a) Have the educational and experiential preparation for the task or skill being proctored;

(b) Have an active, unencumbered credential in one of the professions identified in RCW 18.130.040;

(c) Only be used on rare, short-term occasions to proctor students when a faculty member has determined that it is safe for a student to receive direct supervision from the proctor for the performance of a particular task or skill that is within the scope of practice for the nursing student; and

(d) Is not a member of the student's immediate family, as defined in RCW **42.17A.005**(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.

(7) A practice/academic partnerships model may be used to permit practice hours as a licensed nursing technician, as defined in WAC 246-840-010(30), to be credited toward direct care nursing program clinical hours, and academic credit. Use of this model must include:

(a) A nursing preceptor or nursing supervisor who has experience and educational preparation appropriate to the faculty-planned student learning experience. The nursing preceptor or nursing supervisor must be responsible for ensuring the requirements of WAC 246-840-880 are met;

(b) Nursing program faculty that work with health care facility representatives to align clinical skills and competencies with the nursing student-employee work role/responsibilities;

(c) Nursing student-employees with faculty-planned clinical practice experiences that enable the student to attain new knowledge, develop clinical reasoning/judgment abilities, and demonstrate achievement of clinical objectives and final learning outcomes of the nursing program if the nursing student-employee is in the final nursing course;

(d) The nursing student-employee use of reflection on the development or achievement of clinical objectives and final learning outcomes as designed by nursing education faculty;

(e) Nursing education faculty responsible for the overall supervision and evaluation of the nursing student-employee on a weekly basis;

(f) Evaluation by nursing education faculty to include documentation of the nursing student-employee achievement of clinical objectives and final learning outcomes and competencies of the nursing program; and

(g) Licensed nursing technicians be enrolled in a commission-approved nursing nursing program and be in good standing to receive academic credit. {{E-rules 1}}

246-840-534

Use of simulation for clinical experiences in LPN, RN, or RN to BSN nursing education programs located in Washington state.

(1) An LPN, RN, or RN to BSN nursing education program may use simulation as a substitute for traditional clinical experiences, after approval by the commission, not to exceed fifty percent of its clinical hours for a particular course across the curriculum required for the program type. {{E-rules 1}}

(a) Simulation as used in this section means a technique to replace or amplify real experiences with guided experiences evoking or replicating substantial aspects of the real world in a fully interactive manner.

(b) The nursing education program shall have an organizing framework providing adequate fiscal, human, technological, and material resources to support the simulation activities.

(c) Simulation activities must be managed by an individual who is academically and experientially qualified and who demonstrates currency and competency in the use of simulation while managing the simulation program.

(d) The nursing education program shall have a budget sustaining simulation activities and training of the faculty.

(e) The nursing education program shall have appropriate facilities, educational and technological resources and equipment to meet the intended objectives of the simulation.

(f) All faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation and shall engage in ongoing professional development in the use of simulation.

(g) Faculty to student ratios in the simulation lab must be in the same ratio as identified in WAC [246-840-532](#) for clinical learning experiences.

(2) Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student.

(3) Qualified simulation faculty must supervise and evaluate student clinical and practice experiences.

(a) The nursing education program shall demonstrate that simulation activities are linked to programmatic outcomes.

(b) The nursing education program shall have written policies and procedures on the following:

(i) Short-term and long-term plans for integrating simulation into the curriculum;

(ii) An identified method of debriefing each simulated activity; and

(iii) A plan for orienting faculty to simulation.

(c) Debriefing as used in this section means an activity following a simulation experience that is led by a facilitator, encourages reflective thinking, and provides feedback regarding the participant's performance.

(d) The nursing education program shall develop criteria to evaluate simulation activities.

(e) Students shall evaluate the simulation experience on an ongoing basis.

(f) The program shall include information about use of simulation in its annual report to the commission.

(4) The ratio of simulation hours to clinical experience hours will be calculated as follows:

(a) One clock hour of simulation may be considered equivalent up to two clock hours of clinical experience if the following conditions are met:

(i) The program holds full approval status by the commission, and is nationally accredited;

(ii) The program has received commission approval to conduct simulation, and is in alignment with the provisions of this section;

(iii) The program will collect evaluation data on simulation outcomes with tools provided by the commission.

(b) One clock hour of simulation may be considered equivalent to one clock hour of clinical experience if one or more of the following conditions are present:

(i) The program's approval status is conditional;

(ii) The program is not nationally accredited; unless the program is in pre-accreditation status, and the commission has specifically granted approval for a one-to-two ratio;

(iii) The program has not previously received commission approval to conduct simulation;

(iv) The program is not in alignment with the provisions of this section;

(v) The program is on a current plan of correction, unless the commission has specifically granted approval for a one-to-two ratio. {{E-rules 1}}

246-840-539

Curriculum for practical nurse nursing education programs.

The practical nurse nursing education program of study must include both didactic and clinical learning experiences and must be:

(1) Effective September 1, 2017, designed to include prerequisite classes in the physical, biological, social and behavior sciences that are transferable to colleges and universities in the state of Washington;

(2) Planned, implemented, and evaluated by the faculty;

(3) Based on the philosophy, mission, objectives, and outcomes of the program and consistent with chapters **18.79** RCW and this chapter;

(4) Organized by subject and content to meet program outcomes;

(5) Designed to teach students to use a systematic approach to clinical decision making and safe patient care;

(6) Designed to teach students:

(a) Professional relationships and communication;

(b) Nursing ethics;

(c) Nursing history and trends;

(d) Commission approved scope of practice decision tree;

(e) Standards of practice;

(f) Licensure and legal aspects of nursing including the disciplinary process, substance abuse and professional values;

(g) Concepts and clinical practice experiences in geriatric nursing, and medical, surgical, and mental health nursing for clients throughout the life span;

(h) Concepts of antepartum, intrapartum, postpartum and newborn nursing with only an assisting role in the care of clients during labor and delivery and those with complications;

(i) Concepts and practice in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and from diverse cultural, ethnic, social, and economic backgrounds; and

~~(j) AIDS education as required in chapter **246-12** WAC, Part 8. {{20-32}}~~

(7) Designed to prepare graduates for licensure and to practice practical nursing as identified in WAC [246-840-700](#) and [246-840-705](#); and

(8) Designed to prepare graduates to practice according to competencies recognized by professional nursing organizations.

(a) Practical nursing courses shall include:

(i) Components of: Client needs; safe, effective care environment; health promotion and maintenance; interdisciplinary communication and collaboration; discharge planning; basics of multicultural health; psychosocial integrity; and physiological integrity.

(ii) Skills laboratory and clinical practice in the functions of the practical nurse including, but not limited to, administration of medications, implementing and monitoring client care, and promoting psychosocial and physiological health.

(iii) Concepts of coordinated care, delegation and supervision.

(b) Practical nurse programs teaching intravenous infusion therapy shall prepare graduates for national certification by a nursing professional practical nurse certifying body.

246-840-541

Curriculum for prelicensure registered nursing education programs.

(1) The program of study for a registered nursing education program must include both didactic and clinical learning experiences and must be:

(a) Effective September 1, 2017, designed so that all prerequisite nonnursing course credits and nursing credits are transferable to the bachelor's in nursing programs as identified in the statewide associate in nursing direct transfer agreement between community colleges, colleges, and universities, or the statewide associate of applied science transfer degree;

(b) Designed to include instruction in the physical, biological, social and behavioral sciences. Content is required from the areas of anatomy and physiology (equivalent to two quarter credit terms with laboratory), chemistry, microbiology, pharmacology, nutrition, communication, and computations;

(c) Designed to include theory and clinical experiences in the areas of medical surgical nursing and mental health nursing across the life span, teaching students to use a systematic approach to clinical decision making and preparing students to safely practice professional nursing through the promotion, prevention, rehabilitation, maintenance, restoration of health, and palliative and end of life care for individuals of all ages across the life span;

(d) Designed to include nursing history, health care trends, legal and ethical issues such as professional values, substance abuse and the disciplinary process, scope of practice and commission approved scope of practice decision tree, and licensure and professional responsibility pertaining to the registered nurse role. Content may be integrated, combined, or presented as separate courses;

(e) Designed to include opportunities for the student to learn assessment and analysis of client and family needs, planning, implementation, evaluation, and delegation of nursing care for diverse individuals and groups;

- (f) Planned, implemented, and evaluated by faculty;
 - (g) Based on the philosophy, mission, objectives and outcomes of the program;
 - (h) Organized logically with scope and sequence of courses demonstrating student learning progression;
 - (i) Based on sound educational principles and standards of educational practice;
 - (j) Designed so articulation or dual enrollment agreements between associate and bachelor's degree nursing programs or associate and master's degree nursing programs exists to facilitate higher levels of nursing education in a timely manner;
 - (k) Designed to prepare graduates for licensure and to practice as registered nurses as identified in WAC [246-840-700](#) and [246-840-705](#);
 - (l) Designed to prepare graduates to practice as associate degree or bachelor degree nurses as identified by professional nursing organizations; and
 - ~~(m) Designed to include AIDS education as required in chapter [246-12 WAC, Part 8. {{20-32}}](#)~~
- (2) Baccalaureate and entry-level master's degree programs shall also include:
- (a) Theory and clinical experiences in community and public health nursing;
 - (b) The study of research principles and application of statistics to health care practice and intervention; and
 - (c) The study and practice of leadership, interdisciplinary team coordination, quality assurance and improvement, care coordination and case management.
- (3) Registered nursing curricula shall include:
- (a) Comprehensive content on: Client needs; safe practice; effective care environment; discharge planning; health promotion, prevention and maintenance; psychosocial integrity and physiological integrity.
 - (b) Clinical experiences in the care of persons at each stage of the human life cycle, with opportunities for the student to learn and have direct involvement in and responsibility and accountability for the provision of basic nursing care and comfort for clients with acute and chronic illnesses, pharmacological and parenteral therapies, and pain management.
 - (c) Opportunities for management of care, delegation, supervision, working within a health care team, and interdisciplinary care coordination.

246-840-840

Nursing technician.

The purpose of the nursing technician credential is to provide additional work related opportunities for students enrolled in an LPN, ADN or BSN program, within the limits of their education, to gain valuable judgment and knowledge through expanded work opportunities.

- (1) The nursing technician is as defined in WAC [246-840-010\(1830\)](#). ~~1}}~~
- (2) The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of

their authorization under chapter 18.79 RCW and shall be responsible and accountable for the specific nursing functions which they can safely perform as verified by their nursing program.

(3) The nursing technician shall work directly for the hospital, clinic or nursing home and may not be employed in these facilities through a temporary agency.

246-840-860

Nursing technician criteria.

To be eligible for employment as a nursing technician a student must meet the following criteria:

(1) Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by the commission. The term must have included a clinical component.

(2) Currently enrolled in a nursing commission approved program will be considered to include:

(a) All periods of regularly planned educational programs and all school scheduled vacations and holidays;

(b) Thirty days after graduation from an approved program; or

(c) Sixty days after graduation if the student has received a determination from the secretary that there is good cause to continue the registration period.

(d) Current enrollment does not include:

(i) Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program.

(ii) Students who are awaiting the opportunity to reenroll in nursing courses.

~~(3) Applicants must complete seven clock hours of AIDS education as required by RCW 70.24.270 and chapter 246-12 WAC, Part 8. {{20-32}}~~

246-840-905

How to register as a nursing technician.

(1) An individual shall complete an application for registration on an application form prepared and provided by the secretary of the department of health. This application shall be submitted to P.O. Box 47864, Olympia, Washington, 98504-7864.

(2) Every applicant shall provide:

~~(b) Verification of seven clock hours of AIDS education as required by RCW 70.24.270 and chapter 246-12 WAC, Part 8. {{20-32}}~~

(c) A signed statement from the applicant's nursing program verifying enrollment in, or graduation from, the nursing program. If the applicant has not yet graduated, this statement will include the anticipated graduation date.

(d) A signed statement from the applicant's employer or prospective employer certifying that the employer understands the role of the nursing technician and agrees to meet the requirements of RCW 18.79.360(4).

246-840-930

Criteria for delegation.

(1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

ASSESS

(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).

(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

(8) Verify that the nursing assistant or home care aide:

(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;

~~(b) Has completed both the basic caregiver training and {{E-rules 1}} core delegation training before performing any delegated task; {{20-32}}~~

(c) Has a certificate of completion issued by the department of social and health services indicating completion of the required core nurse delegation training;

(d) Has a certificate of completion issued by the department of social and health services indicating completion of diabetes training when providing insulin injections to a diabetic client; and

(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.

(b) Obtains written or verbal consent under chapter 7.70 RCW, which must be documented in the patient record. ~~The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within thirty days; e~~Electronic consent is an acceptable format. ~~Written e~~Consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process. **{{E-rules 1}}**

PLAN

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another patient;

(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;

(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and

(m) Supervision shall occur at least every ninety one hundred twenty days. With delegation of insulin injections, after initial training on the task that the registered nurse considers appropriate, the registered nurse will assess the competence of the nursing assistant and determine further supervision needs as appropriate. the supervision occurs at least weekly for the first four weeks, and may be more frequent. {{E-rules 1}}

(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.

IMPLEMENT

(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

EVALUATE

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occurs at least every ninety one hundred twenty days. {{E-rules 1}} Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every ninety days. as needed, but at least once every one hundred twenty days. {{E-rules 1}}

246-840-940

Washington state nursing care quality assurance commission community-based and in-home care setting delegation decision tree.

| | | | |
|-----|---|------|--|
| (1) | Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii). | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (2) | Has the patient or authorized representative given consent to the delegation? | No → | Obtain the written, informed consent |
| - | Yes ↓ | No → | - |
| (3) | Is RN assessment of patient's nursing care needs completed? | No → | Do assessment, then proceed with a consideration of delegation |
| - | Yes ↓ | - | - |
| (4) | Does the patient have a stable and predictable condition? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (5) | Is the task within the registered nurse's scope of practice? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (6) | Is the nursing assistant or home care aide, registered or certified and properly trained in the nurse delegation for nursing assistants or home care aides? Is the nursing assistant or home care aide trained in diabetes care and insulin injections when delegating insulin? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (7) | Does the delegation exclude the administration of | No → | Do not delegate |

| | | | |
|------|---|------|-----------------|
| | medications by injection other than insulin, sterile procedures or central line maintenance? | | |
| - | Yes ↓ | - | - |
| (8) | Can the task be performed without requiring judgment based on nursing knowledge? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (9) | Are the results of the task reasonably predictable? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (10) | Can the task be safely performed according to exact, unchanging directions? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (11) | Can the task be performed without a need for complex observations or critical decisions? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (12) | Can the task be performed without repeated nursing assessments? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (13) | Can the task be performed properly? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (14) | Is appropriate supervision available? With insulin injections, the supervision occurs at least weekly for the first four weeks. | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (15) | There are no specific laws or rules prohibiting the delegation? | No → | Do not delegate |
| - | Yes ↓ | - | - |
| (16) | Task is delegable | - | - |

246-840-990

Fees and renewal cycle.

(1) A licensed practical nurse (LPN) or a registered nurse (RN) must renew his or her license every year on the licensee's birthday.

(2) When applying for a license an applicant for an initial or renewal LPN license or RN license must pay, in addition to the application fee, the University of Washington (UW) health sciences online library access (HEAL-WA) surcharge and the central nursing resource center (nursing center) surcharge, as required in RCW 43.70.110.

(3) An advanced registered nurse practitioner (ARNP) must renew his or her license every two years on the licensee's birthday. An ARNP must also hold a valid RN license and pay all associated fees every year on the licensee's birthday.

(4) A nursing technician must renew his or her registration every year on the practitioner's birthday. The renewal must be accompanied by an attestation as required in RCW 18.79.370 that includes the nursing technician's anticipated graduation date. If the anticipated graduation date is within one year, the registration will expire thirty days after the anticipated graduation date. The expiration date may be extended to sixty days after graduation if the nursing technician can show good cause as defined in WAC 246-840-010(15).

(5) A practitioner who holds more than one credential will be charged separate fees for each credential, in compliance with chapter 246-12 WAC, Part 2 and RCW 43.70.110.

(6) The following nonrefundable fees will be charged:

Application Fees

| | Registered Nurse | Licensed Practical Nurse | Advanced Registered Nurse Practitioner ¹ | Nursing Technician |
|--------------------------|------------------|--------------------------|---|--------------------|
| Application Fee | 99 | 64 | 125 | 25 |
| HEAL-WA Surcharge | 16 | 16 | 0 | 0 |
| Nursing Center Surcharge | 5 | 5 | 0 | 0 |
| Total | 120 | 85 | 125 | 25 |

¹Pays a \$125 application fee per specialty license. If not currently a licensed RN, must also pay RN application fees.

On Time Renewal

| | Registered Nurse | Licensed Practical Nurse | Advanced Registered Nurse Practitioner ² | Nursing Technician |
|--------------------------|------------------|--------------------------|---|--------------------|
| Renewal Fee | 99 | 64 | 125 | 25 |
| HEAL-WA Surcharge | 16 | 16 | 0 | 0 |
| Nursing Center Surcharge | 5 | 5 | 0 | 0 |
| Total | 120 | 85 | 125 | 25 |

2Pays a \$125 renewal fee per specialty license once every 2 years. Must also renew RN license every year.

Late Renewal - Up to One Year Past the Expiration

| | Registered Nurse | Licensed Practical Nurse | Advanced Registered Nurse Practitioner ³ | Nursing Technician |
|---------------------------------|------------------|--------------------------|---|--------------------|
| Renewal Fee | 99 | 64 | 125 | 25 |
| HEAL-WA Surcharge | 16 | 16 | 0 | 0 |
| Nursing Center Surcharge | 5 | 5 | 0 | 0 |
| Late Renewal Penalty | 50- | 50- | 50- | 25- |
| Total | 170 | 135 | 175 | 50 |

³Pays \$50 per specialty license in late fees.

Late Renewal - One Year or More Expired

| | Registered Nurse | Licensed Practical Nurse | Advanced Registered Nurse Practitioner |
|--|------------------|--------------------------|--|
| Renewal Fee | 99 | 64 | 125 |
| HEAL-WA Surcharge | 16 | 16 | 0 |
| Nursing Center Surcharge | 5 | 5 | 0 |
| Late Renewal Penalty | 50- | 50- | 50 |
| Expired Licenses Reissuance | 70- | 70- | 0 |
| Total | 240 | 205 | 175 |

Retired Active Renewal

| | Registered Nurse | Licensed Practical Nurse |
|--------------------------|------------------|--------------------------|
| Renewal Fee | 44 | 44 |
| HEAL-WA Surcharge | 16 | 16 |
| Nursing Center Surcharge | 5 | 5 |
| Total | 65 | 65 |

Retired Active Renewal—Late Renewal - Up to One Year Past the Expiration

| | Registered Nurse | Licensed Practical Nurse |
|---------------------------------|------------------|--------------------------|
| Renewal Fee | 44 | 44 |
| HEAL-WA Surcharge | 16 | 16 |
| Nursing Center Surcharge | 5 | 5 |
| Late Renewal Penalty | 45- | 45 |
| Total | 110 | 110 |

Retired Active Renewal—Late Renewal - One Year or More Expired

| | Registered Nurse | Licensed Practical Nurse |
|---------------------------------------|---------------------|--------------------------------|
| Renewal Fee | 44 | 44 |
| HEAL-WA Surcharge | 16 | 16 |
| Nursing Center Surcharge | 5 | 5 |
| Late Renewal Penalty | 45- | 45 |
| Expired License Reissuance | 70- | 70 |
| Total | 180 | 180 |

Inactive License Renewal

| | Registered Nurse | Licensed Practical Nurse | Advanced Registered Nurse Practitioner |
|--------------------------|---------------------|--------------------------------|--|
| Renewal Fee | 44 | 44 | 40 |
| HEAL-WA Surcharge | 16 | 16 | 0 |
| Nursing Center Surcharge | 5 | 5 | 0 |
| Total | 65 | 65 | 40 |

**Inactive License Renewal—Late Renewal - Up to One Year
Past the Expiration**

| | Registered Nurse | Licensed Practical Nurse | Advanced Registered Nurse Practitioner |
|---------------------------------|---------------------|--------------------------------|--|
| Renewal Fee | 44 | 44 | 40 |
| HEAL-WA Surcharge | 16 | 16 | 0 |
| Nursing Center Surcharge | 5 | 5 | 0 |
| Late Renewal Penalty | 45- | 45- | 40 |
| Total | 110 | 110 | 80 |

**Inactive License Renewal—Late Renewal - One Year or More
Expired**

| | Registered Nurse | Licensed Practical Nurse | Advanced Registered Nurse Practitioner |
|---------------------------------------|---------------------|--------------------------------|--|
| Renewal Fee | 44 | 44 | 40 |
| HEAL-WA Surcharge | 16 | 16 | 0 |
| Nursing Center Surcharge | 5 | 5 | 0 |
| Late Renewal Penalty | 45- | 45- | 40 |
| Expired License Reissuance | 40- | 40- | 40 |
| Total | 150 | 150 | 120 |

Other fees

| | Registered Nurse | Licensed Practical Nurse | Advanced Registered Nurse Practitioner | Nursing Technician |
|------------------------------------|---------------------|--------------------------------|--|-----------------------|
| Duplicate licensee or registration | 20 | 20 | 20 | 15 |
| Verification of licensure | 25 | 25 | 25 | 25 |

{{Secretary}}