

Nursing Assistant Registered and Nursing Assistant Certified Scope of Practice Comparison

NAR/NAC Crosswalk

(NAR = Nursing Assistant-Registered; NAC = Nursing Assistant-Certified)

	NAR	NAC
Training	<ul style="list-style-type: none"> An NAR signifies: <ul style="list-style-type: none"> A registration with the Department of Health (DOH) has been completed. An NAR may have no training or work experience; or they may be in-training with some work experience; or they may have completed training and have extensive work experience (but never pursued certification). Please Note: The NAR credential is issued by the Department of Health, and the credential number remains consistent across different employers. This credential is superseded by an NAC credential if obtained. 	<ul style="list-style-type: none"> An NAC signifies: <ul style="list-style-type: none"> Successful completion of an approved nursing assistant training program in Washington or other training that meets requirements (i.e., completion of an approved out-of-state nursing assistant program, successful progression in nursing school, etc.) (RCW 18.88A.085) Successful completion of competency evaluation or state exam that meets federal and state requirements, which includes an in-person skills test and an online written (or oral) test (RCW 18.88A.085) Certification with the Department of Health, which requires proof of the two items above and successful completion of the application process.
Scope	<ul style="list-style-type: none"> The scope of an NAR includes the same competencies of an NAC (WAC 246-841A-400) up to the level of their demonstrated competency (RCW 18.88A.030). This means the supervising nurse or healthcare facility must not assign the NAR to provide care until the NAR has demonstrated skills necessary to perform competently all assigned duties and responsibilities (RCW 18.88A.030). This also means the supervising nurse or healthcare facility may need to provide training. NARs are not eligible to take a Medication Assistance Certified Endorsement (MACE) training program or obtain a MACE endorsement on their credential. 	<ul style="list-style-type: none"> The scope of an NAC, also called competencies, parallels the training curriculum for nursing assistants and can be found in WAC 246-841A-400. With additional training through an approved Medication Assistant Certification Endorsement (MACE) training program, experienced NACs working in a skilled nursing facility or nursing home may earn an added endorsement to their certification. This endorsement (MACE) expands the NAC's scope to allow them to perform certain medication administration tasks and prescriber ordered treatments under the direct supervision of a designated registered nurse, and please note, is specific to the skilled nursing facility or nursing home setting (WAC 246-841A-407 and WAC 246-841A-586 through 595). With additional training and verification of competency by the delegating registered nurse (RN), NACs can perform some additional nursing tasks as delegated (see RCW 18.79.260 and WAC 246-841A-405) <ul style="list-style-type: none"> Please note: RN delegation does not expand the NAC's general scope or ability to perform the delegated nursing task will all patients or clients; the delegated task performed by the NAC remains a nursing task and the delegation remains specific to the patient or client for which it was delegated.

	NAR	NAC
Work Setting	<ul style="list-style-type: none"> • Credentialing Timeline Requirements: Nursing assistant students employed in a skilled nursing facility or nursing home in the role of a nursing assistant must apply for their NAR within 3 days of employment (WAC 246-841A-403). ◦ Please note: This requirement is specific to skilled nursing facilities or nursing homes. ◦ Nursing assistant students and other employees shall meet other registration and certification timelines as required by the care setting (WAC 246-841A-403). 	<ul style="list-style-type: none"> • Credentialing Timeline Requirements: Nursing assistant students employed in a skilled nursing facility or nursing home must provide documentation of successful completion of the required training and competency evaluation within 120 days of employment in order to continue working in the facility (CFR 483.35(d)(1-3)). ◦ Please note: Certification has historically served as the required documentation; currently, DSHS has made a temporary allowance for alternate documentation, found here. ◦ Please note: This 120-day timeline requirement is specific to skilled nursing facilities or nursing homes. ◦ Nursing assistant students and other employees shall meet other certification timelines as required by the care setting (WAC 246-841A-403).

	NAR & NAC
Work Setting (RN Delegation)	<ul style="list-style-type: none"> • General RN Delegation (All Care Settings): RCW 18.79.260 addresses general RN delegation as well as requirements specific to certain care entities and settings: <ul style="list-style-type: none"> ◦ An RN may delegate tasks of nursing care where the registered nurse determines that it is in the best interest of the patient. The delegating RN shall: <ul style="list-style-type: none"> ✓ Determine the competency of the individual to perform the tasks; ✓ Evaluate the appropriateness of the delegation; ✓ Supervise the actions of the person performing the delegated task; and ✓ Delegate only those tasks that are within the registered nurse’s scope of practice. ◦ Other regulations that apply to all care settings: <ul style="list-style-type: none"> ✓ Delegated nursing care tasks are only for the specific patient receiving delegation. ✓ An NAR or NAC may consent or refuse to consent to perform a delegated nursing care task. ✓ An NAR or NAC is responsible for their own actions with the decision to consent or refuse to consent and the performance of the delegated nursing care task. ✓ NARs and NACs shall not accept delegation of, or perform, the following nursing care tasks: <ul style="list-style-type: none"> » Administration of medication by injection, except for insulin injections as authorized in RCW 18.79.260 (3)(e); » Sterile procedures; » Central line maintenance; » Except as authorized in RCW 18.79.260 (3)(e) and (f), piercing or severing of tissues and acts requiring substantial skill; or Acts requiring nursing judgment. ◦ Please note—recent change for General RN Delegation (All Care Settings): The delegation of nursing care tasks to NARs and NACs may include glucose monitoring and testing. • Home Health or Hospice Agencies—Additional RN Delegation Information: An RN working for a home health or hospice agency regulated under chapter 70.127 RCW, may delegate the application, instillation, or insertion of medications to an NAR or NAC under a plan of care. • Community-Based and In-Home Care Settings—Additional RN Delegation Requirements: RCW 18.79.260 (3)(e) defines several requirements for RN delegation to NARs and NACs in community-based or in-home care settings. WAC 246-841A-405 and WAC 246-840-910 through 246-840-970 provide additional applicable requirements for compliance.