



**Board of Nursing
Business Meeting Agenda
March 14, 2025
8:30 AM- 5:00 PM**

This meeting is in person at **Three Rivers Convention Center** located at [7016 W Grandridge Blvd, Kennewick, WA 99336](#) in room A/B and virtually via zoom.

[Click here for Zoom registration](#)

Board Members:

Dawn Morrell, BSN, RN, Chair
Quiana Daniels, BS, RN, LPN, Vice Chair
MaiKia Moua, BSN, MPH, RN, Secretary/Treasurer
Adam Canary, LPN
Jacob Garcia, MBA, MSN, RN, PCCN
Ella B. Guilford, MSN, M.Ed., BSN, RN
Alisha Halverson, DNP, CNM, ARNP
Luis Herrera, DNP, ARNP, FNP-BC
Heleena Hufnagel, BS, MBA-HCA, Public Member
Ajay Mendoza, CNM
Sharon Ness, RN
Norma Perez, M.Ed., Public Member
Michael Syputa, LPN
Kimberly Tucker PhD, RN, CNE

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

Staff:

Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director
Chris Archuleta, Director, Operations and Finance
Reuben Argel, MBA, BSN, RN, Director, Nursing Assistant Education
Gerianne Babbo, Ed.D, MN, RN, Director, Education
Shad Bell, Assistant Director, Operations and Communications
Amber Bielaski, MPH, Assistant Director, Licensing
Debbie Carlson, MSN, RN, CPM, Director, Practice
Mary Sue Gorski, PhD, RN, Director, Advanced Practice & Research
Karl Hoehn, JD, FRE, Assistant Director, Discipline and Legal
Anthony Partridge, MPPA, Assistant Director of Policy
Catherine Woodard, Director, Discipline and WHPS

Questions

Please contact us at 360-236-4703 if you:

- have questions about the agenda.
- want to attend for only a specific agenda item.
- need to make language or accessibility accommodations.

Language and Accessibility

If you plan to attend and need language or accessibility services, WABON can arrange help. Please contact us at least one week before the meeting, (*March 7, 2025*).

Do you need this document in another format? Please call 800-525-0127.

Deaf or hard of hearing customers:

- Call: 711 (Washington Relay)
- Email: civil.rights@doh.wa.gov

Meeting Minutes

We record our meetings to help write accurate minutes. Our minutes are then approved at the next Washington State Board of Nursing (WABON) business meeting. WABON posts minutes on our website nursing.wa.gov.

All minutes and recordings are public records. They are available on request from DOH at doh.wa.gov/about-us/public-records.

If attending remotely, please mute your connection to minimize background noise during the meeting.

Smoking and vaping are prohibited at this meeting.

I. 8:30 AM – Opening – Dawn Morrell, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

1. Name, length of time on board, committee participation, area of residence

B. Order of the Agenda

C. Land Acknowledgement – Kimberly Tucker

D. Announcements

III. 8:40 AM – Consent Agenda – DISCUSSION/ACTION

Consent Agenda items are considered routine and are approved with one single motion.

A. Approval of Minutes

1. WABON Business Meeting
 - a. January 10, 2025
2. Advanced Practice Subcommittee
 - a. November 20, 2024
3. Discipline Subcommittee
 - a. December 17, 2024

III. Consent Agenda – DISCUSSION/ACTION. Continued

A. Approval of Minutes. Continued

4. Consistent Standards of Practice Subcommittee
 - a. December 3, 2024
5. Licensing Subcommittee
 - a. January – No meeting
 - b. February – No meeting
6. Research Subcommittee
 - a. January – No meeting
 - b. February – No meeting
7. Education Subcommittee
 - a. January 23, 2025

B. Letter from NCSBN President Phyllis Johnson

C. Performance Measures

1. Investigations
2. Legal
3. Washington Health Professional Services (WHPS)
4. Nursing Program Approval Panel (NPAP)

D. Licensing Report to the Governor’s Office

E. Washington Center for Nursing/WABON monthly meetings

1. January 27, 2025, with DOH
2. January 30, 2025
3. February 27, 2025

G. Procedures

1. A07.05 Anonymous Complaints
2. A22.07 Expedited Case Disposition
3. A24.13 Approval of Evaluators in Nurse Discipline Cases
4. A25.08 Case Disposition Panels
5. A27.14 Sanction Schedules
6. A28.07 Drafting and Interpreting Disciplinary Documents
7. B14.04 Nursing Technician

IV. 8:45 AM – 9:00 AM – WABON Panel Decisions – DISCUSSION

The WABON delegates the authority as provided by law for certain decisions to a panel of at least three members. A member of the WABON must chair panels. Pro tem members of WABON may serve as panel members. The following decisions are provided for information.

A. Nursing Program Approval Panel (NPAP)

1. January 10, 2025
2. January 16, 2025
3. February 4, 2025
4. February 6, 2025
5. February 18, 2025
6. February 20, 2025

B. Nursing Assistant Program Approval Panel (NAPAP)

1. January 21, 2025
2. February 10, 2025

V. 9:00 AM – 9:30 AM – Chair Report – Dawn Morrell – DISCUSSION/ACTION

A. Nomination Committee

1. Slate of Officer Candidates

Situation: The nominations committee selected qualified members willing to serve in leadership positions and will present a draft slate of candidates to the Board for elections in May (refer to procedure H01.03 in the packet for details).

Background: The nominations committee contacted Board members willing to serve in leadership positions and developed the draft slate of candidates.

Assessment: Candidates will speak to the Board regarding the positions they are seeking in the election. This is a one-year appointment.

Recommendation: Nominations committee requests the Board to accept the slate of candidates with any additional nominations from the floor for the May election.

a. Floor Nominations

B. Business Meeting Location Review

1. Situation: July and September business meetings are routinely held in person.
2. Background: WABON operational budget continues to be negative, though minimized through conservative spending.
3. Assessment: Review of planned business meeting locations for 2025.
4. Recommendation: Continue to meet virtually to minimize expense.

VI. 9:30 AM – 10:30 AM – Executive Director Report – Alison Bradywood – DISCUSSION/ACTION

A. Budget Report – Maikia Moua, Chris Archuleta

1. State Budget Update – Alison Bradywood

B. Strategic Plan Update

1. 2023 Bill Implementation - Complete
2. Data-Driven Practice – Strategic Plan Report – Debbie Carlson
3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge – No report.
4. Communications – Social Media Presence – Shad Bell

C. Health Enforcement and Licensure Management System (HELMS) Update – Karl Hoehn

D. WHPS Annual Report and SUDRP Annual Report – Catherine Woodard

1. Situation: Procedure W49 *Performance Reports and Procedure Review* requires WHPS staff to present an annual report to WABON at the March business meeting.

Background: WHPS is responsible for the collection of data and performance measures necessary for the comprehensive, quality evaluation of the effectiveness of the WHPS program. From this data, WHPS staff analyze current performance trends, identifies business needs, supports data-driven decisions, and improves business operations. SUDRP is included since the inception in July 2022.

Assessment: The annual report includes program performance from the previous calendar year, including recommendations from the National Council of State Boards of Nursing *Substance Use Disorder in Nursing Resource Manual and Guidelines* (2011).

Recommendation: Approve the WHPS annual report and the SUDRP annual report.

VI. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION. Continued.

E. Interagency Aesthetics Taskforce Update – Alison Bradywood

1. Situation: The Interagency Aesthetics Taskforce has produced several documents to be published on a central website as best-practice guidance.
Background: The taskforce was initiated in June 2024 to discuss common practice issues and provide collective guidance for providers across professions of nursing, medicine, dentistry, pharmacy, cosmetology, osteopathy, naturopathy.
Assessment: The jointly produced documents aim to set practice standards for safe and effective care related to aesthetics and Medi-spa treatments. All boards will approve documents before posting.
Recommendation: Review and consider approval of documents to be added to the taskforce website.

10:30 AM – 10:45 AM – Break

VII. 10:45 AM – 11:30 AM – Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Ajay Mendoza, Chair

1. Situation: The Washington State Board of Nursing amended ARNP education requirements for licensure WAC 246-840-342.
Background: The Joint Administrative Rules Review Committee (JARRC) recommended that the board define "graduate degree" and provide for the exemptions in board procedures by rule. November 8, 2024, the Board reviewed the Rules Update Chapter 246-840 WAC Rewrite (5-year formal review process, requiring an update to related procedures.
Assessment: Procedural changes will align them with the new rules clarifying ARNP licensure education requirements and appropriately handling exemptions within the formal rulemaking process.
Recommendation: The board adopts revising section IIA of procedure B09.06 and retires procedure B35.01 as it is no longer necessary.

B. Consistent Standards of Practice – Ella Guilford, Chair

1. No Report

C. Discipline – Sharon Ness, Chair

1. No Report

D. Licensing – Dawn Morrell, Chair

1. No Report

E. Research – Maikia Moua, Chair

1. No Report

F. Education – Kimberly Tucker, Chair

1. Nursing Assistant Substantial Equivalency

11:30 AM – 1:00 PM – Lunch

**VIII. 12:00 PM – 1:00 PM – Education Session - Mary Baroni and Kimberly Tucker
Premera Grant Final Outcomes LPN to BSN Pathway Program**

Overview of the LPN to BSN Pathway Program Grant describing development, implementation, and outcomes of the grant funded initiative.

IX. 1:00 PM – 1:15 PM – Public Comment

This time allows members of the public to present comments to the WABON. If the public has issues regarding disciplinary cases, please call 360-236-4713.

X. 1:15 PM – 1:45 PM – Education – Gerianne Babbo, Reuben Argel - DISCUSSION/ACTION

A. Nursing Education – Gerianne Babbo

1. SB 5582 – Nurse Administrator Qualifications for BSN Programs
2. Preceptorship Grant Update
3. NCSBN Model Rules Update
4. Nurse Administrator Turnover Study
5. [2025 NCSBN Environmental Scan: Going Beyond – Journal of Nursing Regulation](#) (publicly available)

B. Nursing Assistant – Reuben Argel, Alana Esteban, Ruth Rono

1. Strategic Plan Updates
2. SB 5582 – Rural Hospital and High School Nursing Assistant Partnership
3. Skills Testing Pilot Updates
4. NCSBN Update on Nursing Assistants

XI. 1:45 PM – 2:15 PM - Policy & Legislation – Quiana Daniels, Anthony Partridge - DISCUSSION/ACTION

- A. Legislative Panel report
- B. Rules Update – Jessilyn Dagum
- C. Nurse Administrator Rules

Situation: The board is considering amendments to education and experience requirements for nurse administrators of baccalaureate nursing education programs.

Background: Engrossed Second Substitute Senate Bill (E2SSB) 5582 (Chapter 126, Laws of 2023), now codified as RCW 18.79.150, states that the board may grant approval to baccalaureate nursing education programs where the nurse administrator holds a graduate degree with a major in nursing and has sufficient experience as a registered nurse (RN) but does not hold a doctoral degree (E2SSB 5582, Sec. 7). Currently, WAC 246-840-517 requires a doctoral degree for nurse administrators in baccalaureate programs.

Assessment: Five rule workshops (December 2024 - February 2025) solicited feedback from interested parties. The resulting draft language maintains the current qualifications but expands the exception process for candidates who do not fully meet requirements. The revised process allows the board to grant exceptions to the doctoral degree, educational qualifications, and/or experience requirements when there is a plan for structured mentorship, professional development, and support from the hiring institution.

Recommendation: Approve the draft rule language and move to the CR-102 process.

2:15 PM – 2:30 PM – Break

XII. 2:30 PM – 3:30 PM – Executive Session

The Executive Session is closed to the public. The board to convene in Executive Session under RCW 42.30.110(i).

XIII. Meeting Evaluation

XIV. Closing



**Board of Nursing
Business Meeting Minutes**

**January 10, 2025
8:30 AM- 5:00 PM**

This was a virtual meeting, people could attend the meeting if they did not have a computer or phone access at Washington State Department of Health, [111 Israel Rd SE, Tumwater, WA, 98501](https://www.doh.wa.gov/locations/111-Israel-Rd-SE-Tumwater-WA-98501), in room TC2 167. If you would like to request a copy of this recording, please visit the DOH Public Records Portal at <https://doh.wa.gov/about-us/public-records>.

NOTE: Video recording is corrupted at 20-minute mark where the video/audio is compressed to the point of being unintelligible that reoccurs intermittently.

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 Adam Canary, LPN
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 Ella B. Guilford, MSN, M.Ed., BSN, RN
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 Luis Herrera, DNP, ARNP, FNP-BC
 Heleena Hufnagel, BS, MBA-HCA, Public Member
 Ajay Mendoza, CNM
 Sharon Ness, RN
 Norma Perez, M.Ed., Public Member
 Michael Syputa, LPN
 Kimberly Tucker PhD, RN, CNE

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

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 Gerianne Babbo, Ed.D, MN, RN, Director, Education
 Shad Bell, Assistant Director, Operations and Communications
 Amber Bielaski, MPH, Assistant Director, Licensing
 Debbie Carlson, MSN, RN, CPM, Director, Practice
 Mary Sue Gorski, PhD, RN, Director, Advanced Practice & Research
 Karl Hoehn, JD, FRE, Assistant Director, Discipline and Legal
 Grant Hulteen, Assistant Director, Discipline, Investigations & WHPS
 Anthony Partridge, MPPA, Assistant Director of Regulatory Affairs
 Catherine Woodard, Director, Discipline and WHPS

I. 8:30 AM – Opening – Dawn Morrell, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

1. New members Dr. Halverson, Dr. Herrera, and Mr. Syputa were introduced and welcomed to the board.

B. Order of the Agenda

C. Land Acknowledgement – Quiana Daniels

D. Announcements

III. Consent Agenda – DISCUSSION/ACTION

Consent Agenda items are considered routine and are approved with one single motion.

ACTION: Dr. Tucker moved with a second from Ms. Guilford, to accept the consent agenda. The motion passed.

A. Approval of Minutes

1. WABON Business Meeting
 - a. November 8, 2024
2. Advanced Practice Subcommittee
 - a. October 16, 2024
3. Discipline Subcommittee
 - a. October 15, 2024
4. Consistent Standards of Practice Subcommittee
 - a. October 8, 2024
5. Licensing Subcommittee
 - a. October 15, 2024
 - b. November 2024 – No Meeting
6. Research Subcommittee
 - a. No Meetings
7. Education Subcommittee
 - a. No Meetings

B. Performance Measures

1. Investigations
2. Legal
3. Washington Health Professional Services (WHPS)
4. Nursing Assistant Program Approval Panel (NAPAP)
5. Nursing Program Approval Panel (NPAP)

C. NCSBN Letter from Board President Phyllis Johnson

D. Licensing Report to the Governor’s Office

III. Consent Agenda – DISCUSSION/ACTION. Continued.

E. Washington Center for Nursing/WABON monthly meetings

1. November 11, 2024
2. November 22, 2024, with DOH
3. December 19, 2024

F. Out-of-state travel reports

1. American Academy of Nursing Health Policy Conference – Alison Bradywood

G. Procedures

1. J10.04 WABON Travel Reservation Requests
2. W41.02 Short Term Analgesic Use
3. W44.03 Unauthorized Substance Use

H. Advisory Opinion

1. ARNP Telehealth

IV. WABON Panel Decisions – DISCUSSION

The WABON delegates the authority as provided by law for certain decisions to a panel of at least three members. A member of the WABON must chair panels. Pro tem members of WABON may serve as panel members. The following decisions are provided for information.

A. Nursing Program Approval Panel (NPAP)

1. November 7, 2024
2. November 21, 2024
3. December 5, 2024
4. December 19, 2024

B. Nursing Assistant Program Approval Panel (NAPAP)

1. December 9, 2024

V. Chair Report – Dawn Morrell – DISCUSSION/ACTION

A. Recruitment for Board Members (What do we need, who is ending term)

Ms. Morrell discussed recruitment and board completions. The following board members and pro tems terms are completed on June 30, 2025. Board members eligible for reappointment are encouraged to apply on the [Governor's Website](#).

a. Board Members Completions

- i. Term Completed: Sharon Ness
- ii. Eligible for Reappointment:
Quiana Daniels
Ella Guilford
Heleena Hufnagel
Ajay Mendoza
Maikia Moua

V. Chair Report – Dawn Morrell – DISCUSSION/ACTION. Continued.

b. Pro Tem Completions

Mary Baroni

Bianca Reis

Tracy Rude

B. Nominations Committee

Mr. Garcia, committee chair discussed the contact of board members and asked members to consider serving as an officer of the board. All board members are eligible to serve as an officer as position descriptions have been updated to remove the one year on the board to coincide with approved procedure.

C. Recruitment for Pro Tems based on the request and need of the board

D. NLC Mid-Year Meeting and NCSBN Mid-Year Meeting – March 10-13, 2025, Pittsburgh, PA

Ms. Morrell will be attending the mid-year meeting with Dr. Bradywood attending the NLC and mid-year meetings.

VI. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION

A. Budget Report – Maikia Moua, Chris Archuleta

Mr. Archuleta reported the status of the budget and the director of the governor freezing hiring, service contracts, goods and equipment purchases, and travel.

“Effective December 2, 2024, for all agencies under my direction and control, I am directing a freeze on the following: (1) hiring not related to public safety or other non-discretionary activities as listed below, (2) execution of non-essential services contracts, (3) discretionary purchasing of goods and equipment, and (4) travel.”

Mr. Archuleta reported WABON is funded by fees so discretionary spending has already been limited.

Mr. Archuleta reported the recommended revenue balance should be 12.5% of biennial budgeted allotments. Revenue projections for the biennium were adjusted to account for the anticipated \$2.5M annual loss in fee revenues from implementation of phase one of the NLC in July 2023. Phase two and full implementation of the NLC occurred on January 31, 2024, when WABON began issuing MSLs and collecting the additional fees for the new MSL credentials (\$65 onetime fee for initial MSL and \$20 fee for renewal of MSL). Revenues from fees in recent months have lagged adjusted projections and YTD revenues are 6%, or just over \$1.4M short of adjusted projections. Actual direct expenditures are trending below budget as anticipated. Salaries and Benefits savings are due to open positions; Rent due to reduction of WABON footprint in Tumwater; and AG costs continue to come in below estimates.

Mr. Archuleta reported the fiscal outlook, WABON predicted a conversion rate of 50% of eligible single state license holders and 90% of new applications would upgrade or select the MSL each month. Since full implementation, those predictions have been adjusted down to

10% of eligible single state license holders and 50% of new applicants would convert monthly. The actual conversion rates have been closer to 7.3% and 20.7% respectively. As WABON is now operating with a negative fund balance, leadership is evaluating all options to offset the revenue deficit, including eliminating unnecessary spending and exploring reductions in staffing and/or reductions in FTE percentages. Current vacant positions will remain open and will not be filled. Mr. Archuleta discussed past fee adjustments in FY18 and reported the historical rationale and HELMS adjustments.

B. Strategic Plan Update

1. 2023 Bill Implementation - Complete
2. Data-Driven Practice – Debbie Carlson – No Report
3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge
Mr. Partridge reported on the progress of the DEIB taskforce. DEIB Task Force Work Plan is to Conduct an organizational DEIB Assessment; Develop and Implement DEIB Policy and Best Practices; Identify Staff and Board Members DEIB Training; Embed DEIB Concepts in Research; Enhance Inclusion and Accessibility.
4. Communications – Social Media Presence – Shad Bell
Mr. Bell reported on ongoing progress of website updates and social media.

C. Rules Update – Jessilyn Dagum

Ms. Dagum presented rules in progress including ARNP Education Requirements for Licensure, and the following CR 101 have been filed for Nurse Administrator Requirements, NA Skills Testing, RN and LPN Licensing and Continuing Competency.

D. Health Enforcement and Licensure Management System (HELMS) Update – Karl Hoehn

Mr. Hoehn reported progress on HELMS implementation. The Board is reminded that all Licensing and credentialing systems for health professionals and facilities will be unavailable from Friday, February 14, 2025, 5:00pm until Wednesday, February 19, 2025, in the morning to complete system upgrades for the next phase. Budgeting for continuing costs are pending the Governor’s final budget.

VII. Education – Gerianne Babbo, Reuben Argel - DISCUSSION/ACTION

A. Nursing Education – Gerianne Babbo

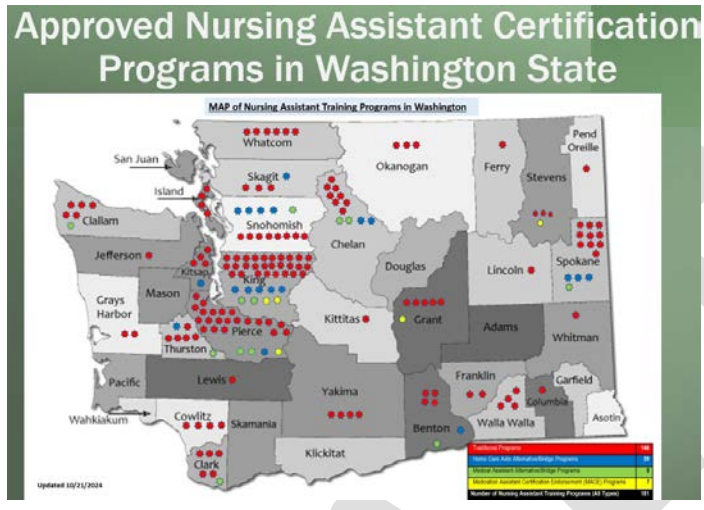
1. SB 5582 – Nurse Administrator Qualifications for BSN Programs
Dr. Babbo thanked Ms. Dagum, Ms. King, and Mr. Partridge for their rule work. Additional rules workshops are scheduled for January 22 and 23.
2. Washington State Student Nurse Preceptorship Grant Program
Dr. Babbo reported the preceptorship program is running as normal, but future payouts are pending the new Governor’s budget.
3. Nurse Administrator Turnover
Dr. Babbo reported the education, research teams are collaborating with a doctoral student to gather qualitative and quantitative data on why nurse administrators of nursing programs leave their positions. The surveys and interviews will focus on workload,

compensation, career growth and workspace environment. The goal is to analyze trends to provide understanding of contributing factors to this turnover.

A. Nursing Assistant – Reuben Argel, Christine Tran

1. Strategic Plan Updates

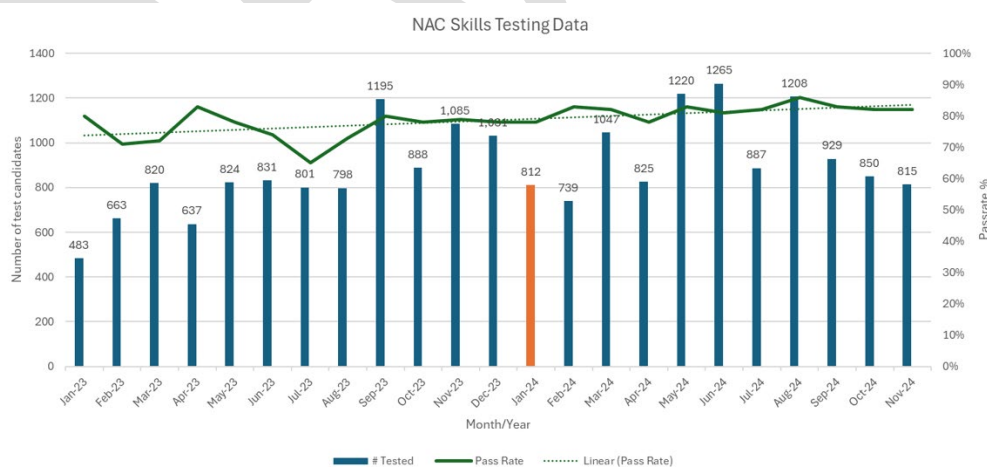
Mr. Argel and Ms. Tran presented approved Nursing Assistant Programs in Washington State and gave an update on skills testing.



2. SB 5582 – Rural Hospital and High School Nursing Assistant Partnership

Mr. Argel reported the Rural Hospital and High School Program Partnership has two pilot programs starting in Spring 2025, projected programs include Walla Walla University, Eastmont High School, and Quincy High School. Some challenges include high school CNAs are not being hired due to LNI rule confusion/misinterpretation and perception on hiring students. A public meeting has been scheduled for January 29 on zoom.

3. Skills Testing Pilot Updates



4. Specialty Curriculum – Notice of Delayed Enforcement

Mr. Argel presented in 2023, the Board adopted changes to WAC 246-841A-440, requiring that approved nursing assistant training programs implement a common curriculum. The requirement to implement specialty curricula in mental health,

developmental disabilities, and dementia was planned by rule for September 1, 2025. WAC 246-841A-440(1)(c).

Enforcing the addition of specialty curricula would create an unnecessary barrier to licensing for nursing assistants, already in short supply in this state. NAPAP and Nursing Assistant Education Program has since learned that implementation of the specialty curricula by this date will result in unanticipated impacts to nursing assistants and training programs.

ACTION: Ms. Daniels moved, with a second by Mr. Mendoza, to approve the request for the Delayed Enforcement of the Nursing Assistant Specialty Curricula of the Common Curriculum in WAC 246-841A-440 in order determine the best way to integrate this training into the profession. The Board will delay enforcement of WAC 246-841A-440(1)(c) until September 1, 2026. The motion passed, with a dissenting vote from Mr. Syputa.

5. Rescinding and refiling NA Skills Testing CR-101

Mr. Argel reported, the Board adopted changes to WAC 246-841A-440, in 2023 requiring that approved nursing assistant training programs implement a common curriculum, including specialty curricula. The current CR-101 for Chapter 246-841A WAC may need to be rescinded and a new CR-101 drafted to include addressing the specialty curriculum timing and implementation within this scope of work. Only one CR-101 may be open for this content at a time.

ACTION: Mr. Mendoza moved, with a second by Ms. Daniels, to rescind the current CR-101 for the nursing assistant skills testing rule filed on September 27, 2024, with Code Reviser under WSR# 24-20-087 and to file a new CR-101 to address skills testing in training programs, timeline and implementation of the specialty curriculum, any impacts from bills passed in the 2025 Legislative Session, and other related objectives. The motion passed.

6. Nursing Assistant Subcommittee Proposal

Mr. Argel reported, current practice is that the NAPAP requests the Nursing Education Subcommittee to convene a meeting when situation arises that requires board review, public comment, and board decision. The NA programs in Washington State have dramatically grown to 181 programs. This dramatic growth has created a need for a Nursing Assistant Education Subcommittee that is open to the public where Nursing Assistant specific policy decisions can be discussed in a public forum.

ACTION: Ms. Daniels moved, with a second by Ms. Moua, to approve the request for a Nursing Assistant Education Subcommittee. The motion passed.

VIII. Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Ajay Mendoza, Chair

1. Business Practices Advisory Opinion

Dr. Gorski reported WABON has received many inquiries from nurses concerning rules and guidelines for opening clinics or businesses and does not have a formal statement or authority over ARNP businesses or clinic requirements or being an owner of a professional health care corporation.

ACTION: Mr. Herrera moved, seconded by the Advanced Practice Subcommittee, to approve the Business Practices Advisory Opinion. The motion passed.

B. Consistent Standards of Practice – Ella Guilford, Chair

1. Washington State Hospital Association (WSHA) Comment – Informed Consent Advisory Opinion Draft

Ms. Carlson reported WABON approved developing an advisory opinion on informed consent. WSHA submitted concerns December 4, 2024.

ACTION: Ms. Guilford moved, with a second Quiana, to rescind the development of the informed consent advisory opinion. The motion passed.

2. Dispensing and Distributing Opioid Overdose Reversal (OORM) in Hospitals FAQ

Ms. Carlson reported WABON approved developing an FAQ to clarify the scope of practice of the Registered Nurse in hospitals specific to distributing and dispensing OORM at the November 12, 2024, business meeting.

ACTION: Ms. Guilford moved, seconded by the Consistent Standards of Practice Subcommittee, to approve the OORM frequently asked questions. The motion passed.

C. Discipline – Sharon Ness, Chair

1. WHPS Procedures

Ms. Ness reported, Board staff and the Discipline Subcommittee (DSC) regularly review procedures to remain current with best practice standards and to reflect operational changes.

- a. W31.03 Program Eligibility and Admission Types
- b. W40.03 Medication Use
- c. W42.04 Drug and Alcohol Testing
- d. W43.02 Missed Check-ins and Tests

ACTION: Ms. Ness moved, with a second from the Discipline Subcommittee, to adopt the revisions to WHPS procedures W31.03, W40.03, W42.04, and W43.02.

D. Licensing – Dawn Morrell, Chair

1. No Report

E. Research – Maikia Moua, Chair

1. Potential Discrimination in Nursing Complaint Intake Cases

Dr. Gorski discussed a Journal of Nursing Regulation article submitted regarding potential discrimination in nursing complain intake cases to be in the March 15, 2025, issue.

2. Final Summary of 2023 Board Survey Recommendations

Dr. Gorski and Mr. Oswal discussed the WABON Board Survey has been conducted annually in the past. The WABON Board Survey collects feedback from active Board

members and Pro-tem members on their experiences with WABON meetings, subcommittees, and panels, and other processes.

ACTION: Ms. Moua moved, with a second from Ms. Daniels, to delay the Board Survey until Board appointments are fulfilled. The motion passed.

F. Education – Kimberly Tucker, Chair

1. No Report

IX. Education Session - Rural Nursing Education Program – Brenda Senger, PhD, RN, Assistant Professor, Nursing, Gonzaga University

Dr. Senger presented on a new model for a rural nursing education program in Washington State in partnership with Big Bend Community College.

X. Public Comment

This time allows members of the public to present comments to the WABON.

K. LaValley, B. Gill, C. Chesanek, T. Jones, S. Walker, E. Slover, M. Priya, G. Pineda with additional public comments, spoke regarding their support for the delayed enforcement of the Nursing Assistant Specialty Curricula of the Common Curriculum due to concerns in increased costs to students and difficulties in program curriculum being approved within internal college processes.

XI. Legislative Update – Quiana Daniels, Anthony Partridge - DISCUSSION/ACTION

Ms. Daniels and Mr. Partridge presented a legislative update and the members of the legislative panel.

A. 2025 Regular Session

1. Legislative Panel Educational Modules

Mr. Partridge presented educational modules to enhance knowledge of the legislative process and how WABON participates in effective policy development and legislative advocacy.

2. Inter-professional Mental Health Proposal

Mr. Partridge discussed the establishment of an interactive screening program to improve access to behavioral health resources for health care providers which is gaining support from the house and senate.

XII. WCN Report – Sofia Aragon – DISCUSSION/ACTION

Dr. Aragon presented the WCN Annual Report, the report is a part of the contracted deliverable for the Washington Center for Nursing. Dr. Aragon reported the WCN submitted six deliverables in December.

XIII. Conference Update and Next Steps – Bethany Mauden – DISCUSSION/ACTION

Ms. Mauden presented conference next steps and lessons learned. The conference committee will be meeting to discuss future conferences prior to the May meeting perhaps for having another conference in 2026.

XIV. Meeting Evaluation

1. Did the length of the packet meet your needs?

Strongly Agree 9/15 (60%); Agree 3/15 (20%); Neither Agree or Disagree 3/15 (20%); Disagree 0/15 (0%); Strongly Disagree 0/15 (0%)

2. Was the information and SBAR in the packet helpful?

Strongly Agree 12/15 (80%); Agree 3/15 (20%); Neither Agree or Disagree 0/15 (0%). Disagree 0/15 (0%); Strongly Disagree 0/15 (0%)

3. Did you feel like your voice was heard?

Strongly Agree 12/15 (80%); Agree 3/15 (20%); Neither Agree or Disagree 0/15 (0%). Disagree 0/15 (0%); Strongly Disagree 0/15 (0%)

4. The meeting content was relevant to the Strategic Plan and to the Board?

Strongly Agree 10/15 (67%); Agree 4/15 (27%); Neither Agree or Disagree 1/15 (7%). Disagree 0/15 (0%); Strongly Disagree 0/15 (0%)

5. Comments

H. Hufnagel - Appreciate this group and all the hard work they do.

K. Tucker - Some very long-winded commenters

A. Halverson - N/A

M. Syputa - None

L. Herrera - Thank you! You all made me feel welcomed and I look forward to the next board meeting!

S. Ness - Great meeting.

J. Garcia - Was great especially the educational session

Q. Daniels - Great meeting!

Below was added for this meeting only, spelling was corrected of the city the March meeting will take place in.

6. *In March we are meeting in Richland, WA (Tri Cities) will you attend in person?*

A. Mendoza - Yes

A. Canary - I will attend, however if we limited to space d/t budget, I can attend virtually.

H. Hufnagel - Yes

K. Tucker - Yes

A. Halverson - Potentially

M. Syputa - Will be in Mexico for nephews wedding.

M. Moua - yes

D. Morrell - yes

L. Herrera - Yes

S. Ness - yes

J. Garcia - Yes i live in tri cities it would local :)

Q. Daniels - No, virtually

N. Perez - no

E. Guilford - I will Attend!

XV. Closing 4:00 PM

DRAFT



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Minutes
November 20, 2024 7:00 p.m. to 8:00 p.m.**

Subcommittee Members Present:	Ajay Mendoza, CNM, Interim Chair Kelli Camp, MSN, CRNA, ARNP Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP Cyd Marckmann, DNP, ARNP Wendy E. Murchie, DNP, CPNP-AC Bianca Reis, DNP, MBA, ARNP, PMHNP-BC Jane Allen, DNP, CNM, ARNP (new member)
Absent:	Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN Aaron Eastman, DNP, CRNA, ARNP
Staff Present:	Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research Heather Hamilton, Research Assistant Lohitvenkatesh Oswal, Research Assistant

**I. 7:00 PM Opening – Ajay Mendoza, Interim-Chair
Call to Order**

- Ajay Mendoza called the meeting to order at 7:00 PM. The Public Disclosure Statement was read aloud for attendees. The Advanced Practice Subcommittee members and support staff were introduced.

II. Standing Agenda Items

- Announcements/Hot Topic/WABON Business Meeting Updates
- Review of Advanced Practice Draft Minutes: October 16, 2024
 - The subcommittee reviewed and consented for the minutes to be brought to the board.

III. Old Business

- Ajay Mendoza shared the Advanced Practice Compact Education Brief. Updates regarding progress and the next steps will be presented to another group for review 11/25/24.
- Anna Kwak-Callen, a current WABON DNP student, shared a PowerPoint presentation with the subcommittee as an update on the Midwifery Project

IV. New Business

- Lohitvenkatesh Oswal shared the Business Practices Advisory Opinion draft with the subcommittee and received feedback. Additional interested parties will be contacted for input.

V. Ending Items

- Public Comment was sought at 7:52p.m.
- Date of Next Meeting – January 22, 2025
- Adjournment – The meeting adjourned at 7:58p.m.
- Attendance – 17
 - Public Members: 8
 - Subcommittee & Staff Members: 9



**Washington State Board of Nursing
Discipline Subcommittee Agenda – Revised
December 17, 2024
MINUTES
3:30 pm to 4:15 pm**

Click Here to Join the Meeting: <https://us02web.zoom.us/j/89717096607>

To Participate by Phone Only: +2532158782,,89717096607#

Zoom Meeting ID: 897 1709 6607

- Committee** Sharon Ness, RN, Chair
Dawn Morrell, BSN, RN
- Members:** Quiana Daniels, GCertHealthSc, BS, RN, LPN
Tiffany Randich, RN, Pro-Tem [not present](#)
Bliss Ali, RN, MN, ARNP, CNM, MPH, Pro-Tem [not present](#)
Karen Joiner, MS, ARNP, Pro-Tem
Michelle Dedeo DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP, Pro-Tem
Tracy Rude, LPN, Pro-Tem, ad hoc [not present](#)
Adam Canary, LPN [not present](#)
- Staff:** Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, JD, Assistant Director, Discipline – Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS [excused](#)
Teresa Corrado, LPN, Complaint Intake Officer, ad hoc [excused](#)
Rena Powell, Case Manager
Barb Elsner, HSC
Margaret Holm, JD, RN, ad hoc
Mary Sue Gorski, PhD, RN, ARNP, Director, Research, ad hoc [not present](#)
Lynn Batchelder, Investigations Supervisor, ad hoc [not present](#)
- [No public members](#)

1. **3:30 pm opening – Sharon**
 - a. Call to Order – Digital Recording Announcement
 - b. Roll Call of Board Members and Staff [Introductions](#)
2. **October 15, 2024 Minutes – Sharon**
 - a. In draft format until WABON approves at the business meeting on January 10, 2025
[Approved to take to WABON business meeting.](#)
3. **Performance Measures – October 2023-September 2024 – Catherine, Grant, Karl**
 - a. Investigations [Catherine provided highlights](#)
 - b. Legal [Karl provided highlights](#)
 - c. WHPS [Catherine provided highlights](#)
 - d. SUDRP [Catherine provided highlights](#)

4. **Procedure Review – Catherine**

We have updated each of the procedures to reflect WABON and SUDRP, formatting consistent with the WABON procedures (thanks, Bonnie!), cleaned-up language, when necessary, more referrals to WHPS procedures as a cross reference, and current business practices. You'll notice that each procedure has a clean copy and a tracked changes copy. I have notes on each procedure's changes for your review and discussion....

- a. **W31.03 Program Eligibility and Admission Types**

The only substantive changes here are the reference to changing a nurse's status from voluntary to in lieu of discipline if they are already in the WHPS program and have an open complaint. This was the case previously, but the language was not clear. Also, if a nurse does not meet a deadline for entry into the program as defined in a disciplinary order or referral contract, WHPS may refer to the compliance officer or SUDRP.
- b. **W40.03 Medication Use**

Updated and clearer language around prescription reporting, but no change to the reporting frequency. Reworded the paragraph for reporting requirements for prescriptions when a nurse tests positive for prescribed medication and the consequence for not complying with that requirement, which is a referral to SUDRP. Updated/streamlined the paragraph on medical director review of prescription form reviews. Added a paragraph about the case manager consulting with the medical director about nurses who are using long-term opioids for pain management. This situation may require a referral to a pain management specialist and a written agreement for treatment.
- c. **W41.02 Short Term Analgesic Use**

No substantive changes, just phraseology clean up.
- d. **W42.04 Drug and Alcohol Testing**

Added the severity of mental health as a reason to adjust drug testing frequency. Structured the paragraphs to be consistent for each action regarding dilute samples, abnormal samples, and out-of-temperature samples. Previously, some of the information was in a narrative paragraph. It does not change the way we treat each occurrence.
- e. **W43.02 Missed Check-ins and Tests**

Added the potential for increased testing frequency when a nurse misses three check-ins within a three-month period. This is consistent with other WHPS procedures.
- f. **W44.03 Unauthorized Substance Use**

No substantive changes, just phraseology clean up.

Update on staff changes with Cicely and Holly to case manager and operations manager, respectively. Not formal yet; is with HR.

5. Work Plan – Sharon, Catherine

Discussion about fines. CCW: not a revenue stream. Karl: can collect up to 5K in order, would likely go to hearing because they don't want to pay it. Even a STID is an enforceable judgement, but the problem is how to enforce a fine? How to collect? Issue another SOC to say they're out of compliance for not paying the fine. How to get the money? 2-4% success with getting money back when sent to collections. Extra workload. What should we hope to see? Will not solve the budget issue. If someone doesn't pay a fine, should we suspend given the nursing shortage?

6. Public Comment – Sharon

- a. Limited to two minutes per speaker

7. Anything For the Good of the Order? – All

- a. Portion of the agenda during which members may make statements or offer observations about the character or work of the subcommittee without having any particular item of business before the meeting.

Sharon – I hope everyone has a good holiday, Merry Christmas in my world, and good family time.

8. Adjournment 4:15pm.



**WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC) December 3, 2024**

12:00 p.m. to 1:00 p.m.

This was a virtual meeting. For a copy of the recording,
please visit the Washington State Department of Health Public Records Website.

Subcommittee Members Present:	Ella Guilford, MSN, Med, BSN, RN, Chair Quiana Daniels, BSN, RN, LPN, Member Heleena Hufnagel, MBA-HCA-BS, Member Tiffany Randich, RN, LPN, Pro Tem Diana Meyer, DNP, RN, NEA-BC, FAEN, Pro Tem
Subcommittee Members Absent:	None
Staff Members Present:	Shana Johnny, DNP, RN, Nursing Practice Consultant Marlin Galiano, MN, RN, Nursing Practice Consultant, Ad Hoc Seana Reichold, Staff Attorney Luis Cisneros, Staff Attorney, Ad Hoc Dennis Gunnarson, Administrative Assistant
Staff Members Absent:	Deborah Carlson, MSN, RN, Nursing Practice Director Margaret Holm, JD, RN, Ad Hoc

I. Opening

A. Ella Guilford called the meeting to order at 12:00 p.m. The Public Disclosure Statement was read for the meeting attendees. The Consistent Standards of Practice Subcommittee (CSPSC) members and support staff were introduced. Public attendees were provided an opportunity to introduce themselves.

II. Standing Agenda Items

A. Announcements/Hot Topic/WABON Business Meeting Updates: The following announcements were made:

- i. Rules updates and continuing competency reviews are in process focusing on licensing.
- ii. Jurisprudence (JP) Module is waiting final approval.

B. Review of Draft Minutes – October 1, 2024

- i. The subcommittee reviewed draft minutes and reached consensus to take to the board for approval.



III. Old Business

- A. Informed Consent Advisory Opinion Update – Shana Johnny provided an update on the status of the advisory opinion. Public workshops are scheduled December 5, 2025. Discussed concerns from the public about the broadness and lack of clarity of the document.
- B. Quality Improvement/Matrix Tool Demonstration – Shana Johnny provided a live demonstration of the matrix that uses a weighted scoring and branching logic to prioritize requests and assignments. This tool has progressed with several iterations. The next step is to validate the tool.
- C. Nurses Dispensing and Distributing Opioid Overdose Reversal Medication (OORM) Frequently Asked Question Draft (FAQ) – A draft FAQ was developed to respond to a request from the Washington State Hospital Association (WSHA) to clarify whether nurses in hospitals are allowed to distribute and dispense Naloxone to patients in the postpartum setting. A minor edit was recommended regarding the Scope of Practice Decision Tree. The members reached consensus to send the draft to the WABON for approval.

V. New Business

- A. Radiology Procedures Scope of Practice Advisory Opinion Draft – The CSPSC received an Advisory Opinion Request from the WABON Practice Director to develop an advisor opinion about nursing scope of practice in performing radiology procedures. We are receiving questions from the public about radiology procedures, with an additional focus regarding fluoroscopy. Shana Johnny provided a Situation, Background, Assessment, and Recommendation (SBAR). Discussion and concerns included the following:
 - i. Clarification of what radiology procedures this addresses, routine/basic radiology and/or advanced radiology imaging, or a specific radiology procedure.
 - ii. Training requirements.
 - iii. Clarification of the difference between the Registered Nurse (RN) and Licensed Practical Nurse (LPN) scope of practice. Recommendation to define the difference between routine/non-complex radiology procedures and complex procedures. Fluoroscopy is a specialized area. It is not clear whether this is within the nursing scope of practice. Research is still ongoing, and opinions vary. The Consensus was made to postpone sending the Advisory Opinion Request to develop an advisory opinion to the WABON, allowing staff to perform additional research and information for discussion at the next CSPSC meeting.



- B. Telehealth Advisory Opinion and FAQ RN/LPN Drafts – Shana Johnny provided an update with an overview of two laws passed regarding Telehealth. One allows out of state practitioners to provide care without a Washington State License. The law does not define a RN or LPN as a practitioner. Legal consultation is in process as to whether the RN or LPN is allowed to provide care without a Washington State License under the direction of a defined practitioner. The second law allows reimbursement to out of state providers. The current advisory opinion exempts nurses who are in the role of tele presenter (assisting a practitioner in conducting a telemedicine visit) and the nursing assistant from meeting the training requirements. This is also in consultation with our legal staff.
- C. Medication Assistance Rules Hearing – Shana Johnny announced that the Washington State Pharmacy Quality Assurance Commission scheduled a hearing at their business meeting December 12, 2025.

VI. Public Comments

- A. Public comments included appreciation for the openness to WSHA’s recommendations to modify meeting format. Feedback suggested that the agenda should clearly outline actions to be taken and provide flexibility during the meeting for the public attendees wishing to address these topics. Public feedback expressed surprise that the recommendations from the Interagency Aesthetics Task Force about informed consent did not return to the CSPSC for discussion.

VII. Ending Items

- A. Review of Actions:
 - i. CSPSC Minutes Draft – Send to WABON for approval.
 - ii. OORM FAQ Draft – Send to WABON for approval.
 - iii. Radiology Advisory Opinion Request – Continue to research and discuss at next meeting.
 - iv. Meeting Evaluation – Support allowing the public to provide feedback during the meeting instead of an allotted time on the agenda.
 - v. Next Meeting Date – February 4, 2025.



III. Old Business

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- B. Quality Improvement/Matrix Tool Demonstration – Shana Johnny provided a live demonstration of the matrix that uses a weighted scoring and branching logic to prioritize requests and assignments. This tool has progressed with several iterations. The next step is to validate the tool.
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**Washington State Board of Nursing (WABON)
Education Subcommittee Agenda**

Thursday, January 23, 2025 at 2:00pm-3:00pm

Join the Meeting
from your computer, tablet or smartphone

Join Zoom Meeting

<https://us02web.zoom.us/joining/register/gYAqYHSRRwabBRcNzsVgsQ>

Meeting ID: 861 9801 1121

Passcode: 696455

Dial In: +12532158782,,86198011121#,,,,*696455# US

Committee Members:

Kim Tucker PhD, RN, CNE, Chair
Ajay Mendoza PhD, CNM, ARNP CM
Norma Perez, M.Ed, CM
Julie Benson MHA, MN, RN, CNE Pro Tem **Excused**
Patty Cochrell, MBA, RN, NE-BC Pro Tem
Fionnuala Brown, DNP, MSN, FNP-C, RN Pro Tem **Excused**
Helen Myrick, Public Member
Tracy Rude, LPN Member

Staff:

Reuben Argel, MBA, BSN, RN, Nursing Assistant Education Director
Amy Murray, Nurse Consultant
Sandra Graham, Nurse Consultant
Alana Esteban, Nursing Assistant Program Specialist
Christine Tran, Nursing Assistant Program Specialist
Dennis Gunnarson, Nursing Assistant Program Assistant
Eunice Muriu, Nurse Consultant
Seana Reichold, Staff Attorney
Gerianne Babbo, EdD, MN, RN, Director of Nursing Education
Sarah Bear, EdD, MSN, RN, Nursing Education Consultant
Kathy Bay, PhD, MN, RN, Nursing Education Consultant
Margaret Holm, JD, RN Nursing Education Consultant Practice
Anita Nath, WABON Attorney
Judy Soeum, BA, Health Services Consultant

Questions

Please contact us at (564) 669-1015 if you:

- Have questions about the agenda.
- Want to attend for only a specific agenda item.
- Need to make language or accessibility accommodations.

Language and Accessibility

If you plan to attend and need language or accessibility services, WABON can arrange help. Please contact us at least one week before the meeting, but no later than Thursday, January 16, 2025.

Need this document in another format? Please call 800-525-0127.

Deaf or hard of hearing customers:

- Call: 711 (Washington Relay)
- Email: civil.rights@doh.wa.gov

Meeting Minutes

WABON records meetings to help write accurate minutes. Minutes are then approved at the WABON business meeting. WABON posts minutes on our website nursing.wa.gov.

All minutes and recordings are public record. They are available on request from DOH at doh.wa.gov/about-us/public-records

2:00 PM Opening – Kim Tucker, Chair, Called to Order

- Introductions were made.
- The Public Disclosure Statement was read.
- Roll Call was conducted.

1. Standing Agenda Items

a. Announcements

No announcements were shared during the meeting.

b. Old Business

No old business items were discussed.

c. New Business

- **Endorsement Requirements for Out-of-State Nursing Assistants:**

- **Presenter:** Amy Murray

- **Key Recommendations:**

1. Out-of-state applicants must hold an active, unencumbered NAC credential from another state (existing requirement).
2. Applicants must show work experience as an NAC within the last 2 years. Currently, the DOH does not verify work experience, so requiring employment verification would be a change to the process.
3. Applicants from IL who demonstrate successful completion of a training program AND 1000 hours of employment verification as an NAC will be allowed to endorse into WA.
4. Applicants from IL who demonstrate successful completion of a training program who do NOT have 1000 hours of employment verification will be approved to take the WA skills exam. If they pass the exam, they may endorse into WA.
5. Applicants from FL must submit documentation of completion of a nursing assistant training program, as well as evidence of having passed their state written and skills competency exams, in order to endorse into WA.
6. If the applicant from FL does not have documentation of completing a training program, they must retrain and test in WA.

1. Discussion Highlights:

- **Subcommittee Feedback:** Verifying skills is critical. Challenges include applicants who are missing Certificates of Completion (COCs), which are necessary to track training.

- **Work Experience Verification:**
 - Questions were raised about how to verify work hours and ensure applicants performed nursing assistant (NAC) activities. Verification is typically sent directly from employers, not applicants.
 - Some States, such as Rhode Island and South Carolina, require similar training hours to Washington State. These states require applicants to meet their training hours requirement OR demonstrate 3-6 months of work as an NAC. Discussion included whether to define this as “3 months of full-time work” or include part-time/per diem work equivalencies.
 - Department of Health (DOH) shared that they have a template they can adapt to use as an employment verification form for NAC applicants. This form would be completed by the employer.
 - Discussion consensus was that any work experience should be within the past two years, which will make the applicant eligible to be on the OBRA registry

- **Key Insights from Nursing Assistant Program Approval Panel (NAPAP) Members:**
 - **Quiana Daniels:**
 - Allowing an employer representative such as Human Resources verify the work hours would reduce barriers and streamline processes, while still helping us ensure public safety.
 - **Tracy Rude:**
 - HR Departments are usually able to provide verification paperwork for hours.

- **Other Comments:**
 - **Shannon McMillan, Department of Health, HSQA:**
 - States often endorse applicants without verifying where the training occurred, leading to challenges in tracking education and qualifications.
 - There was discussion from the sub-committee on the difference between an applicant who received fewer training hours than what are required in Washington BUT have extensive work experience, who may be equally as qualified as someone who was provided more training hours but has less work experience.
 - Non-routine applications should continue to be reviewed by Washington State Board of Nursing (WABON) staff to ensure applicants meet our state standards.

- Consideration was given to a model similar to Hawaii and Virginia, where out-of-state applicants must show proof that they received the federal minimum number of training hours.
- **Challenges Identified by DOH:**
 - There will be massive delays in licensing if DOH is required to verify applicant's COC
 - There may be delays in licensing with work verification requirements if employers are slow to respond and/or return the employment verification form

Actionable Items for the Subcommittee:

1. **Define Licensing Competency:**
 - Completion of a Nursing Assistant Certified Training Program (NACTP).
 - Verification of completed training programs and passed competency exams.
 - Demonstrated skills through exams or verified work experience.
2. **Streamline Standards:**
 - Create clear guidelines for what counts as equivalent training and work experience to reduce manual application reviews.

Ending Items

- Legal counsel advised that the finalized recommendations be presented to the NAPAP at their February 10, 2025 meeting and, if further public discussion is warranted, to schedule an additional education sub-committee meeting.
- **Adjournment**

Meeting adjourned at 3:00 PM.



Letter FROM THE President

POST-BOARD MEETING UPDATE

Feb. 27, 2025

Greetings Colleagues:

The Board of Directors (BOD) met in Chicago Feb. 11–12, 2025. We began our agenda with a report from Nicole Livanos, director of government affairs. Members of the 119th Congress were sworn in on Jan. 3, 2025. To welcome and congratulate new nurse members and members of the Nursing Caucus, NCSBN staff prepared and distributed letters to House and Senate members. The letters reintroduced NCSBN, shared our mission and policy priorities, and encouraged collaboration in the upcoming legislative sessions. The staff continues to engage with the Nursing Community Coalition, outline legislative priorities, and collaborate with the Council of State Governments to advocate for the SHARE Act.

Government Affairs also provided a report on the CMS Nursing Home Staffing Campaign. In response to the April 2024 CMS minimum staffing standards for long-term care, CMS launched a staffing campaign to recruit RNs and CNAs for long-term care employment. On Jan. 8, 2025, CMS announced the start of its financial incentive program to recruit RNs into long-term care. The program will recruit organizations to become financial incentive administrators to administer financial incentives to RNs, including tuition reimbursement and stipends. The BOD received additional reports on the Nurse Licensure Compact, APRN Compact and the Nursing America Campaign. The Government Affairs department continues to promote NCSBN's three legislative campaigns, track legislation impactful to nursing regulation, strengthen our members' public policy knowledge and skills, and build and bolster relationships with key partners across state and federal levels.

A significant responsibility of the BODs is to consider the Finance Reports. These reports are crucial as they provide a comprehensive overview of our financial standing and guide our future decisions. The BOD acted on the following reports and recommendations from the Finance Committee which included:

- Acceptance of the financial statements and the independent auditors' reports for the fiscal year ended Sept. 30, 2024.
- Acceptance of the Agreed Upon Procedures (AUP) Report for the ICNLCA.
- Acceptance of the auditor's NCSBN 403(b) defined contribution retirement plan reports for the year ended June 30, 2024.
- Acceptance of the financial statements for the period ended Dec. 31, 2024.

Additional agenda items included updates on the NCLEX® Online Candidate Talk Alouds (Jeff Kendall), Model Acts and Rules Committee, Midyear Meeting agenda (Jim Cleghorn) and the 2024 National Nursing Workforce Survey results (Richard Smiley and Brendan Martin). The Midyear Meeting in March will center around the theme "Going Beyond" and will encourage regional dialogue and allow members to network with others. The NCSBN staff have worked diligently to develop an agenda that will empower members

POST-BOARD MEETING UPDATE, CONTINUED

to challenge tradition, generate bold, innovative ideas, analyze the status quo, and break down regulatory barriers. The workforce survey results are due for release later this spring in the April 2025 issue of the *Journal of Nursing Regulation*. The results will provide valuable insights into critical topics such as nurse retention, burnout and intent to leave following the global health crisis.

CEO Philip Dickison provided an update and the board completed their work on the strategic statement. This process is designed to ensure that our actions and decisions align with our mission, vision, and values. In 2025, the BOD will continue strategy discussions at each board meeting to reaffirm the mission, vision, values and strategic direction.

Kindest Regards,

Phyllis Johnson, DNP, RN, FNP-BC

Phyllis Polk Johnson, DNP, RN, FNP-BC

President

pjohnson@msbn.ms.gov

Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision

Leading regulatory excellence worldwide.

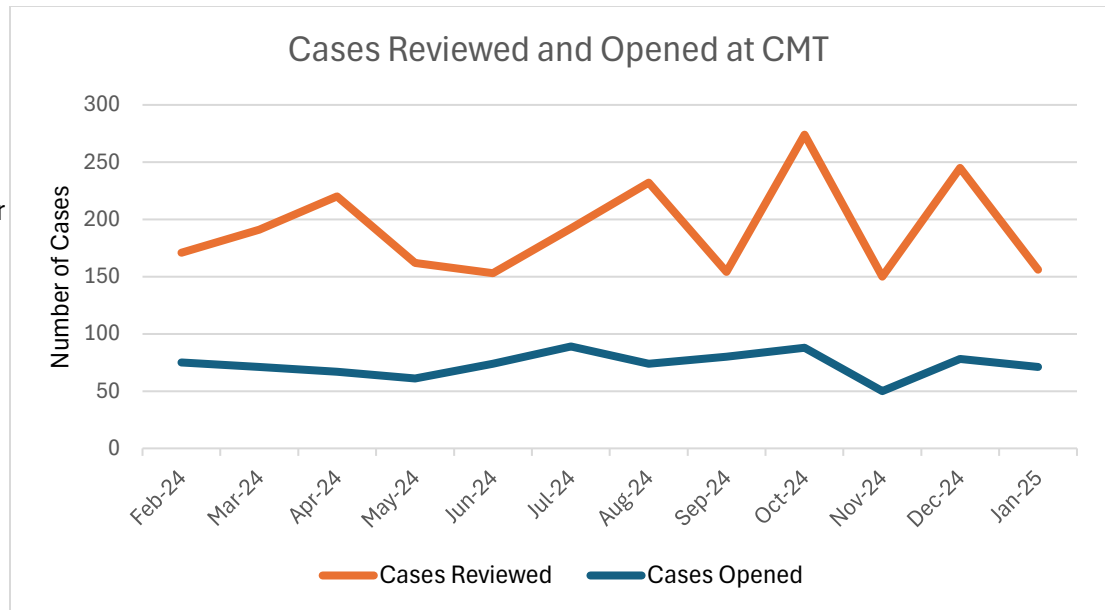
Values

Collaboration • Transparency • Innovation • Integrity • Excellence

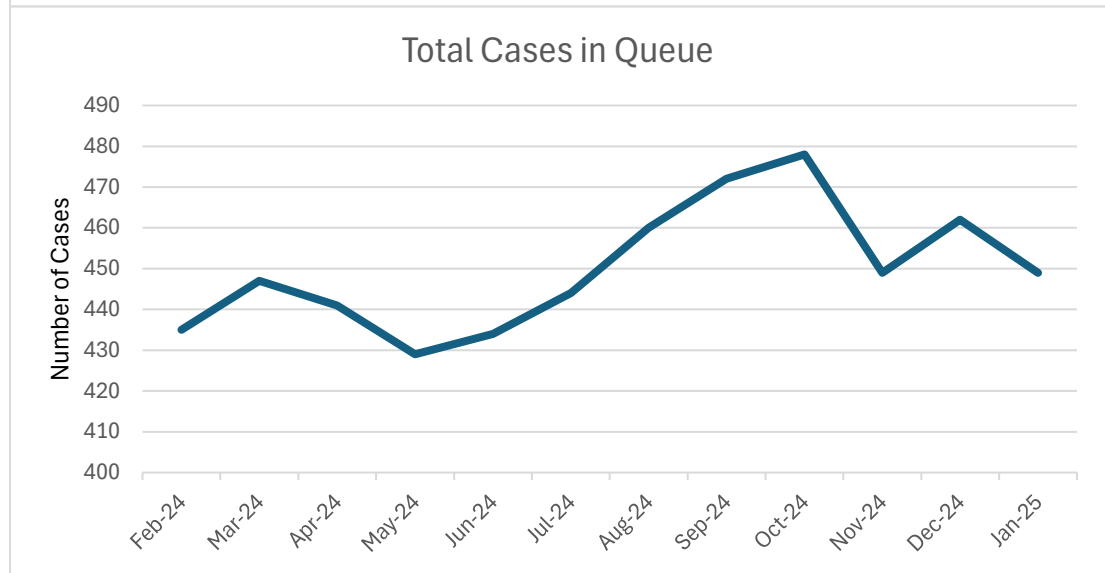


Investigations Performance Measures

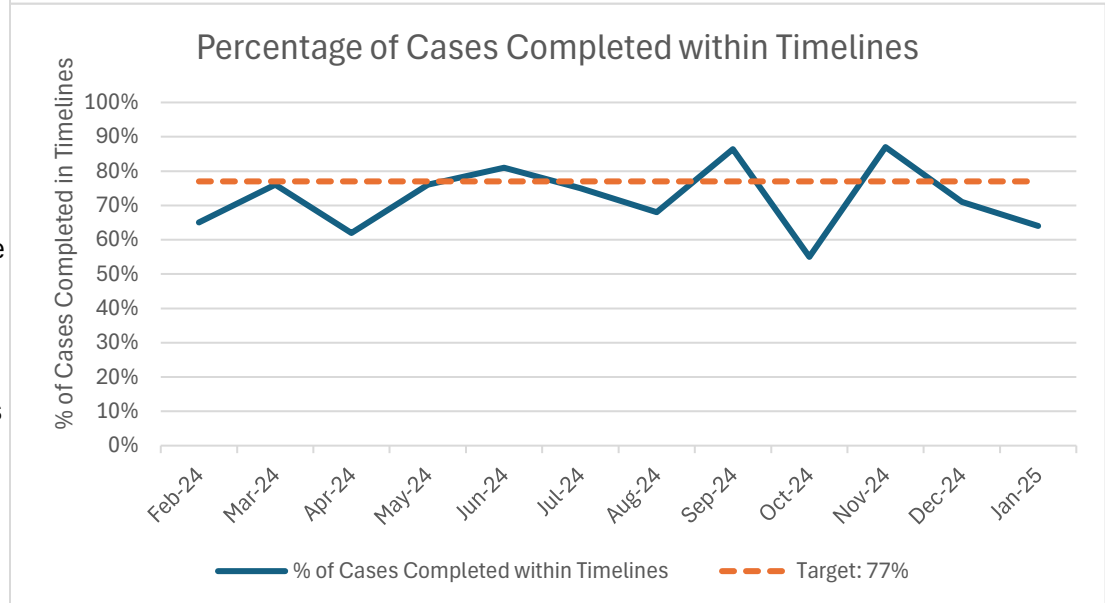
Volume. The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



Volume. The total number of cases in the queue and the total number of cases completed each month in the last 12 months. The goal is to keep the queue below 1000 cases.



Turnaround. The percentage of cases completed within the determined timelines each month in the last 12 months. The target is 77%.

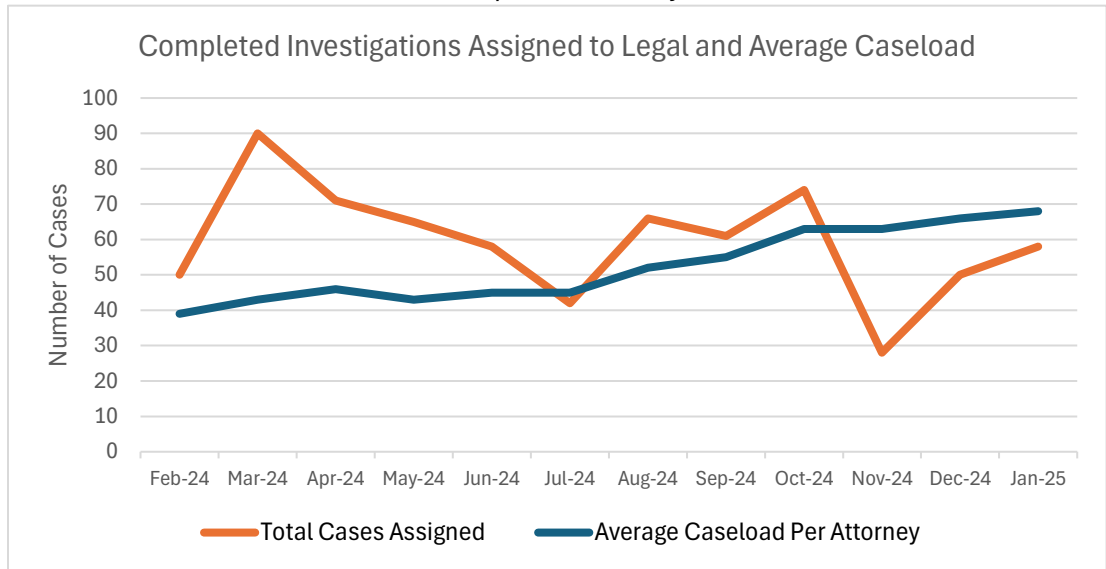


Legal Unit Performance Measures

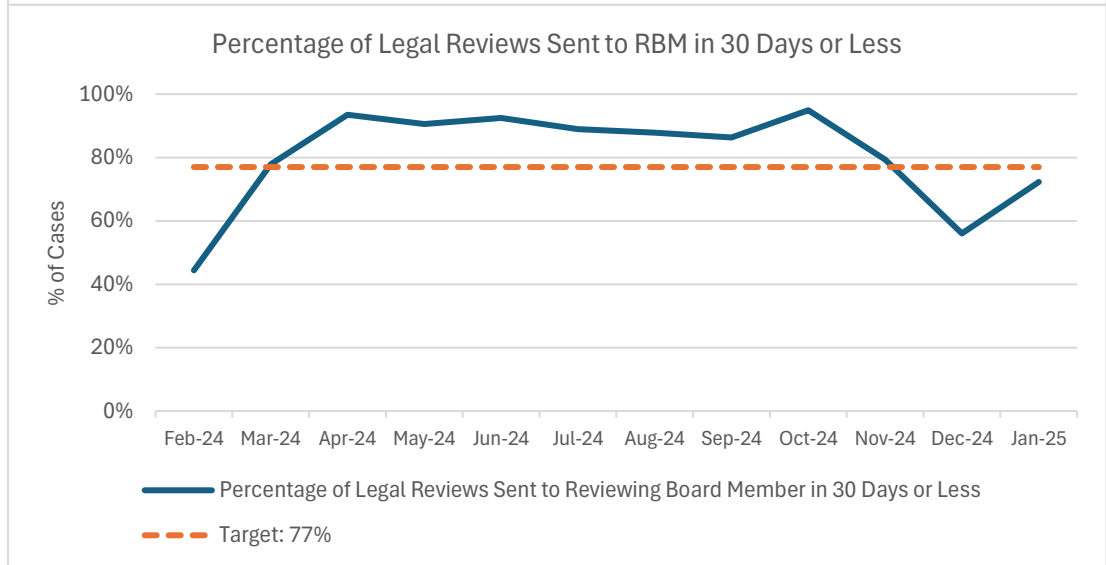


These measures reflect discipline cases only.

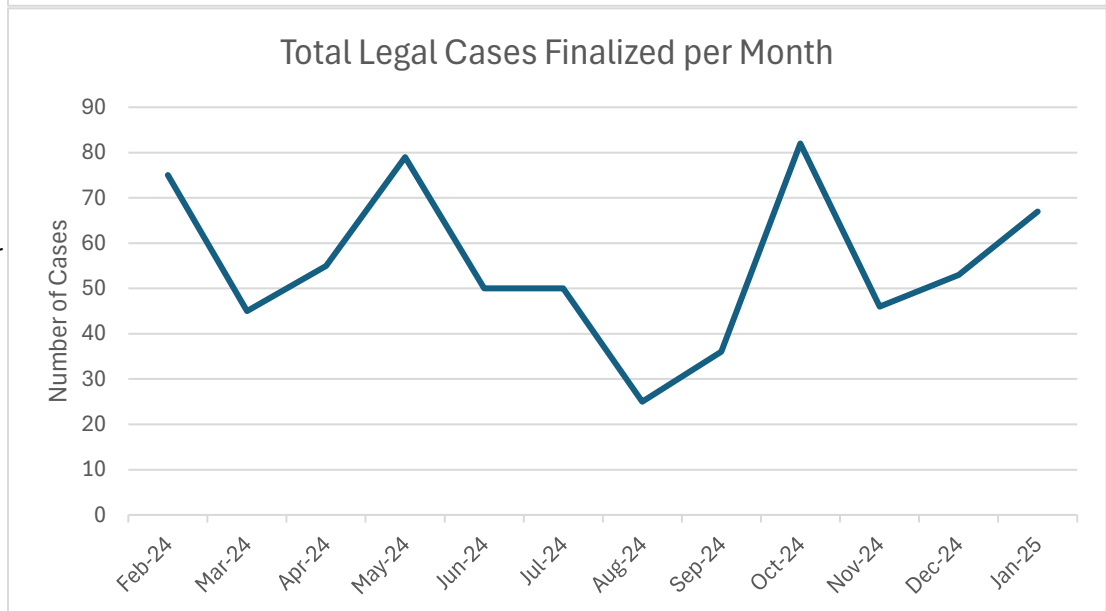
Volume. The total number of cases completed by investigations and assigned to legal and the average caseload per attorney each month. The goal is a flat average caseload to show similar amounts of cases opened and closed.



Turnaround. The percentage of legal reviews sent to the Reviewing Board Member in 30 days or less each month in the last 12 months. The target is 77%.



Volume. The number of legal cases finalized each month in the last 12 month.

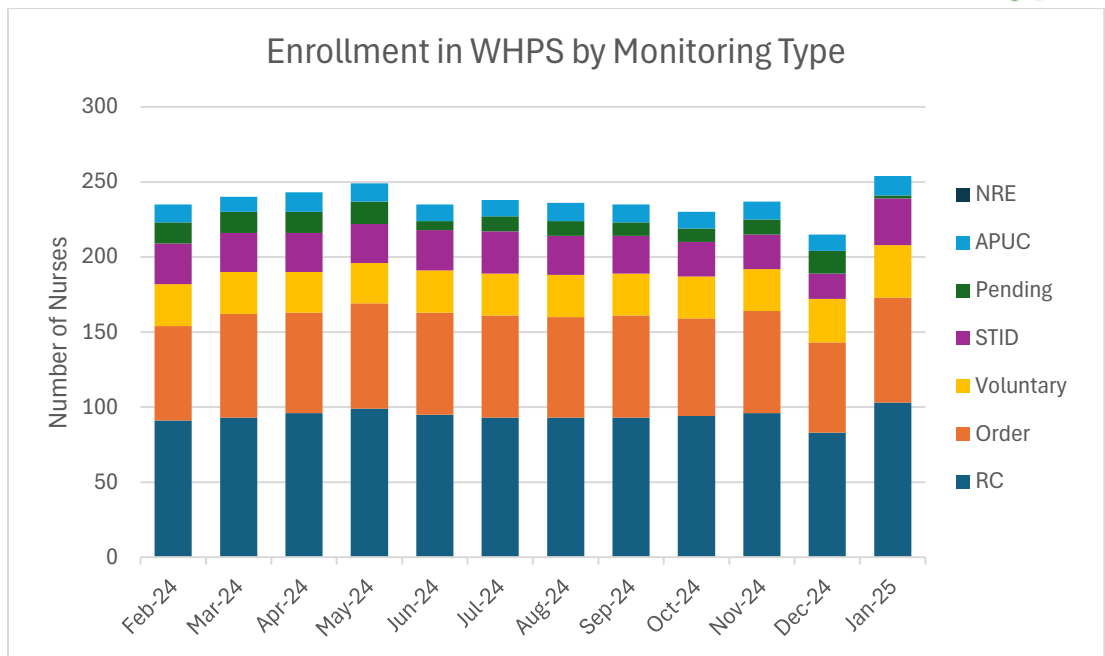


WHPS and SUDRP Performance Measures



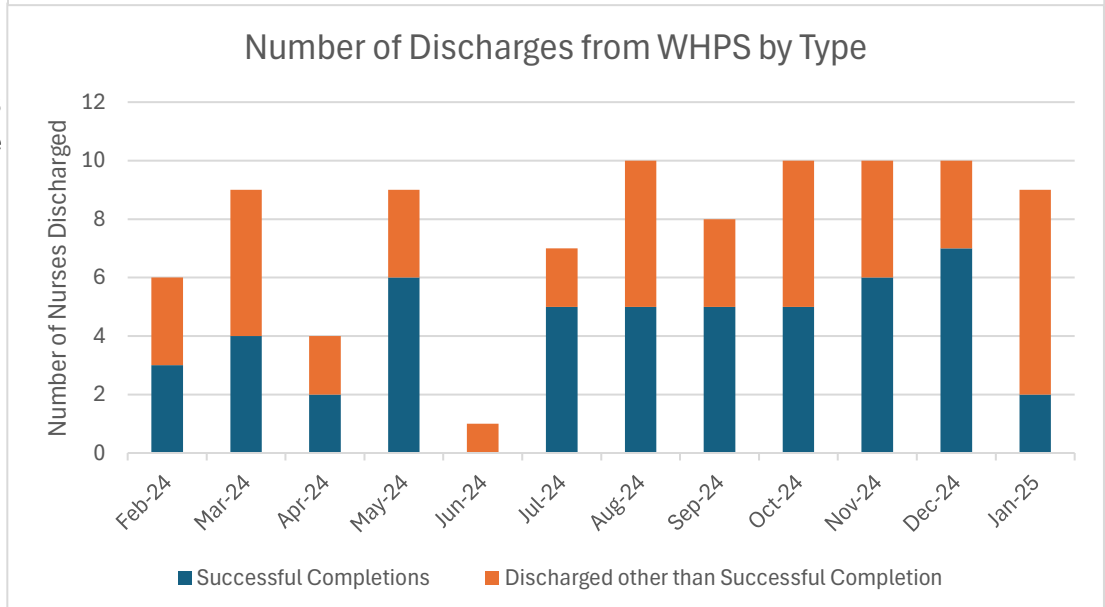
Volume. The number of nurses enrolled in WHPS by entry type. Entry types include:

- Notice of Required Evaluation (NRE)
- Agreement to Practice Under Conditions (APUC)
- Pending
- Stipulation to Informal Disposition (STID)
- Voluntary
- Order
- Referral Contract (RC)

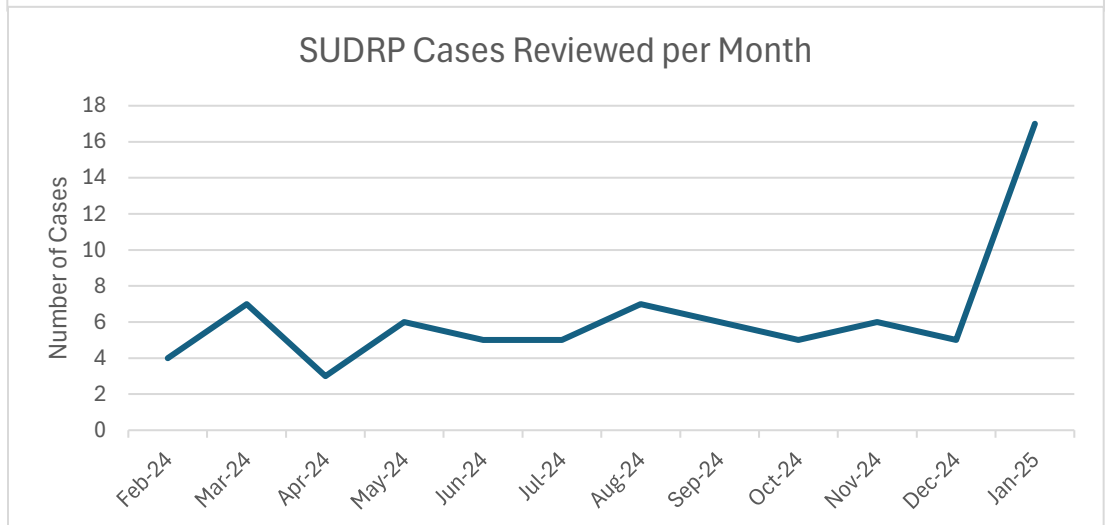


Satisfaction. Discharges from WHPS each month by the type of discharge it was. "Other" discharge reasons include:

- Not Appropriate
- Offered/Refused
- Referred back to WABON
- Pending discipline
- Deceased
- Medical discharge
- Voluntary withdrawal



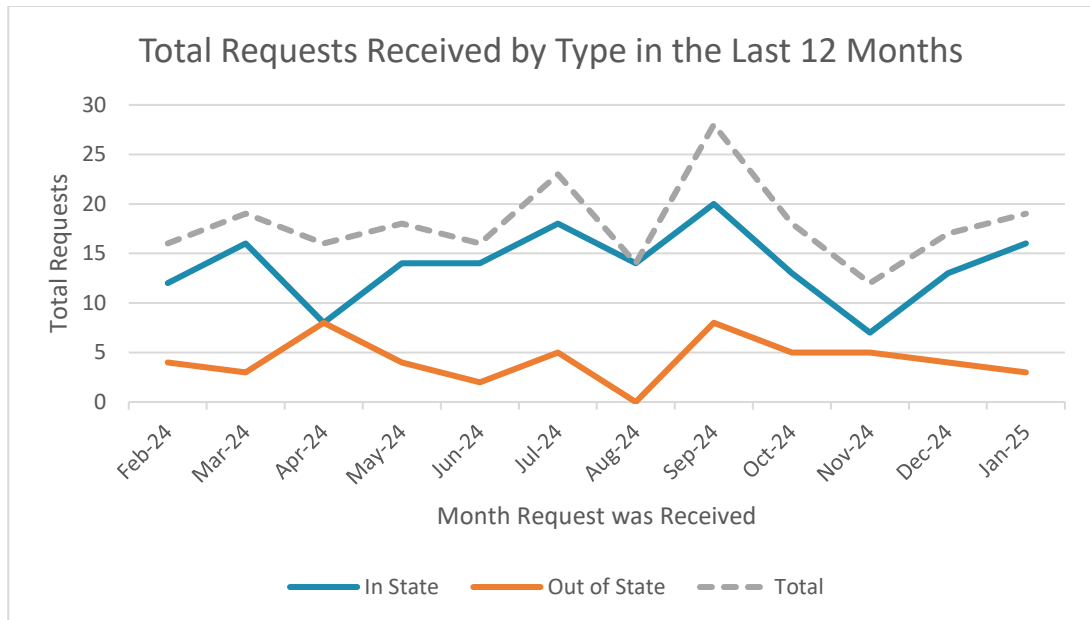
Volume/ Satisfaction. The number of SUDRP cases reviewed each month in the last 12 months. The goal of the program is to need to review no SUDRP cases.



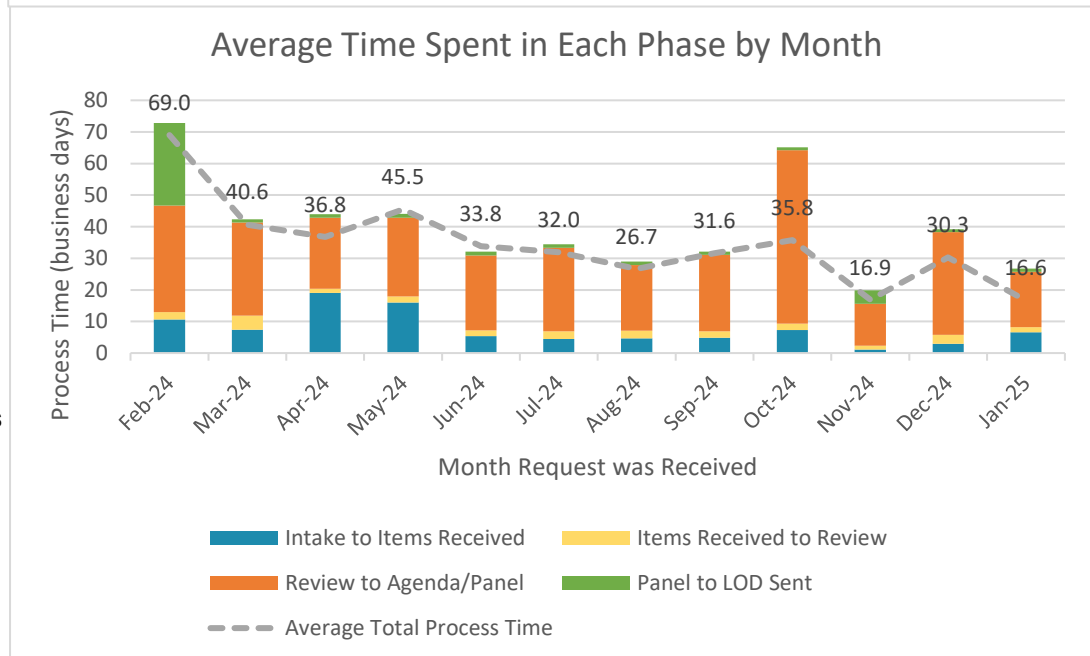


Education Performance Measures

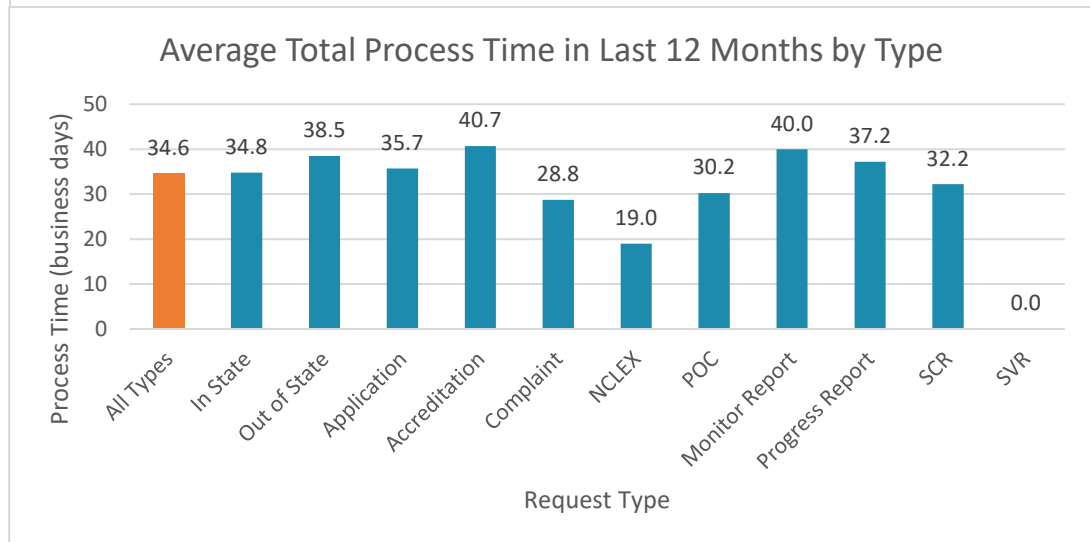
Volume. The total number of requests received in the education inbox by whether they were in state or out of state requests.



Turnaround. The average time spent in each processing phase for education inbox requests by month. The average total process time is shown by the grey dotted line.



Turnaround. The average total process time that it took to process an education inbox request in the last 12 months by the type of request it was. The average time for all types is shown in orange.

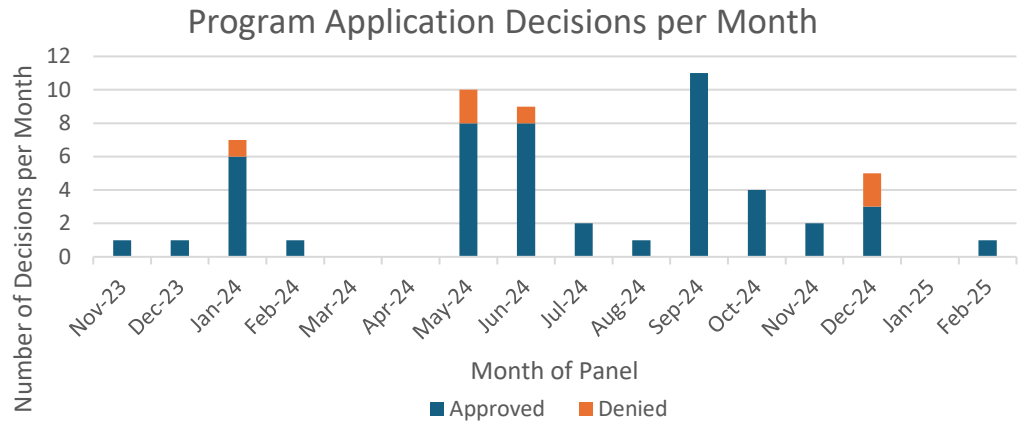


NPAP Summary Report



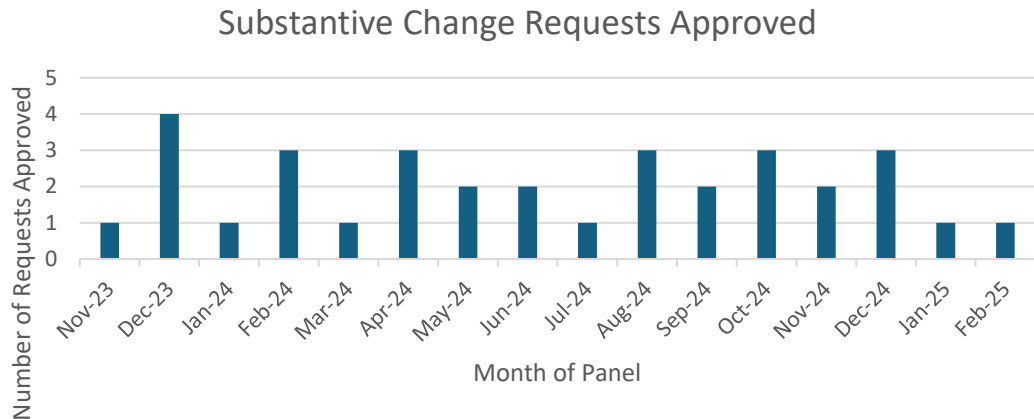
Program Applications.

The number of decisions reached and letters of decision sent to programs regarding applications by the month of the NPAP panel, and whether those applications were approved or denied.



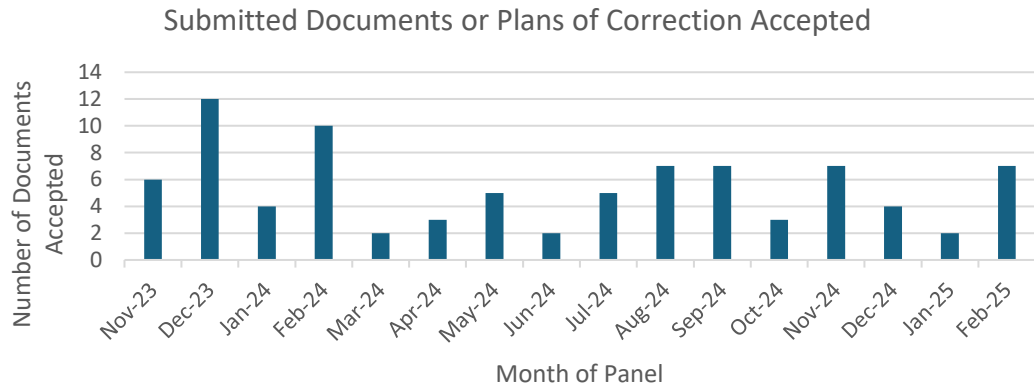
Change Requests.

The number of decisions reached and accompanying letters of decisions sent to programs regarding substantive change requests by the month of NPAP panel.



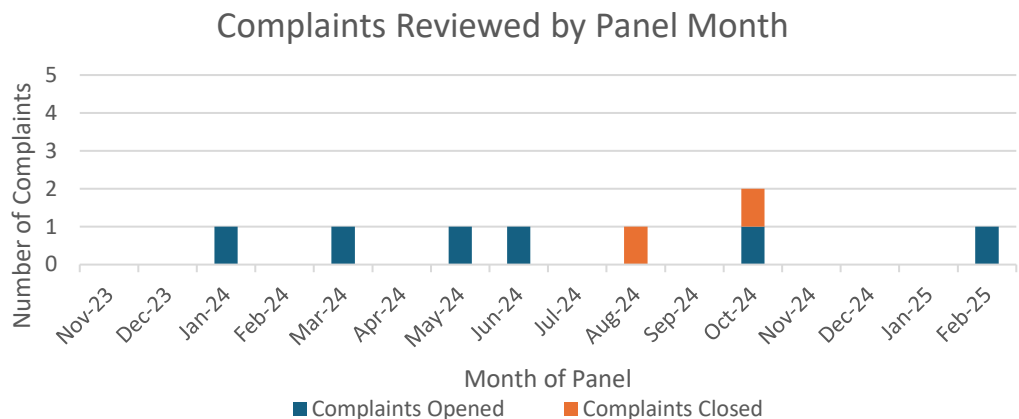
Accepted Documents.

The number of submitted documents or plans or correction that were accepted at NPAP meeting panels per month.



Program Complaints.

The number of complaints that were either opened or closed at NPAP meetings by panel month.

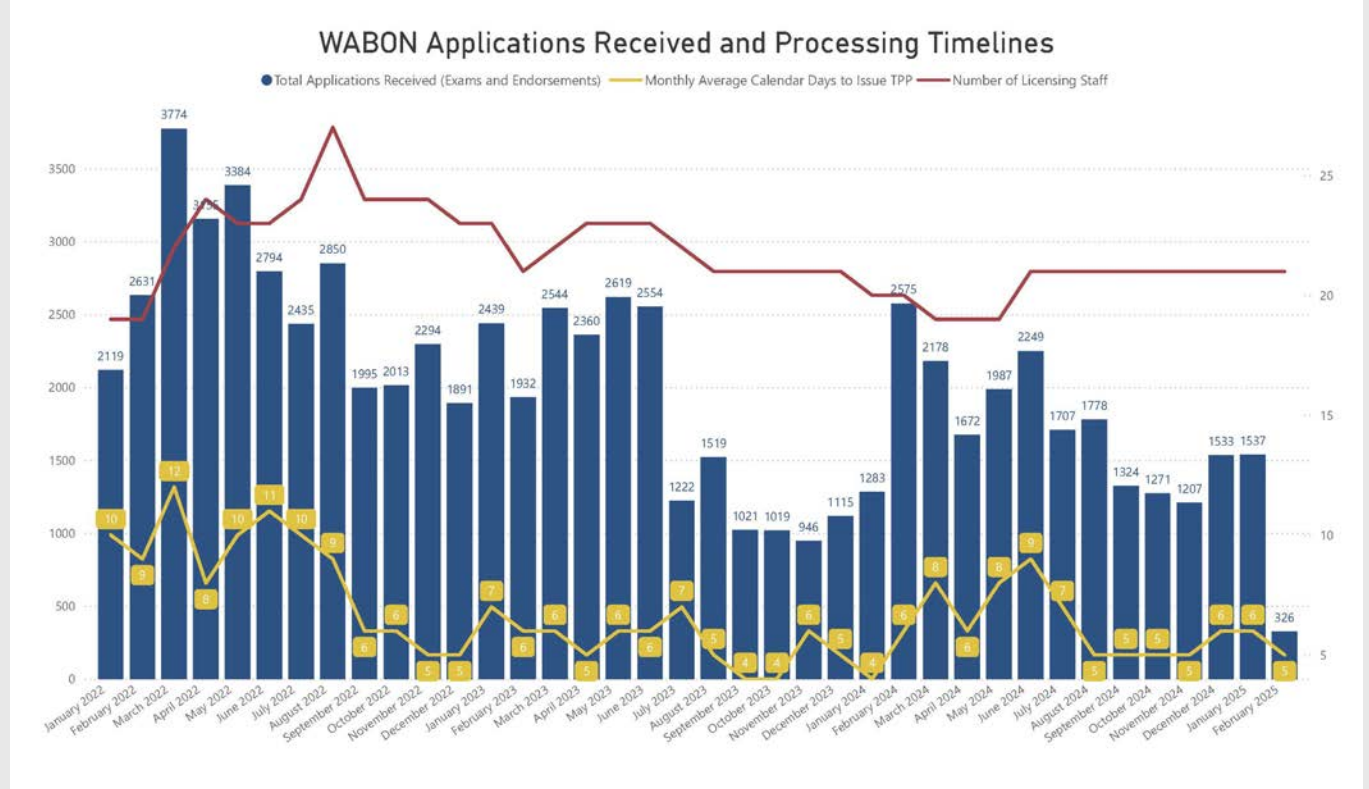


Nurse Licensure Timelines

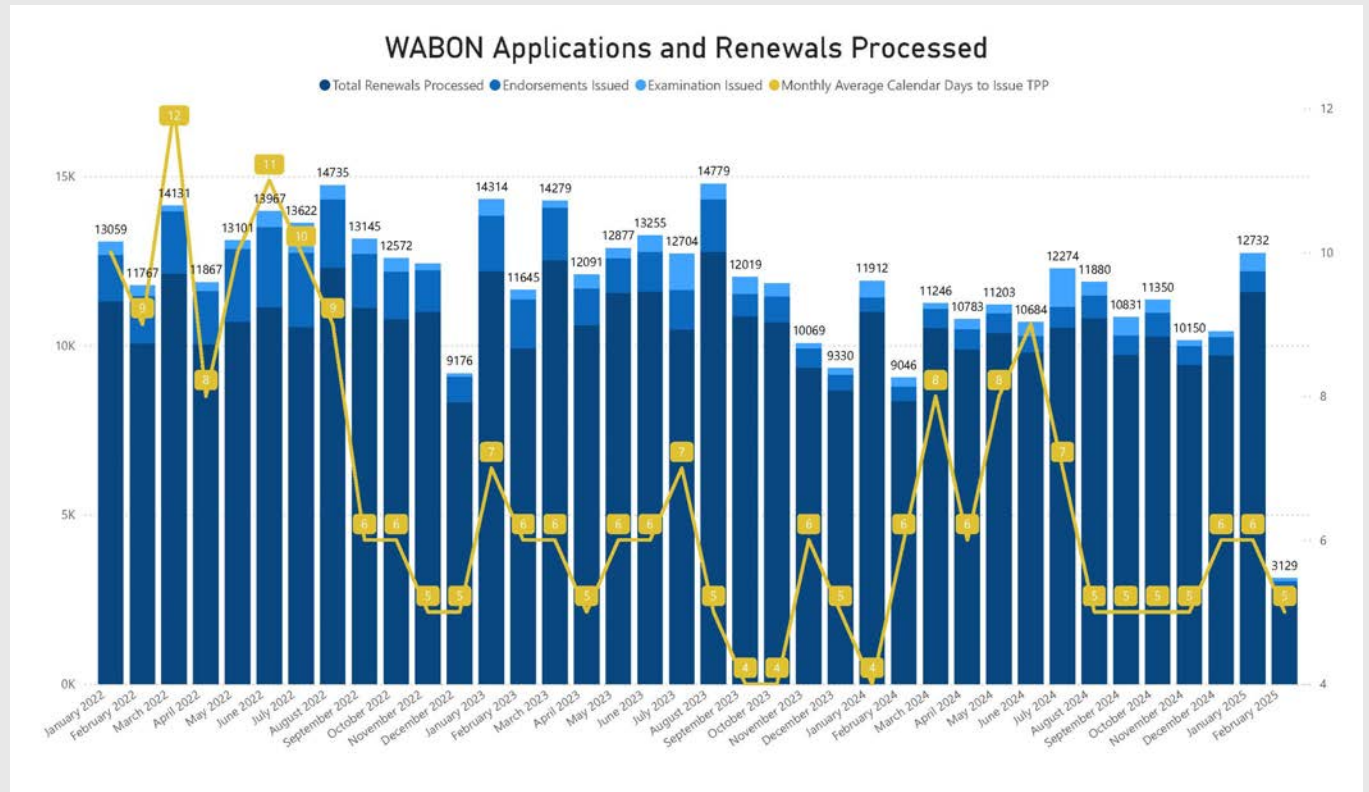
Update: Monday, February 17, 2025

For the week of Monday, February 17, 2025, the current processing time to issue a TPP is four days (including weekends and holidays). For the month of January 2025, the average processing time to issue a temporary practice permit (TPP) was six days.

The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for WABON since January 2022. The WABON received 1,537 new applications during January 2025. Of the applications received, 404 applications were MSL upgrade applications from nurses with a current active WA single state license.



The second chart on this report reflects the monthly outputs from the WABON. In January 2025, the WABON issued a total of 1,201 new nursing licenses. In addition, 13,121 nursing renewals were completed.



Note: *Temporary practice permits (TPP) are issued to nursing applicants who meet all licensure requirements, except for the FBI fingerprint background check. A preliminary background check is completed on all applications received by the WABON. The average days to process complete TPPs is based upon applications received that do not require an application deficiency email to the applicant, other than to complete the fingerprint background check. Applications that require a deficiency email are omitted from the report since this delay is outside of the WABON's control.

WABON Business Meeting
March 14, 2025

WCN/DOH/WABON Quarterly Meeting

January 27, 2025

Attendees: Tracy Rude, Jonnita Thompson, Sheryl Hilt, Alison Bradywood, Sofia Aragon, Antwinette Lee, Frank Kohel, Melissa Hutchinson, Jacob Garcia, Dawn Morrell

Call to order: 1:00 PM

1) Contract Scoping – Alison Bradywood

Alison requested WCN's scoping for a six-month contract, Sofia inquired about the need for an RFP as a step within the contract.

Alison and Jonnita explained the RFP is not required per the RCW. Melissa requested further clarification regarding the RFP.

Sofia inquired how does that play out? Alison requested clarification on the Sofia's inquiry. Sofia clarified regarding how the funds would be distributed, Alison discussed that would be the Board's decision which final determination for the future post the 6 months (decision is likely in May or July). The hope of the board is to not have a gap in service.

Dawn and Jacob clarified their understanding of what is needed within the contract.

ACTION: Jonnita to set up another meeting with Contracts to offer clarification regarding the RFP.

WCN Priorities:

- a. Burnout - recommendations from the workgroup
- b. Regularity workforce data - Diversity, Nursing Faculty
- c. WCN Strategic Plan
- d. Multicultural Nursing Organizations - working collaboratively in such courses as "so you want to be a nurse" - nursing recruitment
- e. CNEWS - expanded DEI training (progression of training) going statewide
- f. Increasing clinical practice in the state of Washington (increasing faculty, clinical) to increase graduating nurses
- g. Civility in nursing - supporting new nurse leaders
- h. Supply and Demand - better or worse
- i. Clinical placements

ACTION: WCN will start the first draft of the 6-month contract.

2) Clear impact and Implementation Status – Sofia Aragon

Sofia reported the WCN has meet with Marcus, is meeting with Regina Deglass regarding deliverables - DOH is shifting into new leadership - differing ideas on performance measures - based on deliverables in the contract. Recommend adding to contract work with Dr. Carter regarding processes. WCN is waiting for a contract and statement of work. They will be meeting with Dr. Carter in late January.

ACTION: WCN and WABON retreat - virtual - to be scheduled with key board members post conversation regarding costs concerns and state shortfall.

3) Deliverables Check-in – Sofia Aragon

Sofia reported All deliverables have been met - Sofia appreciated the feedback and the clarity of the questions/feedback. Jacob gave kudos on the smart goals, the process for the prereview will go directly to the reviewers.

8.1 was briefly discussed in regard to disbursement pattern. DOH recommended not changing it at this time due to licensing volume.

ACTION: to be revisited in the next quarter with a quarterly report on licensure count (which is on their standard report shared with WCN). Possible change of the coversheet to promote clarity with feedback.

4) Other Business

WCN assisted in advertising SHIFT - Sofia asked WABON to clarify the use the logo by framing the request in such a way to have the correct resolution of the logo used.

Next meeting - April 21, 2025

Closing - 1:57 pm



**WCN/WABON CHECK IN Meeting
January 30, 2025
Minutes**

Present: Alison Bradywood, Sofia Aragon, Bethany Mauden, Frank Kohel
 Guest: Dr. Adrian Carter, Facilitator

Topics	Discussion	Action Needed
Call to Order		11:00 AM
1. Facilitator Introduction	Sofia introduced the facilitator; Dr. Carter was introduced. He would like to schedule time to meet individually with Alison and Sofia. A climate survey along with a calendar is being developed by Dr. Carter and will be sent to the group on completion.	Dr. Carter is working on scheduling a session with both groups. Alison sent a link to Dr. Carter to schedule some time.
2. Next Meeting - February 27, 2025		

Adjourned: 11:18 AM



**WCN/WABON CHECK IN Meeting
February 27, 2025
Minutes**

Present: Alison Bradywood, Bethany Mauden, Frank Kohel
Not present: Sofia Aragon

Topics	Discussion	Action Needed
Call to Order		11:30 AM
Draft Contract Proposal	WCN submitted a draft contract proposal for the six-month extension.	Currently under review with WABONs team.
Upcoming Meetings	<ul style="list-style-type: none"> • WCN Board of Directors Meeting - March 7, 2025 • WABON Business Meeting – March 14, 2025 	Alison will be attending the WCN Board of Director’s meeting.
Next Meeting - March 27, 2025		

Adjourned: 11:42 AM

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Anonymous Complaints	Number:	A07.05
Reference:			
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)		
Effective Date:	March 14, 2025	Date for Review:	March 14, 2027
Supersedes:	A07.04 – March 10, 2023 A07.03 – May 10, 2019 A07.02 – July 1, 2005 A07.01 – January 19, 1996		
Approved:			
	Dawn Morrell , BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

This procedure provides guidance for the Case Management Team (CMT) regarding anonymous complaints against nurses. The Washington State Board of Nursing (Board) recognizes that a complainant who files a report anonymously often does so out of fear of retaliation.

PROCEDURE:

CMT will generally not authorize anonymous complaints of misconduct by a nurse unless at least one of the following is present in the complaint:

1. There is a clear threat to patient safety.
2. The anonymous complainant identifies a witness(es) to the alleged misconduct.
3. The complainant provides documents supporting the allegations.
4. CMT determines whether there are verifiable investigative leads that investigators can follow.

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Expedited Case Closure Following Initial Investigation	Number: A22. 07
Reference:	RCW 18.130.050 – Authority of disciplining authority	
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)	
Effective Date:	March 14, 2025	Date for Review: March 14, 2027
Supersedes:	A22.06 - January 31, 2023 A22.05 - March 11, 2020 A22.04 - January 9, 2004 A22.01-.03 - May 1, 1998 through November 1, 1998	
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)	

Purpose:

This procedure defines the process to expedite the resolution of cases that appear appropriate for closure after initial investigation to conserve scarce resources and allow staff and Washington State Board of Nursing (Board) members to meet timelines for serious complaints.

Procedure:

- I. Generally, when the Case Management Team (CMT) authorizes a report for investigation, the investigator will conduct a complete and thorough investigation.

- A. When initial efforts by the investigator clearly reveal the complaint is unsubstantiated, lacks jurisdiction, or is below threshold per Procedure A06 *Review of Board of Nursing Reports*, the investigator may return the case to CMT with a recommendation to close after they confer with the investigations supervisor.
 - B. The investigator need not finalize a formal investigative report prior to requesting such a re-evaluation but rather submit the information on a summary memorandum with the file for review. The assigned investigator may make more than one request for re-evaluation during the investigation.
 - C. CMT may refer the request for closure to a reviewing board member when the circumstances of the complaint and its investigation warrant.
- II. Discipline staff will record the closure of complaints in the regulatory database and notify the respondent and complainant according to applicable laws.

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Evaluators in Nurse Discipline Cases	Number:	A24.13
Reference:	RCW 18.79 – Nursing Care RCW 18.130.170 – Capacity of a license holder to practice – Hearing – Mental or physical examination – Implied consent		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services (WHPS) Washington State Board of Nursing (WABON)		
Effective Date:	March 14, 2025	Date for Review:	March 14, 2027
Supersedes:	A24.12 - March 10, 2023 A24.11 - April 18, 2017 A24.10 - November 13, 2015 A24.09 - September 13, 2013 A24.08 - September 6, 2011 A24.07 - May 14, 2010 A24.06 - November 13, 2009 A24.05 - November 14, 2008 A24.04 - July 13, 2007 A24.03 - July 1, 2005 A24.02 - September 10, 2004 A24.01 - September 13, 2002		
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

The Washington State Board of Nursing (Board) sets minimum standards for evaluators qualified to conduct mental and/or physical health, sexual deviancy, sexual or other misconduct, boundary violations, or any other applicable specialty evaluations on licensed nurses. Such evaluations may be required in Interim Orders, Agreed Orders and Final Orders. Board staff apply these criteria when the Board requires an evaluation of licensees.

PROCEDURE:

I. The Board legal services ensures potential evaluators submit all required documents and meet all Board-approved minimum standards.

A. Legal services will maintain an active roster of qualified evaluators.

B. Minimum standards for evaluators include:

1. Licensed in one of the following specialties: Board Certified Psychiatrist, Board Certified Physician, Psychologist with a PhD, Advanced Registered Nurse Practitioner holding national certification in the area of specialization, certification as a Sexual Offender Treatment Provider and/or certification as a Mental Health Evaluator.
2. No disciplinary action in any state.
3. Minimum of five (5) years of experience in assessment and treatment in the area of specialization.
4. Presentation of a current curriculum vitae reflecting formal education, work and research experience, professional activities, and specialized training.
5. Knowledge of nursing practice or experience in evaluating nurses or other health professionals is desirable.
6. Agreement to schedule a licensee for evaluation within a reasonable time and to complete and submit the evaluation per Board protocol below to meet the schedule of the Order.

C. A Board panel with delegated authority (such as case management or case disposition panels) may approve certain exceptions to the evaluator minimum standards.

II. Protocol for conducting a mental/physical health evaluation on a licensed nurse

A. The scope and content of a mental/physical health evaluation must include consideration of the following when rendering a professional opinion regarding the Respondent's ability to practice nursing with reasonable skill and safety:

1. A complete history of the Respondent, including physical, mental, social, developmental, medical, psychiatric or psychological factors.
2. Review of Respondent's medical records, including physical and mental health records, as needed.
3. Review of Respondent's medication history, especially use of mind-altering and/or psychotropic medications.
4. Cognitive ability: Nursing requires the ability to analyze and synthesize complex scientific, clinical, diagnostic, quantitative and qualitative data quickly and accurately.
 - a) Mental acuity, alertness, memory.
 - b) Communication and comprehension.
 - c) Any diagnosed mental disorder that might prevent nursing with reasonable skill and safety.

B. Special conditions for evaluation if a reviewing board member requests:

1. Review and evaluation of other physical and/or mental, psychiatric, psychological examinations deemed necessary by the evaluator.
 2. Review and comment on the material supplied by the Board upon which the board bases its belief that an evaluation of the Respondent is appropriate.
 3. Review of any other physical, mental, psychiatric, psychological, sociological or relevant information provided by the Respondent.
- C. The evaluator's report should include a full and detailed discussion of the following:
1. Respondent's condition or diagnosis.
 2. Conclusions and prognosis.
 3. Any of the above that the evaluator was not able to assess.
 4. Recommendations regarding the need for ongoing care and treatment.
 5. Professional opinion regarding Respondent's ability to practice nursing with reasonable skill and safety.
- III. The evaluation and written report are not privileged. The Respondent must sign an "Authorization to Release Confidential Records and Information" directed to the Board Legal Unit. Board members and staff may discuss the evaluation with evaluators and information may be shared between staff, board members, and evaluators.

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Case Disposition Panels	Number: A25.08
Reference:	RCW 18.130.050 – Authority of disciplining authority RCW 18.130.060(2) – Additional authority of secretary	
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services (WHPS) Washington State Board of Nursing (WABON)	
Effective Date:	March 14, 2025	Date for Review: March 14, 2027
Supersedes:	A25.07 – January 30, 2023 A25.06 – October 1, 2014 A25.05 – September 13, 2013 A25.04 – August 1, 2012 A25.03 – July 10, 2005 A25.02 – August 24, 2000 A25-01 – September 13, 2019	
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)	

PURPOSE:

The Washington State Board of Nursing (Board) uses a three-member panel, the Case Disposition Panel (CDP), to determine the disposition of discipline cases for charging and closure. The board chair assigns a chair and alternate chairs to the panel at the business meeting each July. Members of CDP include any member or pro-tem member of the board who is involved in disciplinary work and is available. Members of CDP may sit on final hearing panels. Panels promote consistency in the level of charging and discipline for similar types of violations. New board members attend CDP to learn about the disciplinary process before they begin reviewing cases.

PROCEDURE:

- I. Case Disposition Panel
 - A. All panels require three board members, including one chair.
 1. The panel chair or alternate chair must be a board appointed by the Board chair.
 2. The other panel members can either be board members or pro-tem board members.
 3. Pro-tems cannot act as chair.
 - B. Also present at case disposition panel meetings:
 1. Reviewing board members (RBM), which may include pro-tems.
 2. Staff attorney.
 3. Staff scribe to facilitate the meeting.
 4. Investigator, if the RBM requests for a specific case.
- II. Meetings
 - A. The panel is set for a specific day of the week.
 - B. Staff facilitator will contact RBMs for availability to be panel members.
 - C. Staff facilitator will send out a CDP calendar to all RBMs once panels are set.
 - D. Special meeting times may be set to accommodate RBM schedules.
- III. Case Assignments
 - A. Staff assigns each case to an RBM (if applicable) after the investigation is completed.
 - B. Staff sends a cover memo with each case, outlining the final date for CDP presentation and the assigned staff attorney. The RBM must present no more than 45 days from assignment.
 - C. The assigned staff attorney reviews the case file and provides information to the RBM.
 - D. The RBM reviews the case file.
 - E. The RBM contacts the staff attorney in advance of the meeting to discuss and resolve legal concerns or questions.
 - F. The RBM contacts the staff facilitator to set the time for the presentation to CDP. The RBM provides staff with the case name, case number, and RBM contact number.
- IV. Case Presentation and Decision Making
 - A. In cases with an assigned RBM, the RBM should present their case(s) to the panel for discussion and the panel's decision. The RBM may choose to have the staff attorney assist in presenting the case.
 - B. Following discussion, the panel reaches consensus regarding the disposition of the case and proposed sanctions, if applicable. In the event the panel cannot reach a consensus, a majority of the panel decides the disposition option.
 - C. Disposition options include, but are not limited to:
 1. case closure
 2. informal action – Statement of Allegations (SOA)
 3. formal action – Statement of Charges (SOC)
 4. summary action
 5. Early Remediation Program (ER).
 - D. The RBM may leave the call after presenting their case(s).
- V. Documentation
 - A. The staff facilitator documents CDP decisions.
 - B. The staff facilitator verifies the decisions with the CDP.

- C. The staff facilitator completes an electronic worksheet for each case to document the meeting time, date, members present, and panel decision.
- D. If the panel requests, the staff facilitator will document and forward a case to another part of the department and/or complaint intake to open a case on another licensee.

DRAFT

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Use of Sanction Standards in Disciplinary Action	Number:	A27.14
Reference:	RCW 18.130.180 – Unprofessional conduct RCW 18.130.160 – Finding of unprofessional conduct		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)		
Effective Date:	March 14, 2025	Date for Review:	March 14, 2027
Supersedes:	A27.13 - September 9, 2016 A27.12 - September 13, 2013 A27.11 - March 8, 2013 A27.10 - November 18, 2011 A27.09 - November 19, 2010 A27.08 - March 13, 2009 A27.07 - November 16, 2007 A27.06 - September 8, 2006 A27.05 - July 1, 2005 A27.04 - January 9, 2004 A27.03 - September 12, 2003 A27.02 - January 10, 2020 A27.01 - March 10, 2023		

Approved:

Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)

PURPOSE:

The Washington State Board of Nursing (Board) provides consistency and uniformity in disciplinary sanctions for similar violations. Upon finding that a license holder or applicant has committed unprofessional conduct or is unable to practice with reasonable skill and safety due to a physical or mental condition, the Board may issue an order taking action against a license holder or applicant. The Board has determined that it is in the best interest of license holders, applicants, and the public to adopt "sanction standards" for common violations.

PROCEDURE:



- I. A reviewing Board member (RBM), case disposition panels (CDP), and hearing panel will utilize Board-approved sanction standards to determine sanctions.
 - A. Attachment A contains Registered Nurse (RN) and Licensed Practical Nurse (LPN) sanctions.
 - B. Attachment B contains Advanced Registered Nurse Practitioner (ARNP) sanctions.

- II. In the course of determining sanctions imposed in an order or stipulation to informal disposition, the Board may consider the following nonexclusive list of factors that may mitigate or aggravate the sanctions.
 - A. Factors related to the misconduct:
 1. Gravity of the misconduct
 2. Age, capacity and/or vulnerability of the patient, client or victim
 3. Number or frequency of the acts of misconduct
 4. Injury caused by the misconduct
 5. Potential for injury to be caused by the misconduct
 6. Degree of responsibility for the outcome
 7. Abuse of trust
 8. Intentional or inadvertent act(s)
 9. Motivation is criminal, immoral, dishonest, or for personal gain
 10. Length of time since the misconduct occurred
 - B. Factors related to the license holder:
 1. Experience in practice
 2. Past disciplinary record
 3. Previous character
 4. Mental and/or physical health
 5. Personal circumstances
 6. Personal problems having a nexus with the misconduct
 - C. Factors related to the disciplinary process:
 1. Admission of key facts
 2. Full and free disclosure to the disciplining authority
 3. Voluntary restitution or other remedial action
 4. Bad faith obstruction of the investigation or discipline process or proceedings
 5. False evidence, statements, or deceptive practices during the investigation or discipline process or proceedings
 6. Remorse or awareness that the conduct was wrong
 7. Impact on the patient, client, or victim
 - D. General factors:
 1. License holder's knowledge, intent, and degree of responsibility

2. Presence or pattern of other violations
3. Present moral fitness of the license holder
4. Potential for successful rehabilitation
5. Present competence to practice
6. Dishonest or selfish motives
7. Illegal conduct
8. Heinousness of the misconduct
9. Ill repute upon the profession
10. Isolated incident unlikely to reoccur

Attachment A
Washington State Board of Nursing

**Sanction Standards for RN and LPN
Violations Involving Documentation Errors**

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
I. Documentation Errors – 1 – 2 Times Only Within Short Time Period, i.e., Over 1-2 Shifts	Risk of Recurrence	No or Minimal Patient Harm or Low Risk of Harm	Close case NOC SOA	N/A N/A 0-3 yrs	N/A N/A Cost Recovery \$1000 per violation	N/A	N/A
II. Pre-Charting Procedures Or Medications	Risk of Recurrence	No or Minimal Patient Harm or Low Risk of Harm	SOA/STID	0-3 yrs Until successful completion of coursework	Cost Recovery \$1000 per violation	1. 6 Contact hour course in Documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module	1. 90 days 2. 90 days 3. 120 days 4. 90 days
III. Falsification of Records Deliberate changing or falsification of documentation to cover up error One or more of the following: <ul style="list-style-type: none"> Documenting care not provided Charting incorrect patient condition Changing charting to cover up practitioner error or omission 	Risk of Recurrence <u>Likely Cause(s) of Error:</u> <ul style="list-style-type: none"> Lack of fiduciary concern Error in performance of procedure or intervention Poor judgment 	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	 Fine/Cost Recovery  \$1000 per violation	1. 24 Contact hour Documentation course 2. Obtain passing score 3. Submit course evaluation for approval 4. 12 Contact hour Nursing Ethics course 5. Obtain passing score 6. Submit evaluation for approval 7. Notification to current & future employers 8. Employer reports- quarterly 9. Direct RN supervision 10. No employment with an agency, home health, hospice, community care settings 11. JP Module	1. 120 days 2. 120 days 3. 150 days 4. 90 days 5. 90 days 6. 120 days 7. Duration 8. Duration 9. Unless modified 10. Unless modified 11. 90 days

IV – VI Related to Documentation of Patient Assessment & Observations

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>IV. Developing Pattern of Documentation Errors and/or Omissions</p> <p><i>Related to Patient Assessment & Observations</i></p> <p>2 to 4 of the following type(s):</p> <ul style="list-style-type: none"> • Missing assessment • Inappropriate or inaccurate assessment • Lack of attentiveness to changing condition • Failure to recognize signs & symptoms 	<p>Risk of Recurrence</p> <p><u>Likely Cause(s) of Error:</u></p> <ul style="list-style-type: none"> • Inappropriate clinical judgment • Lack of time management skill & organizational ability <p><i>Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Cost Recovery \$1000 per violation</p>	<p>1. 24 Contact hour course in Patient Assessment including appropriate language on documentation</p> <p>2. Obtain passing score</p> <p>3. Submit course evaluation for approval</p> <p>4. JP Module</p>	<p>1. 120 days</p> <p>2. 120 days</p> <p>3. 150 days</p> <p>4. 90 days</p>

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>V. Established Pattern Of Documentation Errors and/or Omissions of Essential Patient Information</p> <p><i>Related To Patient Assessment & Observations</i></p> <p>Errors/Omissions of the Following type(s):</p> <ul style="list-style-type: none"> • Missing assessment • Inappropriate or inaccurate assessment • Lack of attentiveness to changing condition • Failure to recognize signs & symptoms • Failure to document patient deterioration, pain, agitation or other signs of complications or reaction to illness or therapies 	<p><u>Likely Cause(s) of Error:</u></p> <ul style="list-style-type: none"> • Practitioner lacked adequate knowledge or competence • Lack of time management skill & organizational ability • Inappropriate clinical judgment • Disregard for patient safety & well being <p><i>Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Fine/Cost Recovery \$1000 per violation</p>	<ol style="list-style-type: none"> 1. 24 Contact hour course in Patient Assessment including documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. Worksite monitor to provide 40 hours of oversight of assessment & documentation 5. Notice to current & future employers 6. Employer reports quarterly 7. JP Module 	<ol style="list-style-type: none"> 1. 120 days 2. 120 days 3. 150 days 4. 160 days 5. Duration 6. Duration 7. 90 days

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>VI. Significant Error(s) In Documentation of Essential Patient Information</p> <p><i>Related To Patient Assessment & Observations With</i></p> <p>One or more of the following type(s):</p> <ul style="list-style-type: none"> • Missing or inaccurate assessment • Lack of attentiveness • Failure to recognize signs & symptoms • Failure to document patient deterioration, pain, agitation or other signs of complications or reaction to illness or therapies 	<p>Risk of Recurrence</p> <p><u>Likely Cause(s) of Error(s):</u></p> <ul style="list-style-type: none"> • Practitioner lacked adequate knowledge or competence • Inappropriate clinical judgment • Disregard for patient safety & well being • Lack of attentiveness or surveillance <p><i>Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Patient Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Fine \$1000 per violation</p>	<p>1..24 Contact hour course in Patient Assessment including documentation</p> <p>2. Obtain passing score</p> <p>3. Submit course evaluation for approval</p> <p>4. Notice to current & future employers</p> <p>5. Employer reports quarterly</p> <p>6. Indirect supervision</p> <p>7. Worksite monitor to provide 40 hours of oversight of assessment & documentation</p> <p>8. No employment with agency, home health, hospice community-based care settings</p> <p>9. JP Module</p>	<p>1. 120 days</p> <p>2. 120 days</p> <p>3. 150 days</p> <p>4. Duration</p> <p>5. Duration</p> <p>6. Duration</p> <p>7. 160 days</p> <p>8. Unless modified</p> <p>9. 90 days</p>

VII & VIII Related to Documentation of Medication Administration, Procedures and Treatments

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>VII. Developing Pattern Of Errors and/or Omissions In Documentation</p> <p><i>Related To Medication Administration, Procedures & Treatments</i></p> <p>2-4 of the following type(s):</p> <ul style="list-style-type: none"> • Missed medications and/or treatments • Misrepresentation of patient’s condition • Failure to document care that has been provided 	<p>Risk of Recurrence</p> <p><u>Likely cause(s) of Error:</u></p> <ul style="list-style-type: none"> • Failure to follow agency policy • Lack of adequate knowledge or competence • Disregard for patient safety & well being <p><i>Consider individual practice responsibility and system influence and nurse’s demonstration of experiential learning</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yr</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Cost Recovery \$1000 per violation</p>	<p>1. 24 hr Documentation class 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module</p>	<p>1. 120 days 2. 120 days 3. 150 days 4. 90 days</p>

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>VIII. Established Pattern of Errors and/or Omissions In Documentation</p> <p>Related To Medication Administration, Procedures & Treatment</p> <p>5 or more of the following type(s):</p> <ul style="list-style-type: none"> • Missed medications and/or treatments • Misrepresentation of patient's condition • Failure to document care that has been provided 	<p>Risk of Recurrence</p> <p><u>Likely cause(s) of Error:</u></p> <ul style="list-style-type: none"> • Failure to follow agency policy • Lack of adequate knowledge or competence • Disregard for patient safety & well being • Poor judgment <p><i>Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Patient Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Fine/Cost Recovery \$1000 per violation</p>	<ol style="list-style-type: none"> 1. 24 hr. Documentation class 2. Obtain passing score 3. Submit course evaluation for approval 4. Notice to current & future employers 5. Employer reports quarterly 6. Indirect supervision 7. Worksite monitor to provide 40 hours of oversight of documentation 8. JP Module 	<ol style="list-style-type: none"> 1. 120 days 2. 120 days 3. 150 days 4. Duration 5. Duration 6. Duration 7. 180 days 8. 90 days

**Sanction Standards for RN and LPN
Violations Involving Failure to Assess and/or Intervene on the Patient's Behalf**

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>I. Failure To Assess and/or Intervene on The Patient's Behalf</p> <p><i>Error(s) of the following type:</i></p> <ul style="list-style-type: none"> • <i>Failure to promptly assess</i> • <i>Failure to adequately assess</i> • <i>Failure to recognize and/or detect signs & symptoms</i> • <i>Faulty intervention</i> • <i>Failure to call for Assistance</i> • <i>Failure to notify physician or other provider</i> • <i>Failure to properly initiate CPR</i> 	<p>Risk of Recurrence</p> <p>Likely Cause(s) of Error/Omission:</p> <ul style="list-style-type: none"> • Lack of attentiveness • Inadequate clinical judgment • Faulty logic due to use of rote action • Lack of appropriate priorities • Poor or faulty monitoring • Lack of agency/ fiduciary concern <p><i>Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Fine \$1000 per violation</p>	<p>1. 24 Contact hour course on Patient Assessment, obtain passing score, submit evaluation data</p> <p>2. Six contact hour course on Nursing Ethics, obtain passing score, submit evaluation data</p> <p>3. Notice to current & future Employers</p> <p>4. WABON permission for Employment</p> <p>5. No employment in temporary agency, home health, hospice or community-based agency</p> <p>6. Employer reports addressing clinical judgment & decision-making ability-quarterly</p> <p>7. Personal reports – quarterly</p> <p>8. Indirect RN supervision, No charge or supervisory responsibilities</p> <p>9. JP Module</p>	<p>1. 120 days</p> <p>2. 90 days</p> <p>3. Duration</p> <p>4. Unless modified</p> <p>5. Duration</p> <p>6. Duration</p> <p>7. If working as nurse</p> <p>8. Unless modified</p> <p>9. 90 days</p>

Description of Violation	Aggravating & Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>II. Failure to Recognize Risk Factors and Implement Prevention Techniques to Avoid Predictable, Preventable Condition(s)</p> <p>Existence of a Preventable Condition Including Decubiti, Stasis Pneumonia, Incidence Of Falls</p> <p><i>Errors or Omissions of the following type:</i></p> <ul style="list-style-type: none"> • Failure to anticipate and/or recognize risk factors] • Failure to implement prevention techniques to reduce patient risk • Faulty intervention • Breach of infection precautions • Failure to recognize equipment failure 	<p>Risk of Recurrence</p> <p>Likely Cause(s) of Error/Omission:</p> <ul style="list-style-type: none"> • Lack of attentiveness • Inadequate clinical judgment • Lack of appropriate priorities • Poor or faulty monitoring • Lack of evaluation of patient response to therapy • Failure to evaluate effectiveness of intervention <p><i>Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning</i></p>	No or Minimal Patient Harm or Low Risk of Harm	SOA/SOC	0-3 yrs	Fine \$1000 per violation	<p>1. 24 Contact hour course on Patient Assessment, obtain passing score, submit evaluative data</p> <p>2. Six contact hour course on Patient Safety, obtain passing score, submit evaluative data</p> <p>3. Notice to current & future Employers</p> <p>4. No employment in temporary agency, home health, hospice or community-based agency</p> <p>5. Employer reports addressing clinical judgment & decision-making ability – quarterly</p> <p>6. Personal reports – Quarterly</p> <p>7. Indirect RN supervision, No charge or supervisory responsibilities</p> <p>8. JP Module</p>	1. 120 days
		Patient Harm of Risk of Severe Patient Harm	SOA.SOC	2-5 yrs			3. Duration
		Severe Harm or Death	SOC	3 yr Minimum			4. Duration
						5. Duration	6. If working as nurse
							7. Unless modified
							8. 90 days

**Sanction Standards for RN and LPN
Violations Involving Medication Errors**

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>I. Practice of Pre-Pouring and/or Pre-Charting Medications</p>	<p>Risk of Recurrence</p> <p><u>Likely Cause of Practitioner Error</u></p> <ul style="list-style-type: none"> Lack of <u>knowledge of nursing standards</u> Failure to follow agency policy <p>See appendix for more aggravating and mitigating factors</p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Patient Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Cost Recovery \$1000 per violation</p>	<p>1. Six contact hour course in Time Management</p> <p>2. Obtain passing score</p> <p>3. Submit course evaluation for approval</p> <p>4. JP Module</p>	<p>1. 90 days</p> <p>2. 90 days</p> <p>3. 120 days</p> <p>4. 90 days</p>
<p>II. Developing Pattern of Medication Errors</p> <p><u>2 to 5 Errors of the Following Type(s):</u></p> <ul style="list-style-type: none"> Missed dose(s) Wrong time Wrong dose Wrong frequency Wrong IV rate-wrong dose Wrong patient Wrong route 	<p>Risk of Recurrence</p> <p><u>Likely Cause of Practitioner Error:</u></p> <ul style="list-style-type: none"> - Failure to follow “six rights” for safe medication administration - Lack of time management skill & organizational Ability <p><i>Consider individual practice responsibility and system influence and nurse’s demonstration of experiential learning</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Cost Recovery \$1000 per violation</p>	<p>1. 60 Contact hour course in Safe Medication Administration, including a minimum of 20 hours of theory and 40 hours of RN supervised medication administration</p> <p>2. Obtain passing score</p> <p>3. Submit course evaluation for approval</p> <p>4. Six Contact hour course in time management at RBM discretion</p> <p>5. JP Module</p>	<p>1. 90 days</p> <p>2. 90 days</p> <p>3. 120 days</p> <p>4. RBM discretion</p> <p>5. 90 days</p>

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p align="center">III. Established Pattern of Medication Errors</p> <p>Six or More Errors of the Following Type(s):</p> <ul style="list-style-type: none"> • Missed dose(s) • Wrong time • Wrong dose • Wrong frequency • Wrong IV rate delivering wrong dose • Wrong patient • Wrong route 	<p>Risk of Recurrence</p> <p><u>Likely Cause of Practitioner Error:</u></p> <ul style="list-style-type: none"> • Failure to Follow “six rights” for safe medication administration • Lack of time management skill & organizational ability <p><i>Consider individual practice responsibility and system influence and nurse’s demonstration of experiential learning</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Fine \$1000 per violation</p>	<ol style="list-style-type: none"> 1. 60 Contact hour course in Safe Medication Administration, including minimum of 20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain passing score 3. Submit course evaluation for approval 4. Current & future employer notification & reports 5. Worksite monitor to provide additional 40-120 hours supervision of medication administration (If licensee is an LPN, an LPN may provide supervision) 6. 6 Contact hour course in time management at RBM discretion 7. JP Module 	<ol style="list-style-type: none"> 1. 90 days 2. 90 days 3. 120 days 4. Quarterly unless modified 5. Six to nine months 6. 6. RBM discretion 7. 90 days

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>IV. Pattern of Medication Errors</p> <p>2 or More Errors of the Following Type(s):</p> <ul style="list-style-type: none"> • Wrong IV rate delivering wrong dose of medication • Wrong concentration or dosage of medication delivered IV • Wrong route • Wrong medication • Wrong dose • Wrong patient • Wrong time 	<p>Risk of Recurrence</p> <p><u>Likely Cause of Practitioner Error:</u></p> <ul style="list-style-type: none"> • Failure to Follow “six rights” for safe medication administration • Lack of adequate knowledge or competence for administering medication • Disregard for patient safety & well being <p><i>Consider individual practice responsibility and system influence</i></p> <p><i>Consider nurse’s demonstration of experiential learning</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Fine \$1000 per violation</p>	<ol style="list-style-type: none"> 1. 60 Contact hour course In Safe Medication Administration, including a minimum of 20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain a passing score 3. Submit course evaluation 4. Current and future employer notification & employer reports quarterly 5. WABON approval for employment 6. No charge, floating, agency, home health, hospice, etc. 7. Worksite monitor to provide additional 40 – 120 hours supervision of medication administration (If licensee is an LPN, an LPN may provide supervision) 8. Indirect RN supervision 9. JP Module 	<ol style="list-style-type: none"> 1. 90 days 2. 90 days 3. 120 days 4. Quarterly unless modified 5. Unless modified 6. Unless modified 7. Six to nine months 8. Unless modified 9. 90 days

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Cost Recovery or Fine	Conditions	Time to Complete
<p>V. Single Significant Medication Error</p> <p><u>Type of Error:</u></p> <ul style="list-style-type: none"> • Wrong concentration or dosage of medication delivered IV • Wrong route • Wrong medication • Wrong dose • Wrong patient • Wrong time 	<p>Likelihood of Recurrence Low → Serious</p> <p>Risk to Future Patients Low → Serious</p> <p><u>Likely Cause(s) of Practitioner Error</u></p> <ul style="list-style-type: none"> - Medication with similar name or packaging - Medication not commonly used - Patient allergic - Missed/Mistaken Physician Order - Practitioner lacked adequate knowledge or competence for administering medication - Medication required testing to ensure proper therapeutic levels - Inadequate or inaccurate patient assessment - Inappropriate clinical judgment <p><u>Potential System Contributor(s):</u></p> <ul style="list-style-type: none"> - High-alert medication with no system controls to monitor or prevent error <p><i>Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning.</i></p>	<p>No or Minimal Patient Harm or Low Risk of Harm</p> <p>Patient Harm or Risk of Severe Patient Harm</p> <p>Severe Harm or Death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOC</p>	<p>0-3 yrs</p> <p>2-5 yrs</p> <p>3 yr Minimum</p>	<p>Fine \$1000 Per violation</p>	<ol style="list-style-type: none"> 1. 60 Contact hour course in Safe Medication Administration, including a minimum of 20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain a passing score 3. Submit course evaluation 4. Worksite monitor to provide additional 20 -60 hours supervision of medication administration (If licensee is an LPN, an LPN may provide supervision) 5. Direct RN Supervision 6. Current and future employer notification, worksite monitor, employer reports quarterly 7. Board approval for employment 8. No charge, floating, agency home health, hospice, etc. 9. JP Module 	<ol style="list-style-type: none"> 1. 90 days 2. 90 days 3. 120 days 4. 120-150 days 5. Until supervised med admin complete 6. Quarterly unless modified 7. Duration 8. Duration 9. 90 days

Sanction Standards for RN and LPN
Failure to Comply with the Condition of an Order

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	New Fine	Conditions	Time to Complete
I. Failure To Comply With Any Term(s) Or Condition(s) Of One STID or Order	N/A	N/A	SOC	Suspension (2 yr min)	\$1000 per violation	1. JP Module prior to reinstatement	
II. Failure to Comply With Any Substantive Term(s) Or Condition(s) Any One STID or Order	N/A	N/A	SOC	Indefinite Suspension Until Compliance		1. Complete all conditions in original STID 2. JP Module prior to reinstatement	
III. Failure to Comply with a prior order or STID. (Cost Recover or Fine)	N/A	N/A	Refer to Collections	N/A			
SUBSTANCE USE ORDERS/WHPS							
Unprofessional conduct with a finding that the nurse misused drugs or alcohol or other finding substantiating a SUD	Nurse declines to enter/re-enter the WHPS program		SOC	Indefinite suspension		1. Minimum 12 consecutive months of abstinence documented by random observed drug testing, to include ETG/ETS (12 per year) by an independent, licensed testing entity prior to any petition for reinstatement 2. JP Module prior to reinstatement	
Failure to Comply with any term(s) or conditions (s) of a Monitoring Contract or STID into WHPS A. Not practice related B. Impaired practice			A.No charges B.SOC	B.Order into WHPS		A. Continued participation in WHPS with additional conditions set by WHPS. B. Order	

II. Failure to Comply with any substantive term(s) or condition(s) of any STID or Order into WHPS	A.Unsafe to practice with reasonable skill and safety		SOC	Indefinite suspension		1.Minimum 12 consecutive months of abstinence documented by random observed drug testing, to include ETG/ETS (12 per year) by an independent, licensed testing entity. 2.Completion of chemical dependency treatment. 3.Participation in recovery support meetings. 2. JP Module prior to reinstatement	
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Sanction Standards for RN and LPN
Practice on an Expired License

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	New Fine	Conditions	Time to Complete
I. Practice on an expired license from 6 to 12 months		N/A	Notice of Correction			None	60 days
II. <u>Practice on an expired license from 1 to 3 years</u>	Extenuating circumstances	N/A	Notice of Correction			None	
III. <u>Practice on an expired license from 1 to 3 years</u>	No extenuating circumstances involved		SOA	1–3 years	Cost recovery	1. Minimum of three hours education on the Nursing WAC 246-840 or UDA 18.130 2. Minimum six hours education on Time Management 3. Minimum six hours education on Ethics 4. JP Module	1.60 days 2.60 days 3.60 days 4. 90 days
IV. <u>Practice on an expired license for over 3 years</u>		N/A	SOC	1-3 years	\$1000 per year	1. Minimum of three hours education on the Nursing WAC 246-840 or UDA 18.130 2. Minimum six hours education on Time Management 3. Minimum six hours education on Ethics 4. May waive the clinical portion of the refresher course per WAC 246-840-130(3)(d) and (h) 5. JP Module	1.60 days 2.60 days 3. 60 days 5. 90 days

Sanction Standards for RN and LPN
Failure to Complete Continuing Education

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	New Fine	Conditions	Time to Complete
Continuing Competency requirements not completed	All options to fulfill continuing competence requirements have not been fulfilled.	N/A	SOC	Indefinite	\$5,000	1. License suspended (with Limited Education Authorization) until refresher course is completed satisfactorily 2. JP Module	1. 9 months 2. 90 days

Reference:

Benner, Patricia, PhD, RN, FAAN, Vickie Sheets, JD, RN, et al, Individual, Practice, and System Causes of Errors in Nursing – A Taxonomy, JONA Vol. 32, No., 10 October 2002.

Individual practice responsibility may include factors such as knowledge, competence, judgment, thoroughness.

System contributions & issues may include level of orientation and education provided; policies, procedures and systems in place including prescribing, order communication; product labeling, packaging and nomenclature; compounding; dispensing; distribution; administration, education; monitoring; and use.

**WABON Sanction Standards for Advanced Registered Nurse Practitioner Practice
Violations Involving Scope/Standards of ARNP Practice**

The purpose of these standards is to protect the public of Washington state. These standards are a nonbinding framework used as a resource by reviewing board members, charging panels, and attorneys when sanctioning advanced registered nurse practitioners (ARNPs). The methodology applies just culture to the violations and associated conditions.

Abbreviations and Definition of Charges and Conditions

- SOA: Statement of Allegations
- SOC: Statement of Charges
- RBM: reviewing board member
- Developing a pattern: May include, but not limited to, several incidents of a failure to assess, diagnosis, treat, or prescribe/dispense appropriately
- Established pattern: May include, but not limited to, previous violations or many instances of failures to assess, diagnosis, treat, or prescribe/dispense appropriately.
- Single significant error: Violation descriptions related to the registered nurse and licensed practical nurse sanctioning standards. The conditions associated with this violation are more substantial than the conditions associated with a single occurrence and thus provides the RBM more discretion as the violation, aggravating, and mitigating circumstances warrant.
- Successfully complete coursework approved by WABON: The RBM will work with the discipline unit staff to determine the available and appropriate remedial course work content required for meeting the sanction requirements. The course work will be selected based upon the remedial education (content areas) required of the respondent. The discipline unit staff will maintain a list and provide to the respondent remedial course(s). The respondent is responsible to pay for the remedial course work registration including travel and accommodations, if necessary, to complete the condition.

Practice Evaluation

The respondent shall submit to a thorough practice review by an evaluator approved in advance by WABON.

- The evaluator shall be a licensed ARNP or physician in Washington state with at least ten years of experience in the specific field of practice. The evaluator shall not have open disciplinary complaints or be subject to disciplinary action. The evaluation shall include, but not be limited to,

oral exchanges with the respondent to thoroughly review the respondent’s knowledge and observations of patient assessments, plans, and interventions. The respondent shall provide a copy of the order to the evaluator prior to the evaluation process.

- The respondent shall cause the evaluator to submit a written evaluation report of the practice review to WABON within sixty days of the effective date of the order or within thirty days of the resumption of active practice (if not currently in active practice). The evaluation report shall include any and all recommendations for the correction or improvement of the respondent’s practice and skills and shall have attached all documents related to the practice review, including correspondence regarding the practice review between the respondent and the evaluator.

Preceptor

The respondent shall engage the services of a preceptor who shall be licensed as an ARNP or physician currently licensed in Washington State and approved in advance by WABON within sixty days of the effective date of the order, or within sixty days of the resumption of active practice (if not currently in active practice). The respondent shall consult with the preceptor to review cases of current patients. The role of the preceptor is to provide oversight to ensure that patients meet the restrictions of “seeing certain types of patients” condition; to ensure the proper level of skill and judgment is being exercised in all cases; and to provide written reports to WABON concerning compliance with the order including recommendations contained in the practice evaluation report. A back-up practice monitor (who meets the provisions of this section) shall serve as substitute in the event the approved preceptor is temporarily unavailable. The respondent shall provide a copy of the order to the preceptor prior to entering into a practice monitor agreement. The written agreement shall be filed with WABON within seven business days of its execution.

Random Practice Reviews and Record Audits

WABON investigators may conduct random practice reviews at the practice site of the respondent to perform record audits and interview colleagues, patients, and staff. Investigators will provide data obtained during the review to the discipline unit and/or RBM for clinical review.

Cost Recovery Fines

*Rationale for reducing the standard cost recovery fine of \$1,000 to \$500 – the remedial coursework can be costly, and the respondent may likely have to travel out-of-state to take the course(s), adding to the total cost associated with the condition.

**Rationale for omitting the standard cost recovery fine of \$1,000 – the competence assessment and educational intervention courses are costly and require the respondent to travel out-of-state

Source Documents Used to Develop the Sanction Standards for Charging ARNP License

[WAC 246-840-300 ARNP Scope of Practice](#)

[National Organization of Nurse Practitioner Faculties \(NONPF\) ARNP Scope of Practice \(2014\)](#)

[NCSBN Model Act and Model Rules \(2014\)](#)

[Outcome Engenuity: Just Culture](#)

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
Failure to Assess Single occurrence of failure to document assessment	Likely Cause(s) of Error <ul style="list-style-type: none"> Lack of time management skill and/or organizational ability 	No, minimal, or low risk of harm	Close Case SOA	NA 0-3 years	Cost recovery up to \$500 per violation*	1. Successfully complete course on medical record keeping approved by WABON 2. Submit course evaluation	1. 90 days 2. 120 days
Failure to Assess Single occurrence of failure to assess or intervene on the patient's behalf Error(s) <ul style="list-style-type: none"> Failure to examine patient and establish diagnosis by history, physical examination, and other methods of assessment 1 of the 4 following <ul style="list-style-type: none"> Missing assessment Inappropriate or inaccurate assessment or examination Lack of recognition of changing condition Failure to document appropriate assessment 	Likely Cause(s) of Error <ul style="list-style-type: none"> Incomplete patient assessment Lack of competence Lack of knowledge Lack of time management skill and/or organizational ability Inappropriate clinical judgment 	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recover of up to \$500 per violation*	1. Successfully complete course work approved by WABON 2. Submit course evaluation for approval 3. WABON approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation OR 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Developing pattern of failure to assess or intervene on the patient's behalf</p> <p>Error(s)</p> <ul style="list-style-type: none"> Failure to examine patient and establish diagnoses by history, physical examination, and other methods of assessment <p>2 to 4 of the following</p> <ul style="list-style-type: none"> Missing assessment Inappropriate or inaccurate assessment or examination Lack of recognition of changing condition Failure to document appropriate assessment 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> Incomplete patient assessment Lack of competence Lack of knowledge Lack of time management skill and/or organizational ability Inappropriate clinical judgment Disregard for patient safety and well-being 	(A) No, minimal, or low risk of patient harm	SOA/SOC	0-3 years	Cost recovery of up to \$500 per violation*	<ol style="list-style-type: none"> Successfully complete course work approved by WABON Submit course evaluation for approval Practice evaluation Submission of written practice evaluation Identify a preceptor Meet with preceptor twice a month and review 10% of charts. Preceptor submits quarterly performance evaluations. WABON approval of current and future employment Restrictions on seeing certain types of patients Random practice reviews and record audits Probation <p>OR</p> <ol style="list-style-type: none"> Suspension of license. If suspended, remedial training would be required prior to reinstatement 	1. 90 days
		(B) Patient harm or risk of severe harm	SOA/SOC	2-5 years			2. 120 days
		(C) Severe harm or death	SOA/SOC	3 years minimum			3. 30 days 4. 60 days 5. 30 days 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Established pattern of failure to assess or intervene on the patient's behalf</p> <p>Error(s)</p> <ul style="list-style-type: none"> • Failure to examine patient and establish diagnoses by history, physical examination, and other methods of assessment – Missing assessment – Inappropriate or inaccurate assessment or examination – Lack of recognition of changing condition – Failure to document appropriate assessment 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> • Incomplete patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being 	<p>(A) No, minimal, or low risk of patient harm</p> <p>(B) Patient harm or risk of severe harm</p> <p>(C) Severe harm or death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOA/SOC</p>	<p>0-3 years</p> <p>2-5 years</p> <p>3 years minimum</p>	<p>Cost recovery of up to \$500 per violation*</p>	<ol style="list-style-type: none"> 1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. WABON approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation <p>OR</p> <ol style="list-style-type: none"> 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Single significant assessment error or to intervene on the patient's behalf</p> <p>Error(s)</p> <ul style="list-style-type: none"> • Failure to examine patient and establish diagnoses by history, physical examination, and other methods of assessment <ul style="list-style-type: none"> – Missing assessment – Inappropriate or inaccurate assessment or examination – Lack of recognition of changing condition – Failure to document appropriate assessment 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> • Incomplete patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being 	<p>(A) No, minimal, or low risk of patient harm</p> <p>(B) Patient harm or risk of severe harm</p> <p>(C) Severe harm or death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOA/SOC</p>	<p>0-3 years</p> <p>2-5 years</p> <p>3 years minimum</p>	<p>No cost recovery</p>	<ol style="list-style-type: none"> 1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with assessment and educational intervention education plan 3. WABON approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation <p>OR</p> <ol style="list-style-type: none"> 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RBM discretion
<p>Single occurrence of failure to document diagnosis</p>	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> • Lack of time management skill and/or organizational 	<p>No, minimal, or low risk of patient harm</p>	<p>Close Case</p> <p>SOA</p>	<p>NA</p> <p>0-3 years</p>	<p>Cost recovery of up to \$500 per violation*</p>	<ol style="list-style-type: none"> 1. Successfully complete a course on medical record keeping, approved by WABON 2. Submit course evaluation 	<ol style="list-style-type: none"> 1. 90 days 2. 120 days

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Single occurrence failure to diagnose</p> <p>Error(s)</p> <ul style="list-style-type: none"> • Failure to order, collect, perform, and interpret diagnostic tests <p>1 of the 4 following</p> <ul style="list-style-type: none"> – Missing diagnosis – Inappropriate or inaccurate diagnosis – Lack of recognition of changing condition – Failure to document rationale for diagnosis 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being 	<p>(A) No, minimal, or low risk of patient harm</p> <p>(B) Patient harm or risk of severe harm</p> <p>(C) Severe harm or death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOA/SOC</p>	<p>0-3 years</p> <p>2-5 years</p> <p>3 years minimum</p>	<p>Cost recovery of up to \$500 per violation</p>	<ol style="list-style-type: none"> 1. Successfully complete course work approved by WABON 2. Submit course evaluation for approval 3. WABON approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation 7. Random practice reviews and record audits <p>OR</p> <ol style="list-style-type: none"> 8. Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. Duration of sanction unless modified 8. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Developing pattern of failure to accurately diagnose</p> <p>Error(s) Failure to order, collect, perform, and interpret diagnostic tests</p> <p>2 to 4 of the following</p> <ul style="list-style-type: none"> - Missing diagnosis - Inappropriate or inaccurate diagnosis - Lack of recognition of changing condition - Failure to document rationale for diagnosis 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being 	<p>(A) No, minimal, or low risk of patient harm</p> <p>(B) Patient harm or risk of severe harm</p> <p>(C) Severe harm or death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOA/SOC</p>	<p>0-3 years</p> <p>2-5 years</p> <p>3 years minimum</p>	<p>Cost recovery of up to \$500 per violation*</p>	<ol style="list-style-type: none"> 1. Successfully complete a course approved by WABON 2. Submit course evaluation for approval 3. Identify a preceptor 4. Meet with preceptor twice a month and review 10% of charts 5. Preceptor submits quarterly performance evaluations 6. WABON approval of current and future employment 7. Restrictions on seeing certain types of patients 8. Random practice reviews an record audits 9. Probation <p>OR</p> <ol style="list-style-type: none"> 10. Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. 120 days 3. 30 days 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Developing pattern of failure to accurately diagnose</p> <p>Error(s) Failure to order, collect, perform, and interpret diagnostic tests</p> <p>2 to 4 of the following</p> <ul style="list-style-type: none"> - Missing diagnosis - Inappropriate or inaccurate diagnosis - Lack of recognition of changing condition - Failure to document rationale for diagnosis 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being 	<p>(A) No, minimal, or low risk of patient harm</p> <p>(B) Patient harm or risk of severe harm</p> <p>(C) Severe harm or death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOA/SOC</p>	<p>0-3 years</p> <p>2-5 years</p> <p>3 years minimum</p>	<p>No cost recovery</p>	<ol style="list-style-type: none"> 1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. WABON approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation <p>OR</p> <ol style="list-style-type: none"> 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
Single significant diagnosis error	Likely Cause(s) of Error <ul style="list-style-type: none"> • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being 	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	No cost recovery**	<ol style="list-style-type: none"> 1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. WABON approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Failure to treat (not pertaining to prescriptive and/or dispensing authority)</p> <p>Single occurrence of failure to document treatment</p> <p>Error(s)</p> <ul style="list-style-type: none"> • Failure to identify, develop, document, implement, and evaluate plan of care • Failure to document and/or provide rationale for therapies according to the standard of care • Failure to monitor the effects of therapies <ul style="list-style-type: none"> – Inappropriate ordering of laboratory studies – Inappropriate responding to laboratory results • Failure to perform procedures or provide services within scope of practice 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> • Lack of time management skill and/or organizational ability • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Inappropriate clinical judgment 	<p>(A) No, minimal, or low risk of patient harm</p> <p>(B) Patient harm or risk of severe harm</p> <p>(C) Severe harm or death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p> <p>SOA/SOC</p>	<p>0-3 years</p> <p>2-5 years</p> <p>3 years minimum</p>	<p>Cost recovery of up to \$500 per violation*</p>	<ol style="list-style-type: none"> 1. Successfully complete course work, approved by WABON 2. Submit course evaluation for approval 3. Board approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation 7. Restriction on performing certain procedures 8. Random practice reviews and record audits <p>OR</p> <ol style="list-style-type: none"> 9. Suspension of license. If suspended remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. Duration of sanction 8. Duration of sanction 9. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Developing pattern of failure to treat</p> <p>2-4 incidents of</p> <ul style="list-style-type: none"> Failure to identify, develop, document, implement, and evaluate plan of care Failure to document and/or provide rationale for therapies according to the standard of care Failure to monitor the effects of therapies <ul style="list-style-type: none"> Inappropriate ordering of laboratory studies Inappropriate responding to laboratory results Failure to perform procedures or provide care services within scope of practice 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> Lack of knowledge of appropriate scope of practice Inadequate or inaccurate patient assessment Lack of competence (e.g. practicing outside the scope of practice) Lack of knowledge or competence of safe treatment standards Lack of time management skill and/or organizational ability Inappropriate clinical judgment Disregard for patient safety and wellbeing 	<p>(A) No, minimal, or low risk of patient harm</p> <p>(B) Patient harm or risk of severe harm</p> <p>(C) Severe harm or death</p>	SOA/SOC	0-3 years	Cost recovery of up to \$500 per violation*	1. Successfully complete course work, approved by WABON	1. 90 days
			SOA/SOC	2-5 years		2. Submit course evaluation for approval	2. 120 days
			SOA/SOC	3 years minimum		3. Practice evaluation	3. 30 days
					4. Submission of written practice evaluation	4. 60 days	
					5. Identify a preceptor	5. 30 days	
					6. Meet with preceptor twice a month and review 10% of charts; preceptor submit quarterly performance evaluations	6. Duration of sanction	
					7. WABON approval of current and future employment	7. Duration of sanction	
					8. Restrictions on seeing certain types of patients	8. Duration of sanction	
					9. Restriction on performing certain procedures	9. Duration of sanction	
					10. Random practice reviews and record audits	10. Duration of sanction	
					11. Probation	11. Duration of sanction	
					OR		
					12. Suspension of license. If suspended remedial training would be required prior to reinstatement	12. RBM discretion	

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
Single significant treatment error	Likely Cause(s) of Error <ul style="list-style-type: none"> • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing 	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	No cost recovery*	<ol style="list-style-type: none"> 1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with and competence assessment and educational intervention plan 3. WABON approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Restriction on performing certain procedures 6. Random practice reviews and record audits 7. Probation <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 8. Suspension of license. If suspended remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. Duration of sanction 8. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Prescriptive and/or Dispensing Authority Single occurrence of violations of prescriptive and/or dispensing authority</p> <ul style="list-style-type: none"> • Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards • Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes • Prescribing or distributing drugs to individuals who are not patients of the ARNP or who are not within the ARNPs role and population focus 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment 	<p>(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death</p>	<p>Close Case SOA SOA/SOC</p>	<p>NA 3 years 3-5 years 3 years minimum</p>	<p>Cost recovery up to \$500 per violation*</p>	<ol style="list-style-type: none"> 1. Successfully complete course work, approved by WABON 2. Submit course evaluation for approval 3. WABON approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation <p>OR</p> <ol style="list-style-type: none"> 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
<p>Developing a pattern of violations of prescriptive and/or dispensing authority</p> <p>Single occurrence of violations of prescriptive and/or dispensing authority</p> <ul style="list-style-type: none"> Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes Prescribing or distributing drugs to individuals who are not patients of the ARNP or who are not within the ARNPs role and population focus 	<p>Likely Cause(s) of Error</p> <ul style="list-style-type: none"> Lack of knowledge of appropriate scope of practice Inadequate or inaccurate patient assessment Lack of competence (e.g. practicing outside the scope of practice) Lack of knowledge or competence of safe treatment standards Lack of time management skill and/or organizational ability Inappropriate clinical judgment Disregard for patient safety and wellbeing 	<p>(A) No, minimal, or low risk of patient harm</p> <p>(B) Patient harm or risk of severe harm</p> <p>(C) Severe harm or death</p>	<p>SOA/SOC</p> <p>SOA/SOC</p>	<p>0-3 years</p> <p>3-5 years</p> <p>3 years minimum</p>	<p>Cost recovery up to \$500 per violation*</p>	<ol style="list-style-type: none"> Successfully complete course work, approved by WABON Submit course evaluation for approval Practice evaluation Submission of written practice evaluation Identify a preceptor Meet with preceptor twice a month and review 10% of charts; preceptor submit quarterly performance evaluations Board approval of current and future employment Restrictions on seeing certain types of patients Restrictions on performing certain procedures Random practice reviews and audits Limiting prescriptive authority Obtain and account with PNP, use PNP in practice and mandated to run and document medication profile on every patient Probation <p>OR</p> <ol style="list-style-type: none"> Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 90 days 120 days 30 days 60 days 30 days Duration of sanction Duration of sanction Duration of sanction Duration of sanction Duration of sanction Duration of sanction RBM discretion RBM discretion Duration of sanction RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
Established pattern of violations of prescriptive and/or dispensing authority	Likely Cause(s) of Error <ul style="list-style-type: none"> • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing 	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	No cost recovery**	<ol style="list-style-type: none"> 1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. Board approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Restrictions on performing certain procedures 6. Random practice reviews and audits 7. Limiting prescriptive authority 8. Obtain and account with PNP, use PNP in practice and mandated to run and document medication profile on every patient 9. Probation <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 10. Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RBM discretion 8. RBM discretion 9. Duration of sanction 10. RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
Single significant error of violations of prescriptive and/or dispensing authority	Likely Cause(s) of Error <ul style="list-style-type: none"> • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing 	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	No cost recovery**	<ol style="list-style-type: none"> 1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. Board approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Restrictions on performing certain procedures 6. Random practice reviews and audits 7. Limiting prescriptive authority 8. Obtain and account with PNP, use PNP in practice and mandated to run and document medication profile on every patient 9. Probation <p>OR</p> <ol style="list-style-type: none"> 10. Suspension of license. If suspended, remedial training would be required prior to reinstatement 	<ol style="list-style-type: none"> 1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RBM discretion 8. RBM discretion 9. Duration of sanction RBM discretion

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
Falsification of Records Deliberate changing or falsification of documentation Error(s) <ul style="list-style-type: none"> Documenting care not provided Charting incorrect patient condition Charting to cover up error or omission 	Likely Cause(s) of Error <ul style="list-style-type: none"> Lack of knowledge or competence Lack of fiduciary concern Error in performance of procedure or intervention Disregard for patient safety and wellbeing Poor judgment 	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	Cost recovery of up to \$500 per violation*	1. Successfully complete a course on medical record keeping and a course on medical ethics, boundaries, and professionalism, approved by WABON 2. Submit course evaluation for approval 3. Practice evaluation 4. Submission of written practice evaluation 5. Identify a preceptor 6. Meet with preceptor twice a month and review 10% of charts; preceptor submit quarterly performance evaluations 7. Board approval of current and future employment 8. Restrictions on seeing certain types of patients 9. Restrictions on performing certain procedures 10. Random practice reviews and record audits 11. Probation OR 12. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. 30 days 4. 60 days 5. 30 days 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction 11. Duration of sanction 12. RBM discretion
Failure to comply with any term(s) or conditions of a STID or order			SOC	Suspension	Fine of up to \$1,000 per violation	1. Suspension of license	

Description of Violation	Aggravating and Mitigating Factors (See II of procedure in addition to below)	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time to Complete
Practice on an Expired License (Having renewed as soon as possible after learning of the expiration)	Likely Cause(s) of Error <ul style="list-style-type: none"> • Failure to have current national certification required for state licensure WAC 246-840-302 • Failure to renew state license based upon not having a current national certification – If evidence of an attempt to be fraudulent regarding working without a license – Prior similar violation – Patient harm or another serious violation occurred during the period of expiration		Close case SOA	NA	Cost recovery of up to \$1,000*	1. Successfully complete a course on medical ethics, and professionalism, approved by WABON 2. Board approval of current and future employment	1. 90 days 2. Duration of sanction
			SOC	0-3 years		OR 3. Suspension of license. If suspended, remedial training would be required prior to reinstatement	3. RBM discretion
			SOC	0-3 years	Cost recovery of up to \$1,000*	1. Successfully complete a course on medical ethics, and professionalism, approved by WABON 2. Board approval of current and future employment	1. 90 days 2. Duration of sanction
						OR 3. Suspension of license. If suspended, remedial training would be required prior to reinstatement	3. RBM discretion

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Drafting and Interpreting Disciplinary Documents	Number: A28.07
Reference:	RCW 18.130.160 – Finding of unprofessional conduct RCW 18.130.172 – Evidence summary and stipulations	
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)	
Effective Date:	March 14, 2025	Date for Review: March 14, 2027
Supersedes:	A28.06 – March 10, 2023 A28.05 – September 13, 2013 A28.04 – August 1, 2012 A28.03 – July 1, 2005 A28.02 – January 9, 2004 A28.01 – March 21, 2003	
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)	

PURPOSE:

The procedure assures uniformity and consistency in the drafting and interpretation of terms in disciplinary documents.

PROCEDURE:

- I. Setting Deadlines
 - A. Each Order should include specific deadlines as needed for the Respondent to complete terms and conditions.

- B. Only the reviewing board member (RBM) may extend a deadline.
-
- II. Educational Classes
 - A. The RBM must approve all educational classes and coursework prior to attendance.
 - B. If the Respondent fails to obtain pre-approval of the course, the RBM may determine that the educational class does not satisfy the course required in the disciplinary document.
-
- III. Research Papers and Essays
 - A. The disciplinary document defines the topic(s) and the length of the research paper or essay (number of words, generally 1000 words per topic), which must be typewritten and must explicitly address the topic assigned.
 - B. The RBM may require an annotated bibliography and can require research articles to be current.
 - C. The Respondent will submit research papers and essays to the compliance officer who submits it to the RBM for approval. The RBM may give the Respondent one opportunity to revise and re-submit any deficient documents.
 - D. Revised documents will be due to the compliance officer no more than 30 days after the RBM requests the revision.
-
- IV. Supervised Practice by a Worksite Monitor
 - A. The RBM must pre-approve all worksite monitors. Qualifications to serve as a worksite monitor include:
 - 1. The same or higher credential than the Respondent licensee.
 - 2. Unrestricted license to practice in Washington.
 - 3. No history of discipline in any state¹.
 - 4. Five (5) years of experience as an RN.
-
- V. When supervised practice is required following an educational class, (*e.g.*, medication administration) only hours following completion of the class are credited.
-
- VI. Fines
 - A. In disciplinary orders, Respondents may be subject to a fine of up to \$5000 for each violation.
 - B. In Stipulations to Informal Disposition (STID), Respondents may be subject to a cost recovery of up to \$1000 for each violation.

¹ Discipline staff will query NURSYS.

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Nursing Technician not in Good Standing or Taking Approved Leave	Number:	B15.04
Reference:	RCW 18.79.340 Nursing Technicians RCW 18.79.370 Nursing Technicians-Registration Renewal RCW 70.41 Hospital Licensing and Regulation RCW 18.51 Nursing Homes WAC 246-840-010 Definitions WAC 246-840-860 Nursing Technician Criteria WAC 246-840-900 Functions of the Nursing Program		
Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Washington State Board of Nursing (WABON)		
Effective Date:	March 14, 2025	Date for Review:	March 14, 2027
Supersedes:	B15.03 – March 10, 2023 B15.02 – April 16, 2019 B15.01 – September 9, 2011		
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

This procedure establishes the Washington State Board of Nursing (Board) process when a Nursing Technician (NTEC) student is not in good standing with the nursing education program as defined in [WAC 246-840-010](#) or the student is taking approved leave from the program. NTEC nursing education programs allow students in the program to become registered and to work as defined in [WAC 246-840-010](#) and [WAC 246-840-860](#).

The nursing education program personnel determine whether the NTEC student is not in good standing or taking approved leave. The program must notify the Board and the NTEC employer when those changes occur.

PROCEDURE:

- I. The nursing education program notifies the Board when the NTEC student is:
 - A. No longer in good standing.
 - B. On a leave of absence from the nursing education program.
- II. The Board licensing staff changes the NTEC status to “inoperable” status in the licensing database when informed by the nursing education program that the NTEC is not in good standing or on a leave of absence from the program.
- III. The NTEC status will remain “inoperable” until the nursing education program provides the Board with verification that the nursing student has either:
 - A. Returned to good standing.
 - B. Is no longer on a leave of absence from the nursing education program and has resumed their program of study.
- IV. The Board licensing staff changes the NTEC status to “active” or “active not renewable” after receiving the following required information:
 - A. Verification of good standing or re-enrollment directly from the nursing education program.
 - B. A new education verification form with an updated graduation date (if applicable).
 - C. A new employment verification form from the current employer.
 - D. NTEC renewal payment, if required. The expiration date will be adjusted in the licensing database to thirty days past the new graduation date (if applicable).



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
BOARD OF NURSING
111 Israel Road SE
P.O. BOX 47864
Olympia, WA 98504

March 14, 2025

ELECTION OF OFFICERS

SLATE OF CANDIDATES

CHAIR

Kimberly Tucker

Ajay Mendoza


VICE CHAIR

Quiana Daniels

SECRETARY/TREASURER

Maikia Moua

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Officer Nominations	Number:	H01.04
Reference:	RCW 18.79.100		
Author:	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	H01.01 – November 18, 2011 H01.02 – March 1, 2016 H01.03 – March 10, 2017		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The Nursing Care Quality Assurance Commission (NCQAC) shall annually elect officers from among its members. The NCQAC elects a chair, vice chair, and secretary/treasurer. This procedure describes the responsibilities of the nominations committee. The nominations committee selects qualified members of the NCQAC who are willing to serve in leadership positions. The nominations committee presents a slate of qualified candidates to the NCQAC for the annual election.

PROCEDURE:

- I. During the November meeting each year, the chair of the NCQAC appoints three members of the NCQAC to the nominations committee. Members serve a one-year term on the nominations committee. No member should serve more than two consecutive terms on the nominations committee. The Executive Director may appoint a staff member to support the work of the nominations committee.

- A. Members of the nominations committee review the position descriptions for the chair, vice chair, and secretary/treasurer positions. Questions, edits and revision to the position descriptions must be presented to the NCQAC at the January meeting.
 - B. Committee members approach every member of the NCQAC requesting interest in candidacy for an office. Every member of the NCQAC is eligible as a candidate for an officer position.
 - C. Committee members review the position descriptions with each NCQAC member. Committee members determine if interviews are needed to evaluate candidate's competencies for the chair, vice chair, and secretary/treasurer positions.
 - D. Committee members contact each candidate with the results of the evaluation. If the candidate meets the qualifications and continues to be willing to serve, their name is placed on the slate of candidates.
 - E. The committee is charged with selecting at least two candidates for each officer.
- II. At the March meeting, the committee verbally presents the slate of candidates to the NCQAC. The slate of candidates is included in the business-meeting packet of materials. If there are any questions on the slate, questions for the individual candidates, or challenges to the slate, these must be presented to the NCQAC prior to the election of officers.
- A. The NCQAC chair reads the slate of candidates. The chair asks if there are any nominations from the floor. Three members of the NCQAC must support candidates from the floor.
 - B. The NCQAC chair asks all nominees from the floor if they are qualified and willing to be placed on the slate of candidates.
 - C. The nominations committee interviews candidates from the floor prior to placing their name on the final slate of candidates.
 - D. Each candidate and nominees from the floor present a brief statement. The presentation must include their purpose for seeking an office and goals.
 - E. Each nominee may contact all NCQAC members by telephone, email or in person to discuss their desire to serve as an officer.
 - F. Nominees cannot offer any perceived benefits to sway votes. Perceived benefits include promises to assign out of state travel, gifts, monetary rewards, or preferential treatment.
 - G. Nominees are prohibited from consulting with staff related to the election, nominees and offering perceived benefits.
- III. At the May meeting, the nominations committee presents the final slate of candidates to the NCQAC from the committee with a second. Once the slate of candidates is adopted by the NCQAC, then the NCQAC proceeds with the election of officers.

WA Board of Nursing Meeting Dates

Date	Location
May 9, 2025	Zoom (virtual)
July 10 & 11, 2025	Tumwater, WA
September 12, 2025	Tumwater, WA
November 14, 2025	Zoom (virtual)

NURSING BUDGET STATUS REPORT – January 2025**2023-2025 BIENNIUM:**

This report covers the period of July 1, 2023, through January 31, 2025, nineteen months into the biennium, with five months remaining. The WABON budget is underspent by about 15% or just over \$4.4M and the current revenue balance is (\$496K).

REVENUES FROM FEES:

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$4.7M. Revenue projections for the biennium were adjusted to account for the anticipated \$2.5M annual loss in fee revenues from implementation of phase one of the NLC in July 2023 (actual loss in FY24 was \$2.2M). Phase two and full implementation of the NLC occurred on January 31, 2024, when WABON began issuing MSLs and collecting the additional fees for the new MSL credentials (\$65 one-time fee for initial MSL and \$20 fee for renewal of MSL). Revenues from fees in December and January slightly outpaced adjusted projections and YTD revenues are 3.5%, or just over \$900K short of adjusted projections.

EXPENDITURES:**Highlights:**

- **Direct Charges:** Actual direct expenditures are trending below budget as anticipated. Salaries and Benefits savings are due to open positions; Rent due to reduction of WABON footprint in Tumwater; and AG costs have started to increase but still are below estimates.
- **Service Unit Charges:** During the budget creation process, service units were overestimated this biennium. Some charges are based solely on actual files or units processed (Background Checks, Adjudicative Services, OLIC). Others are calculated using a weighted system (ACO, Public Disclosure, Call Center). The overestimation resulted in actual expenditures tracking well below budget. We anticipate the trend of underspending budget will continue for the remainder of the fiscal year, with the exception of Revenue Reconciliation due to the introduction of new MSL credential.
- **Indirect Charges:** As a result of the overestimation of the budgeted service units, budgeted indirect expenditures are also overestimated. When indirect charges are applied to actual expenditures, actual expenditures will trend below estimates. Trends are expected to continue for the remainder of the fiscal year.

FISCAL OUTLOOK:

WABON predicted a conversion rate of 50% of eligible single state license holders and 90% of new applications would upgrade or select the MSL each month. Since full implementation, those predictions have been adjusted down to 10% of eligible single state license holders and 50% of new applicants would convert monthly. The actual average conversion rates are 6.9% and 20.4% respectively. As WABON is now operating with a negative fund balance, leadership is evaluating all options to offset the revenue deficit, including eliminating unnecessary spending and exploring reductions in staffing and/or reductions in FTE percentages. Current vacant positions will remain open and will not be filled.

IMPORTANT TO NOTE: The \$4.5M in additional allotment gained from the approval of the decision package in FY23 is NOT reported in the 2023-2025 biennial budget allotments. The result is a far more accurate picture of what our budget should look like compared to actual expenditure.



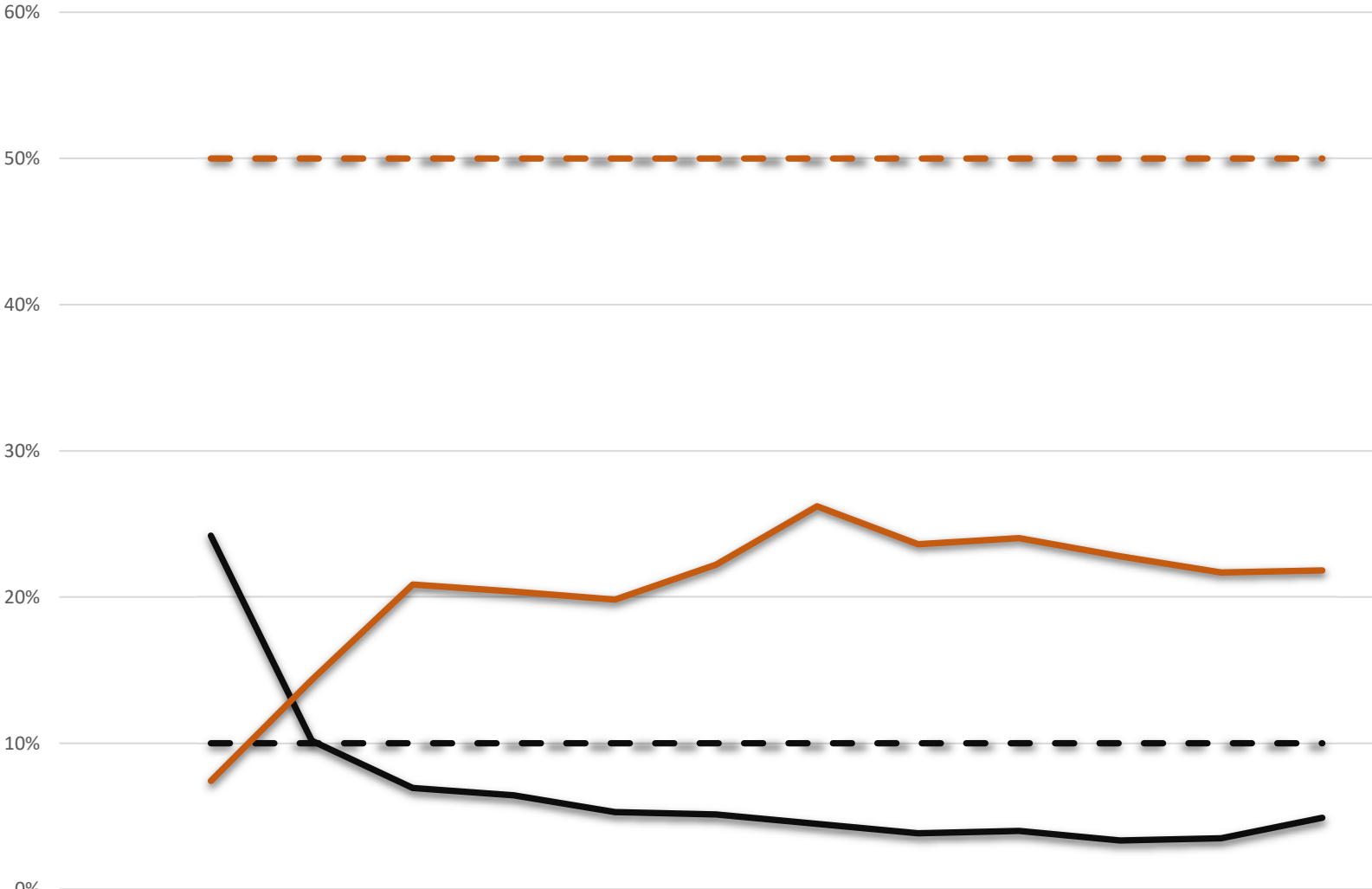
Washington State Board of Nursing
Monthly Expenses for Commission + Staffing, Long Term Care, and Compact Provisos
02G Health Professions Account
 For the period July 1, 2023 through January 31, 2025

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT BTD thru FM15	EXP BTD thru FM15	PREV FM ALLOT	PREV FM Expense	Current FM ALLOT	Current FM Expense	BUDGET/ALLOTMENT TO-DATE	EXPENDITURES TO-DATE	VARIANCE TO-DATE	% SPENT TO-DATE
DIRECT EXPENDITURES:											
FTEs (total)	81.45	90.84	82.40	86.23	83.20	86.06	84.87	90.29	82.57	7.72	91.45%
Staff Salaries & Benefits	21,796,288	15,313,276	14,071,082	943,240	859,963	941,763	885,006	17,198,279	15,816,050	\$ 1,382,229	91.96%
Commission Salaries	611,112	432,808	381,728	25,472	16,466	25,472	16,095	483,752	414,289	\$ 69,463	85.64%
Goods & Services	890,310	652,283	423,431	34,194	13,868	33,894	20,620	720,371	535,386	\$ 184,985	74.32%
Rent	1,059,195	737,038	366,523	46,895	20,490	46,803	27,791	830,736	414,805	\$ 415,931	49.93%
Attorney General (AG)	1,705,439	1,213,339	951,213	70,300	97,470	70,300	119,650	1,353,939	1,090,867	\$ 263,072	80.57%
Travel	140,664	99,357	94,941	5,901	1,447	5,901	2,167	111,159	98,555	\$ 12,604	88.66%
Equipment	154,134	154,134	133,404	0	1,679	0	0	154,134	135,083	\$ 19,051	87.64%
IT Support & Software Licenses	496,238	341,361	302,776	22,546	42,132	22,502	1,495	386,409	346,403	\$ 40,006	89.65%
TOTAL DIRECT	\$ 26,853,380	\$ 18,943,596	\$ 16,725,099	\$ 1,148,548	\$ 1,053,515	\$ 1,146,635	\$ 1,072,825	\$ 21,238,779	\$ 18,851,439	\$ 2,387,340	88.76%
SERVICE UNITS:											
FBI Background Checks (TA090)	\$ 767,864	\$ 654,007	\$ 621,307	\$ 26,603	\$ 28,273	\$ 14,542	\$ 35,620	\$ 695,152	\$ 685,200	\$ 9,952	98.57%
Office of Professional Standards (TA020)	\$ 571,764	\$ 401,974	\$ 246,434	\$ 24,815	\$ 15,287	\$ 24,032	\$ 14,502	\$ 450,821	\$ 276,223	\$ 174,598	61.27%
Adjudication Clerk (TA010)	\$ 346,400	\$ 243,801	\$ 83,969	\$ 14,748	\$ 2,789	\$ 14,601	\$ 3,573	\$ 273,150	\$ 90,331	\$ 182,819	33.07%
HP Investigations (TA040, 070, 100)	\$ 81,092	\$ 63,725	\$ 32,114	\$ 3,756	\$ 1,307	\$ 3,756	\$ 3,282	\$ 71,237	\$ 36,702	\$ 34,535	51.52%
Legal Services (TA140, 150, 210)	\$ 44,864	\$ 39,248	\$ 27,036	\$ 2,320	\$ 2,604	\$ 1,309	\$ 2,110	\$ 42,877	\$ 31,750	\$ 11,127	74.05%
Call Center (TA030)	\$ 58,038	\$ 44,093	\$ 48,499	\$ 2,439	\$ 3,539	\$ 2,058	\$ 2,761	\$ 48,590	\$ 54,800	\$ (6,210)	112.78%
Public Disclosure (TA180)	\$ 504,940	\$ 350,027	\$ 263,021	\$ 22,649	\$ 14,073	\$ 21,920	\$ 15,563	\$ 394,596	\$ 292,657	\$ 101,939	74.17%
Revenue Reconciliation (TA200)	\$ 126,343	\$ 106,724	\$ 114,831	\$ 5,839	\$ 6,296	\$ 2,294	\$ 6,693	\$ 114,857	\$ 127,819	\$ (12,962)	111.29%
Online Healthcare Provider Lic - Staff (TA130)	\$ 507,012	\$ 357,358	\$ 259,325	\$ 21,379	\$ 7,394	\$ 21,379	\$ 4,501	\$ 400,116	\$ 271,219	\$ 128,897	67.79%
Online Healthcare Provider Lic - Contract (TE8000)	\$ 289,734	\$ 142,850	\$ 71,425	\$ -	\$ -	\$ -	\$ -	\$ 142,850	\$ 71,425	\$ 71,425	0.00%
Suicide Assessment Study (TA120)	\$ 30,927	\$ 21,772	\$ -	\$ 1,307	\$ -	\$ 1,308	\$ -	\$ 24,387	\$ -	\$ 24,387	0.00%
TOTAL SERVICE UNITS	\$ 3,328,978	\$ 2,425,579	\$ 1,767,960	\$ 125,855	\$ 81,562	\$ 107,199	\$ 88,605	\$ 2,658,633	\$ 1,938,127	\$ 720,506	72.90%
INDIRECT CHARGES:											
Agency Indirects (16.9%)	\$ 5,071,253	\$ 3,585,629	\$ 2,849,279	\$ 214,800	\$ 175,762	\$ 211,370	\$ 194,773	\$ 4,011,799	\$ 3,219,813	\$ 791,986	80.26%
HSQA Division Indirects (11.3%)	\$ 3,389,052	\$ 2,395,936	\$ 1,873,800	\$ 143,589	\$ 115,650	\$ 141,298	\$ 118,466	\$ 2,680,823	\$ 2,107,917	\$ 572,906	78.63%
TOTAL INDIRECTS (28.2%)	\$ 8,460,306	\$ 5,981,565	\$ 4,723,079	\$ 358,388	\$ 291,412	\$ 352,668	\$ 313,238	\$ 6,692,622	\$ 5,327,730	\$ 1,364,892	79.61%
GRAND TOTAL	\$ 38,642,664	\$ 27,350,740	\$ 23,216,138	\$ 1,632,791	\$ 1,426,490	\$ 1,606,502	\$ 1,474,668	\$ 30,590,034	\$ 26,117,296	\$ 4,472,738	85.38%

NURSING REVENUE

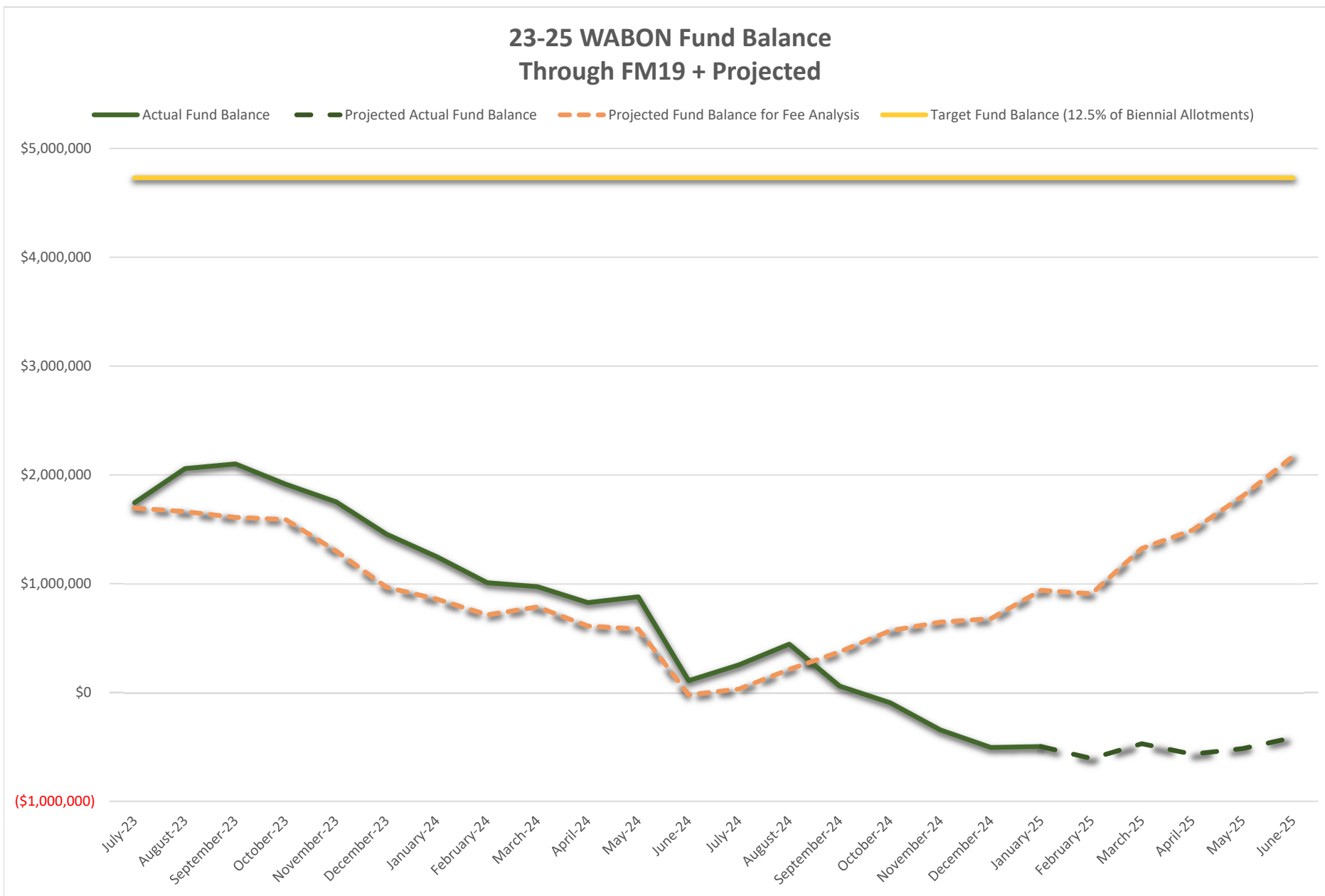
BEGINNING REVENUE BALANCE	\$ 1,659,304
21-23 REVENUE TO-DATE	\$ 24,741,070
21-23 HELMS ASSESS. TO-DATE	\$ 779,532
21-23 EXPENDITURES TO-DATE	\$ 26,117,296
ENDING REVENUE BALANCE	\$ (496,454)

MSL Conversion/Issuance Rates

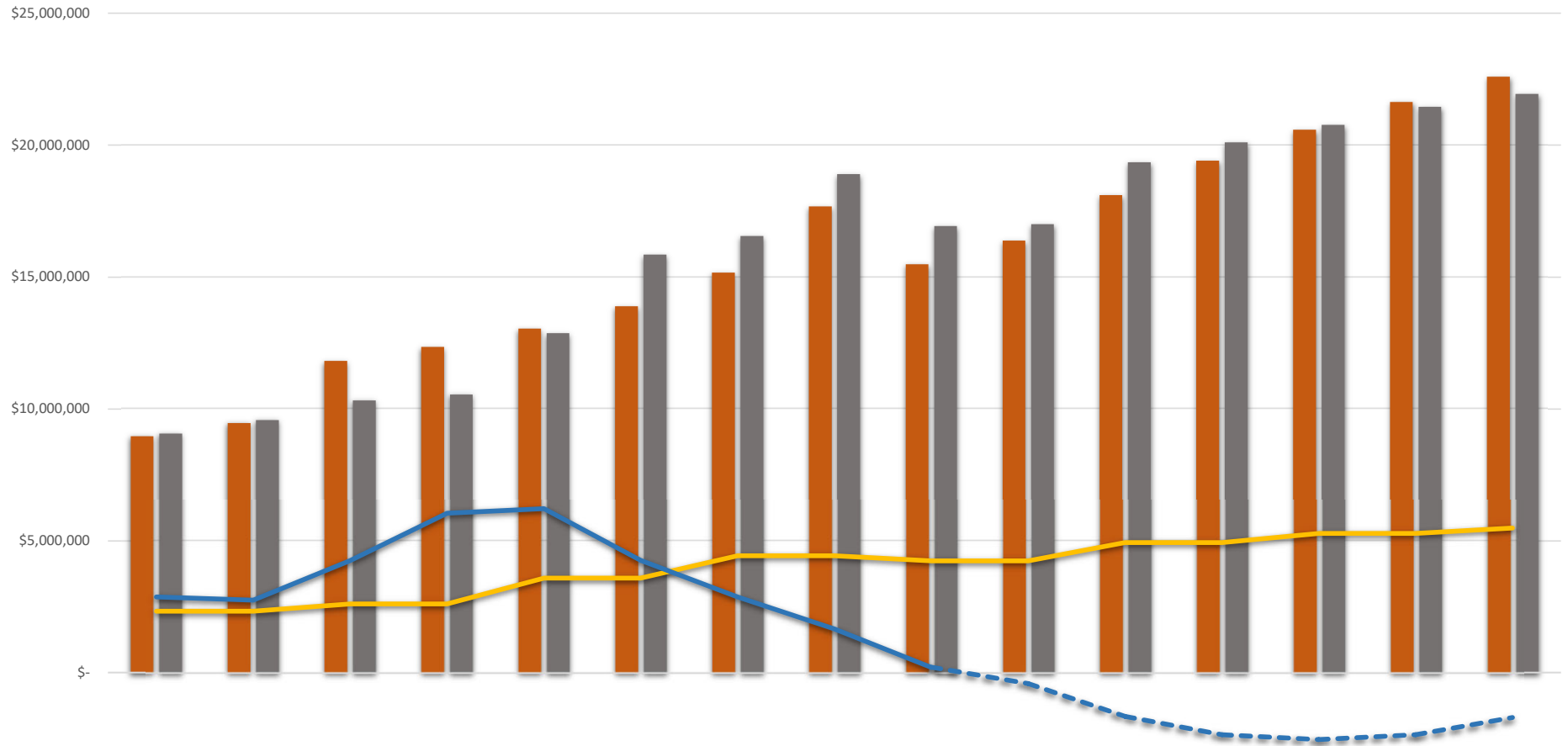


	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Target Conversion Rate (10%)		10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Conversion Rate		24.2%	10.2%	6.9%	6.4%	5.3%	5.1%	4.5%	3.8%	4.0%	3.3%	3.5%	4.9%
MSL Issuance Rate		7.4%	14.3%	20.9%	20.4%	19.8%	22.2%	26.2%	23.6%	24.0%	22.8%	21.7%	21.8%
Target MSL Issuance Rate (50%)		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

23-25 WABON Fund Balance Through FM19 + Projected



**WABON Financial Forecast
FY2016 - FY2030**



	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	8,968,627	9,460,426	11,813,707	12,353,477	13,042,446	13,893,210	15,171,442	17,679,890	15,484,345	16,385,710	18,104,634	19,409,521	20,581,729	21,637,793	22,591,989
Expenditure	9,069,664	9,582,807	10,318,652	10,552,286	12,874,913	15,851,083	16,554,354	18,894,820	16,939,349	17,005,845	19,344,565	20,105,307	20,765,337	21,454,915	21,938,207
Target Reserve (12.5%)	2,331,559	2,331,559	2,608,867	2,608,867	3,590,750	3,590,750	4,431,147	4,431,147	4,243,149	4,243,149	4,931,234	4,931,234	5,277,531	5,277,531	5,484,552
Fund Balance	2,873,627	2,751,246	4,246,302	6,047,492	6,215,025	4,257,152	2,874,240	1,659,310	204,305	(415,830)	(1,655,761)	(2,351,547)	(2,535,154)	(2,352,276)	(1,698,495)

State Budget Changes

- \$15B shortfall over next 4 years
- All state agencies asked to reduce by 6%
- Focused reductions: COVID, review of current biennium (“recent”) projects, unstarted programs, reductions with minimal impact.
- Furloughs (1 day/mo.) starting in July 2025
- No impact to DEI efforts, K-12, public safety (WSP)
- Department of Health Impacts
 - Layoffs – management, non-management, COVID-funded positions (~300)
 - End leases – Tumwater Campus (TC1), medical storage facility
- Legislative Budget – Early March
- Governor’s Budget – May?



Strategic Plan Report

Nursing Practice Unit
Board Of Nursing
March 2025

Strategic Plan 2023-2025 – 2.0 Practice

2.1

Develop Data Management Plan

Collaborate with Research Subcommittee regarding data management framework and resources

Analyze Datasets that Inform Nursing Practice Breakdown

Identify categories, collect data, organize, and analyze practice breakdown data

2.3

Share and Disseminate Practice Breakdown Data

- Develop Dissemination Plan
- Provide progress reports to the WABON

Provide Consultation, Guidance, and Education: Proactive Approach

- Develop system to prioritize for development, review, and revision of guidance documents
- Early Remediation Program

2.2

2.4

Communications & Social Media Presence



2/20/2025

Washington State Department of Health:
Washington State Board of Nursing

WABON Business Meeting
March 14, 2025

Data Collection & Analysis:

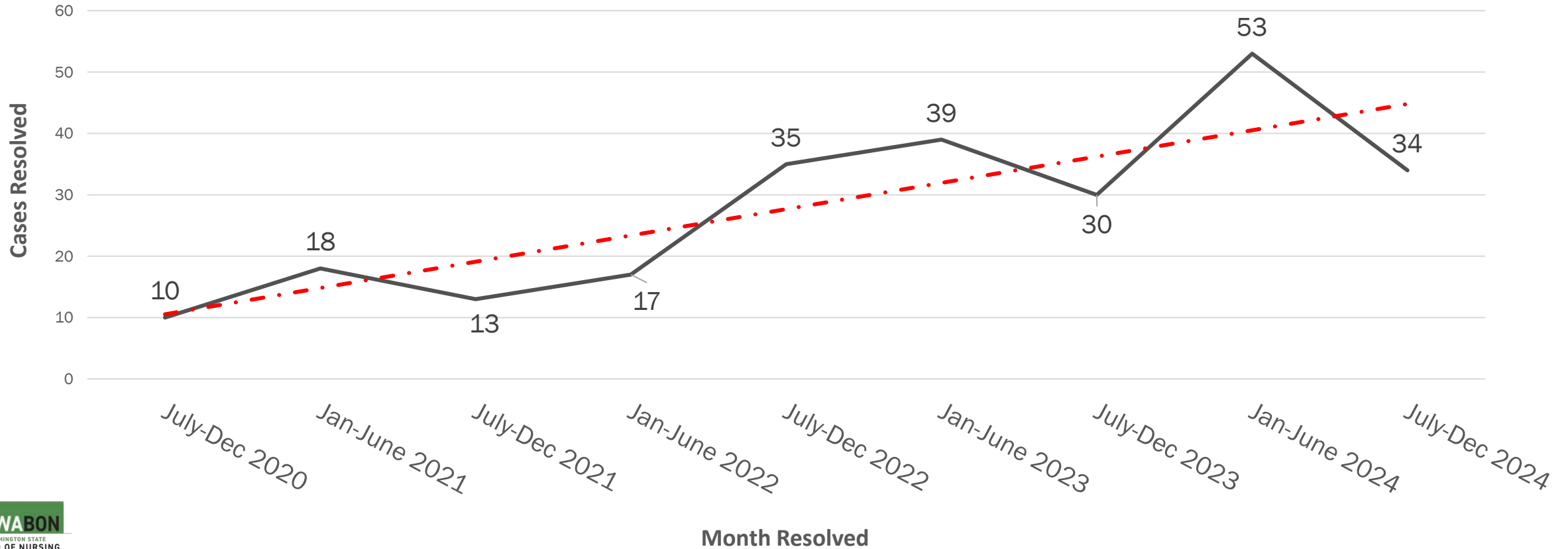


Data Collection

- Early Remediation
- Educational Presentation Requests
- Practice Queries

Early Remediation Trend Line Data 2020-2024

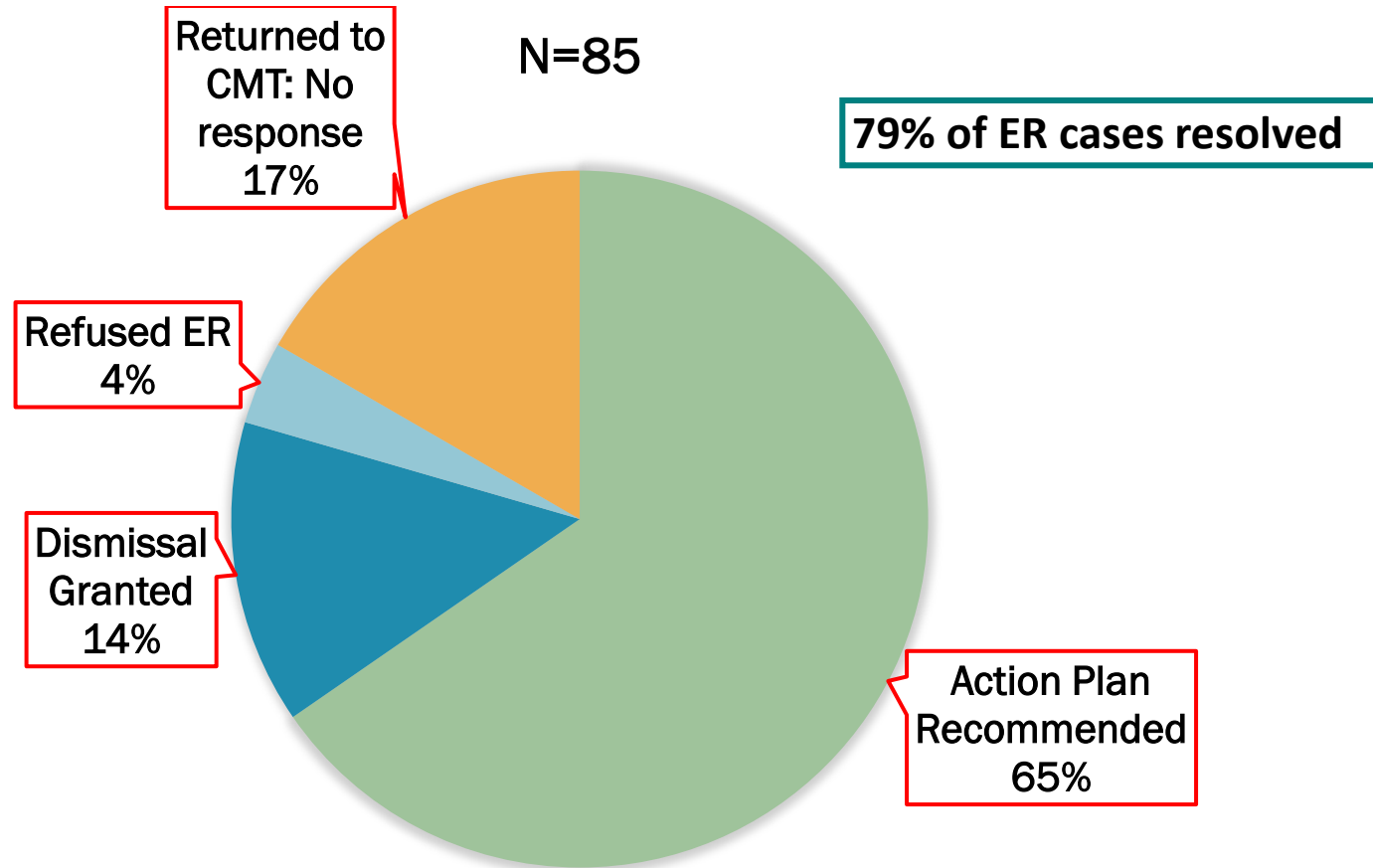
**Total ER Cases
July 2020 - December 2024**



Month Resolved

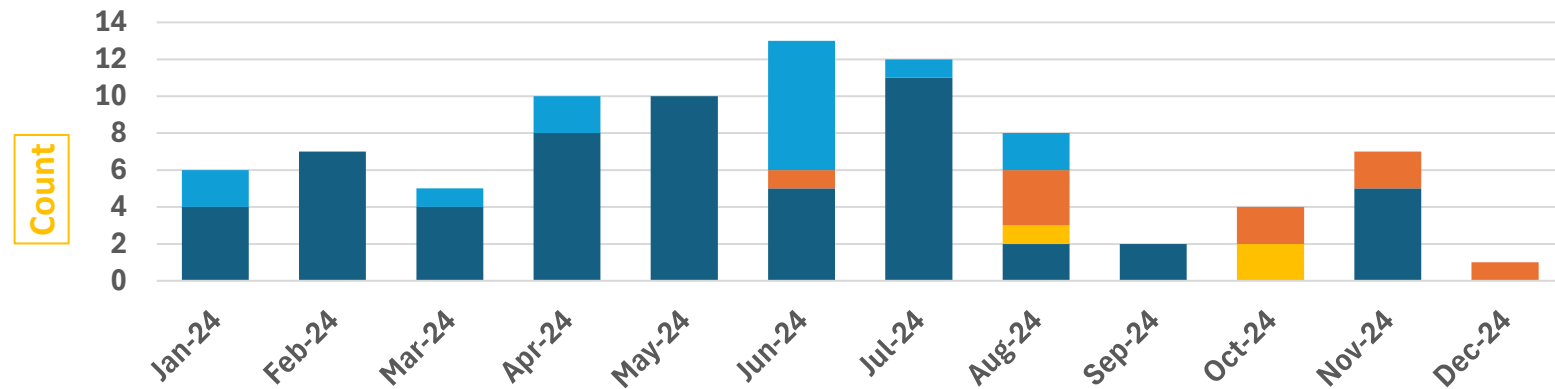
WABON Business Meeting
March 14, 2025

2024 Early Remediation ER Case Outcomes Categories



2024 Early Remediation Distribution of Cases by Disposition Category

2024 85 ER Cases Completed & Returned to CMT



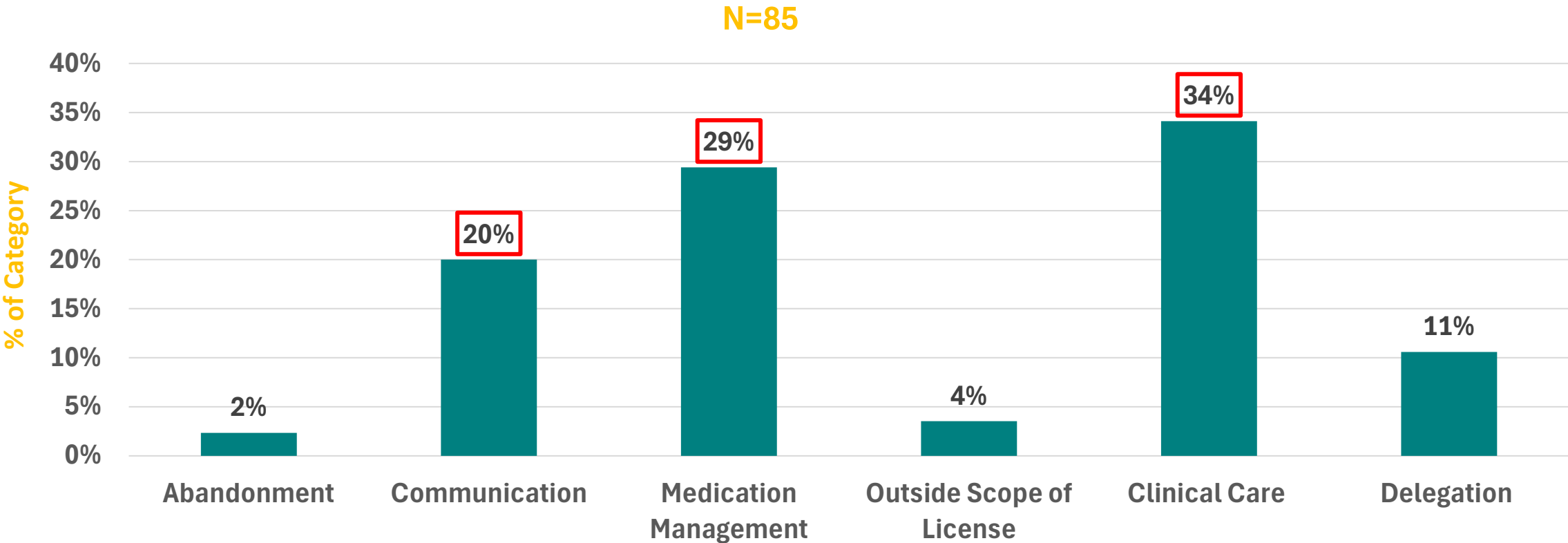
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
■ No response	2	0	1	2	0	7	1	2	0	0	0	0
■ Dismissal Requested	0	0	0	0	0	1	0	3	0	2	2	1
■ Refused ER	0	0	0	0	0	0	0	1	0	2	0	0
■ Action Plan Recommended	4	7	4	8	10	5	11	2	2	0	5	0

Month

■ Action Plan Recommended
 ■ Refused ER
 ■ Dismissal Requested
 ■ No response



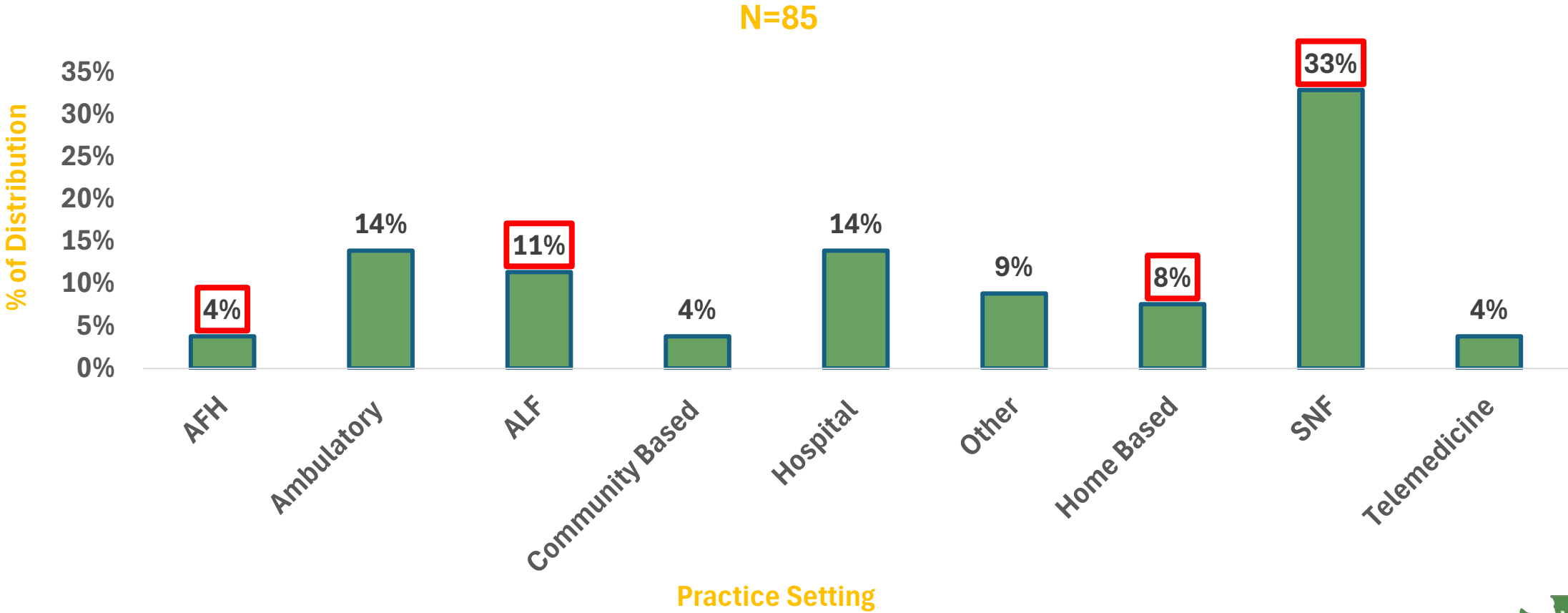
2024 ER Case Nature Categories



Case Nature

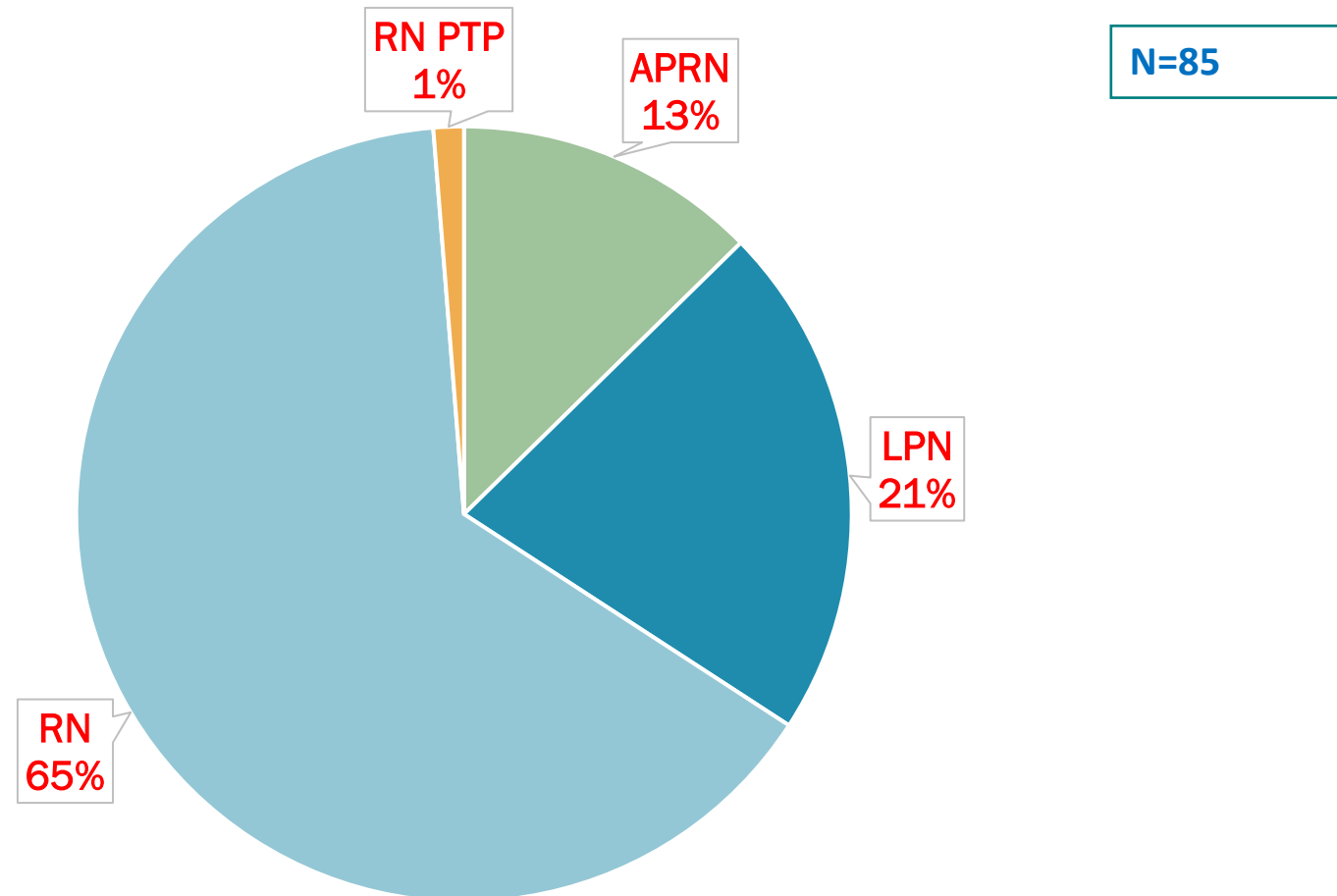
Early Remediation Data

Practice Setting Distribution Categories



56% = AFH, ALF, Home Based, SNF

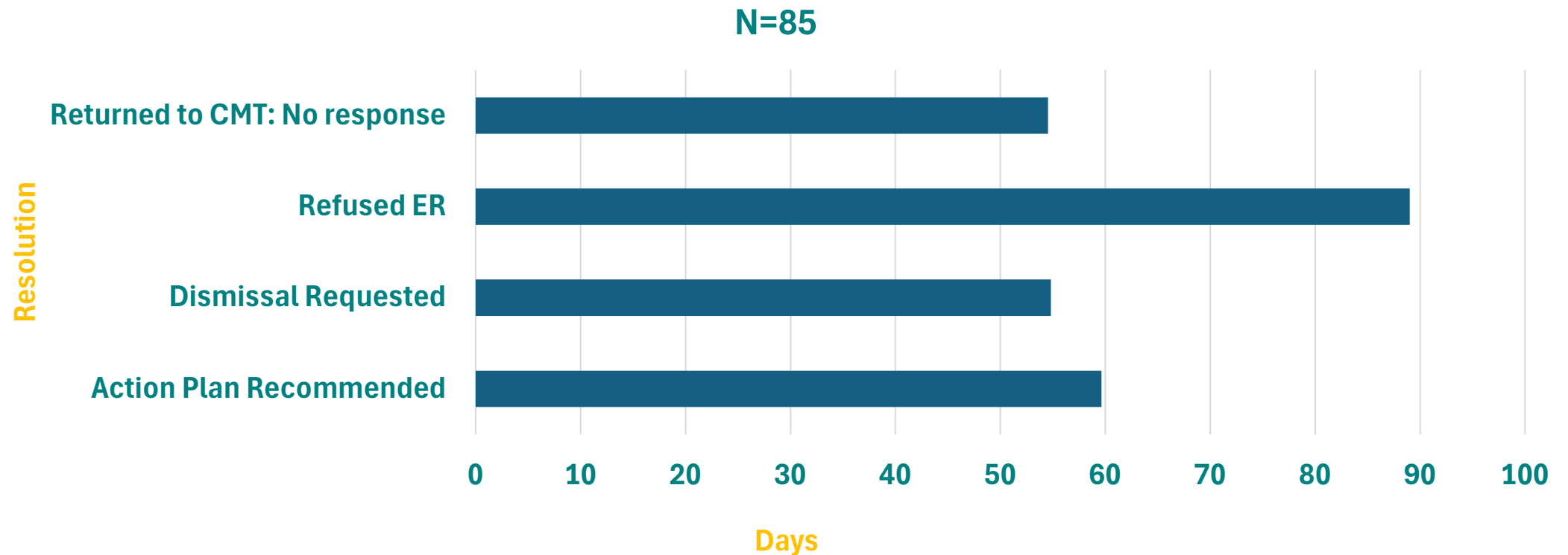
2024 Early Remediation Respondent Credential



WABON Business Meeting
March 14, 2025



2024 Early Remediation: Average Days to Complete a case



59 Days = Average # for case completion

WABON Business Meeting
March 14, 2025



Strategic goal ↔ Data Collection Tool Design

2023 Goals

1. Practice Venue Breakdown

Acute Care, SNF, AFH, ALF, Ambulatory

2. Complaint Source Breakdown

Patient, Family, Employer, DSHS, Other Agency

3. Allegation Categories

Patient care, Boundaries, Case Nature

4. Nurse's Years in Practice

5. Rate of Recidivism

2024 Accomplishments

Practice Venue

Complaint Source

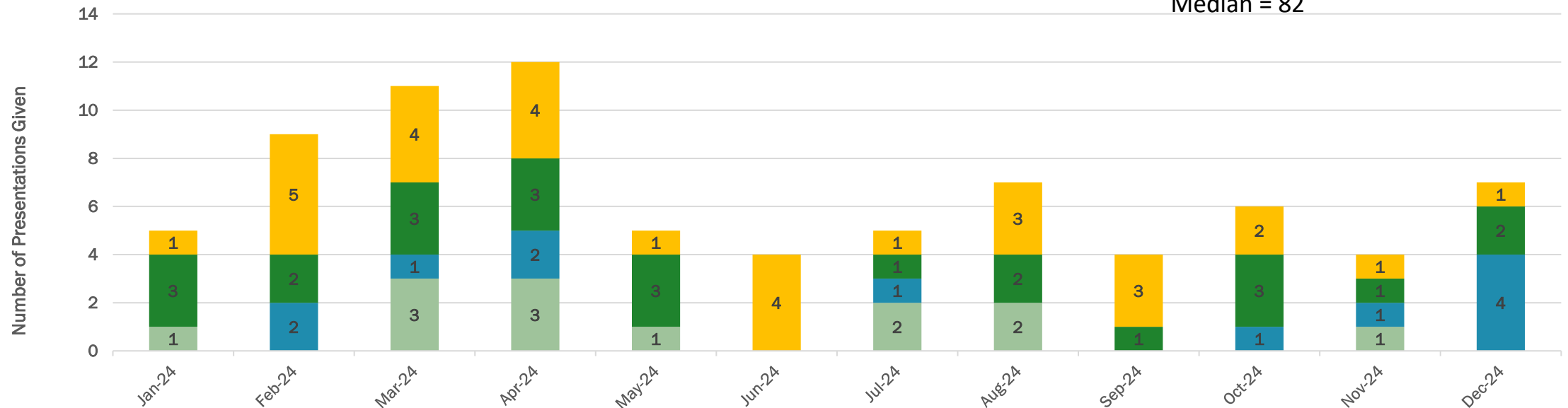
Allegation Categories Alignment

Respondent longevity

Monthly Presentation by Type

Presentations Given per Month by Presentation Type

Attendance range = 17 to 125
Median = 82



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Scope of Practice	1	5	4	4	1	4	1	3	3	2	1	1
Professionalism	3	2	3	3	3	0	1	2	1	3	1	2
Introduction to WABON	0	2	1	2	0	0	1	0	0	1	1	4
Foundations of Nursing	1	0	3	3	1	0	2	2	0	0	1	0

Contact a Nursing Practice Consultant

If you need more help, please contact us:

[Ask the Practice Team ↗](#)

2025 Nursing Practice Inquiry

1/8/2025

Please fill out this Form if you would like to ask a question to Washington State Board of Nursing (WABON) Practice Unit. This questionnaire covers the jurisdiction of the WABON

- Do you work for the Board of Nursing *
 - Yes
 - No
- Date question received (For Internal Use only) *
- Date responded to question (For Internal Use only) *
- Please enter your name *

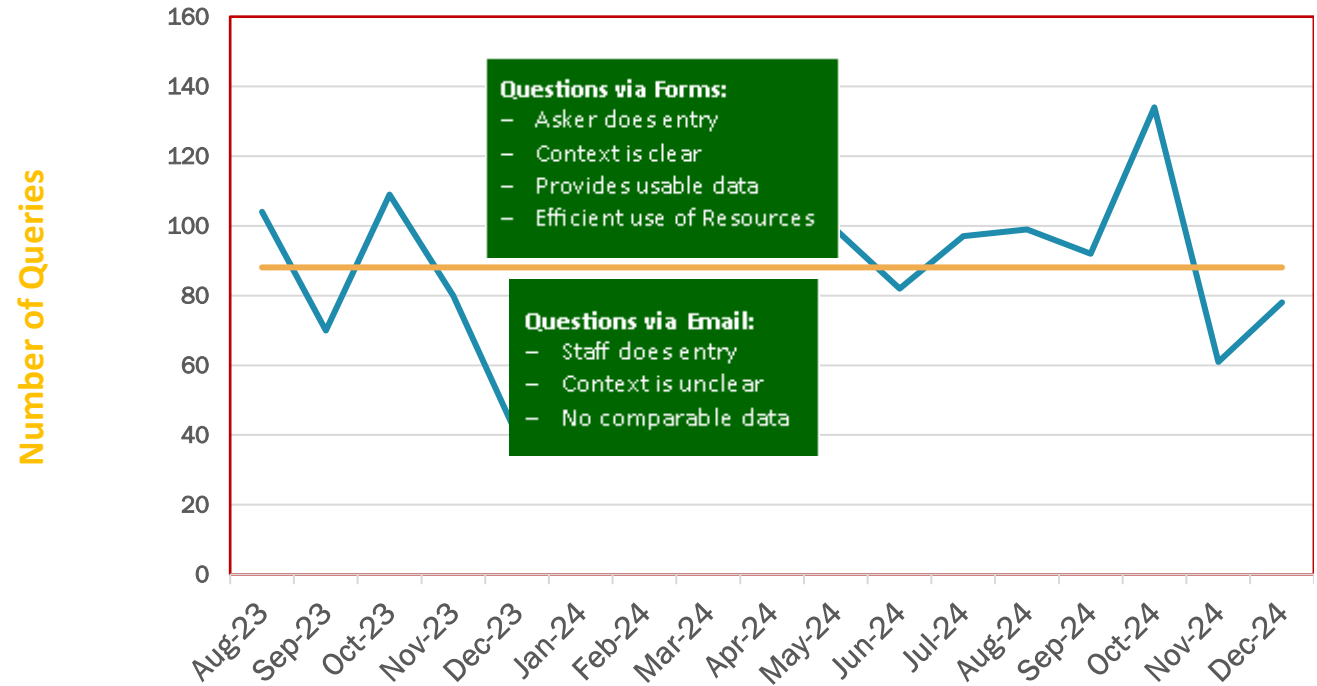
Performance Measure: Practice Queries

Volume.

The total number of practice queries received per month in 2024. This fluctuates based on external demand.

Median = 88 per month

Total Queries Received by Month

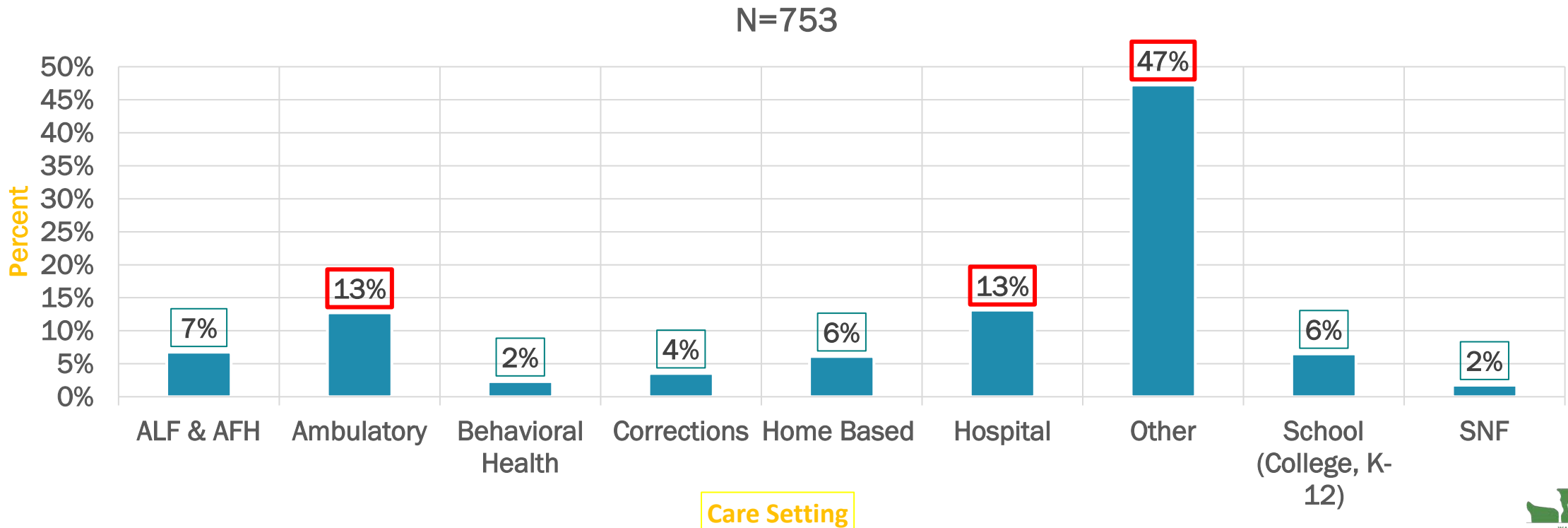


	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Total Queries Received	104	70	109	80	40					99	82	97	99	92	134	61	78
(Do Not Edit) Average Number of Queries Over Period	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88

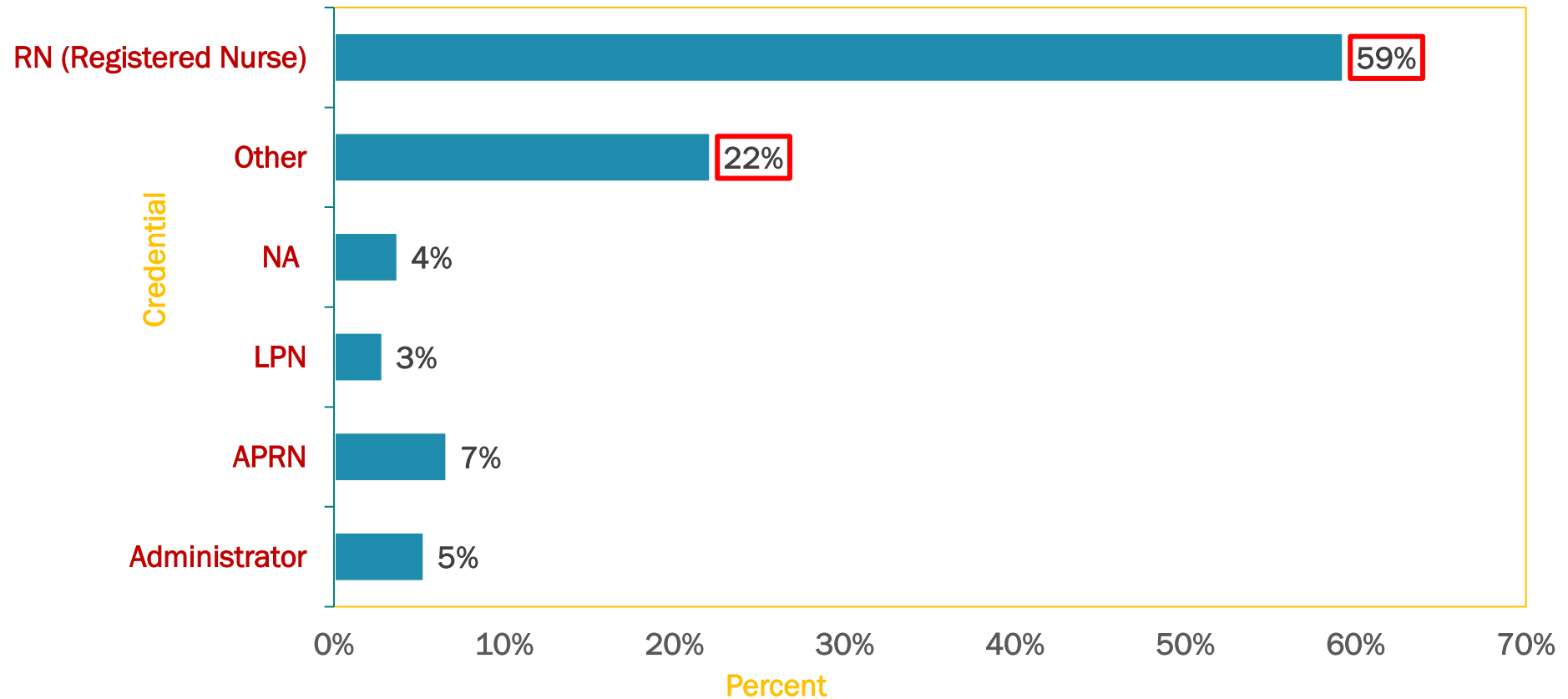
Month Query was Received



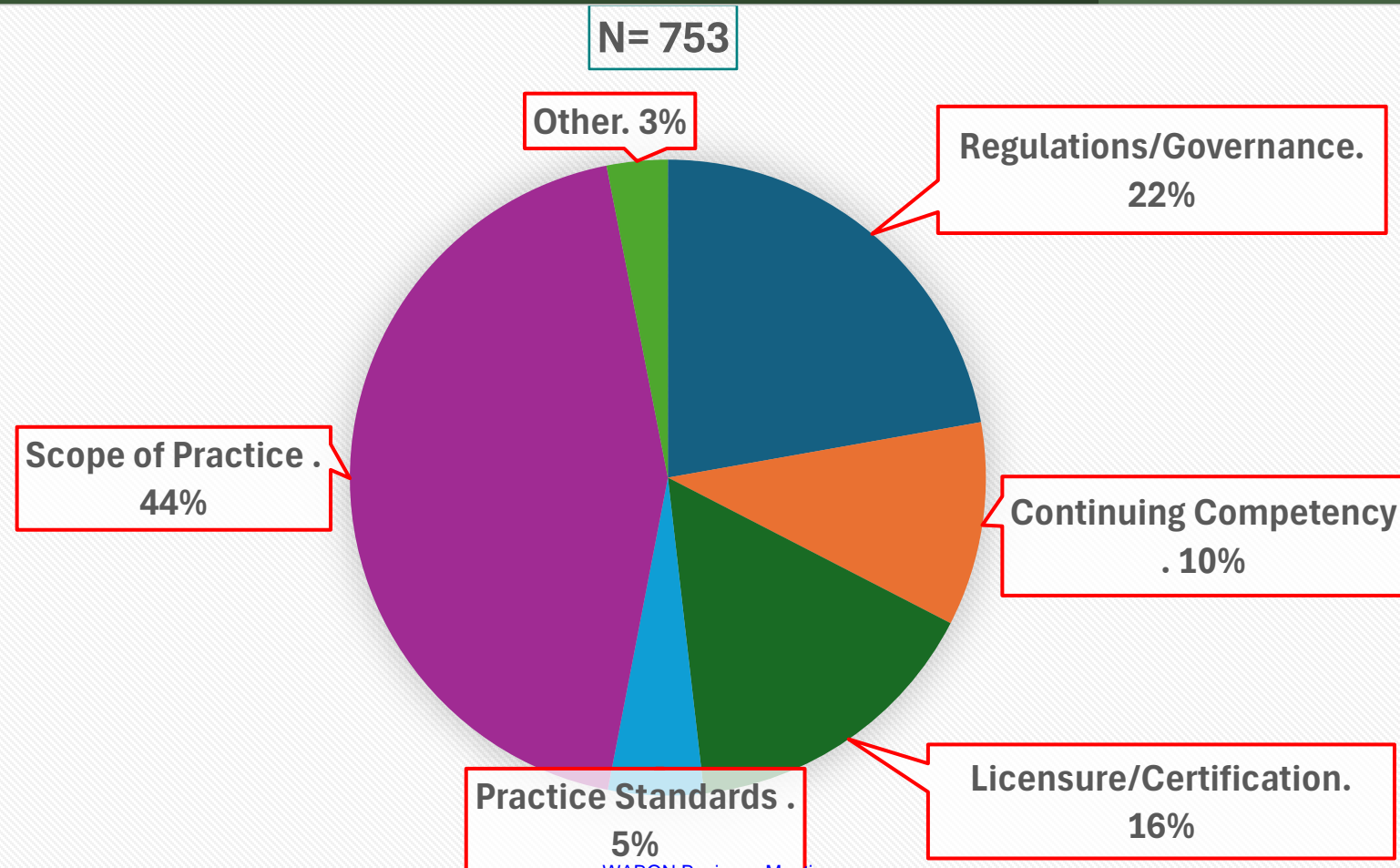
2024 Practice Queries: Care Setting Distribution



Practice Queries: Who is Asking?



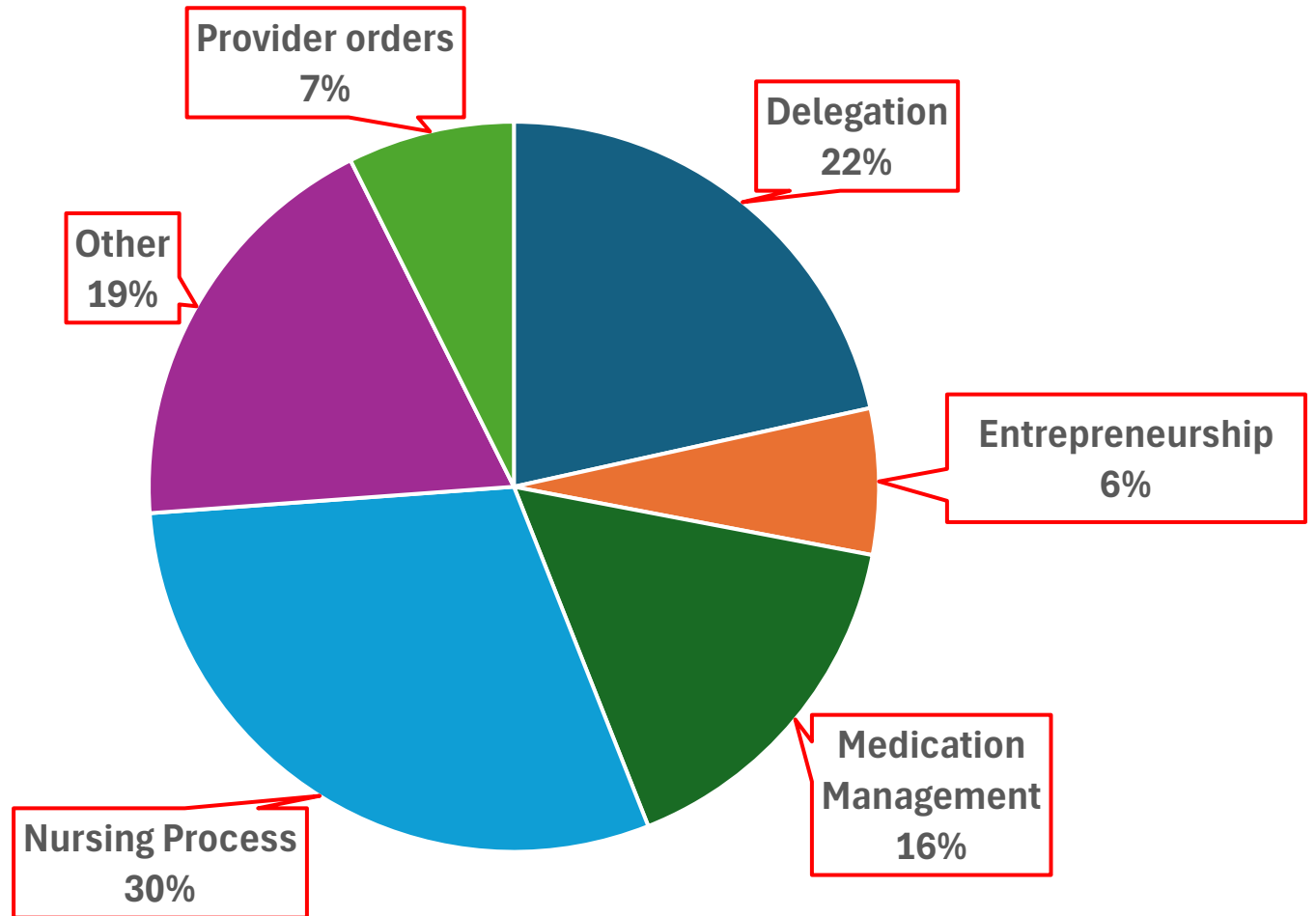
Practice Queries: Inquiry Categories Distribution



WABON Business Meeting
March 14, 2025

Scope of Practice Topic Distribution

N=753



Example of Nursing Process and SOP

Question:

- "When providing telephonic case management activities can LPNs do health risk assessments and create patient care plans independently? Is it appropriate to use AI to create a patient care plan?" *

Answer:

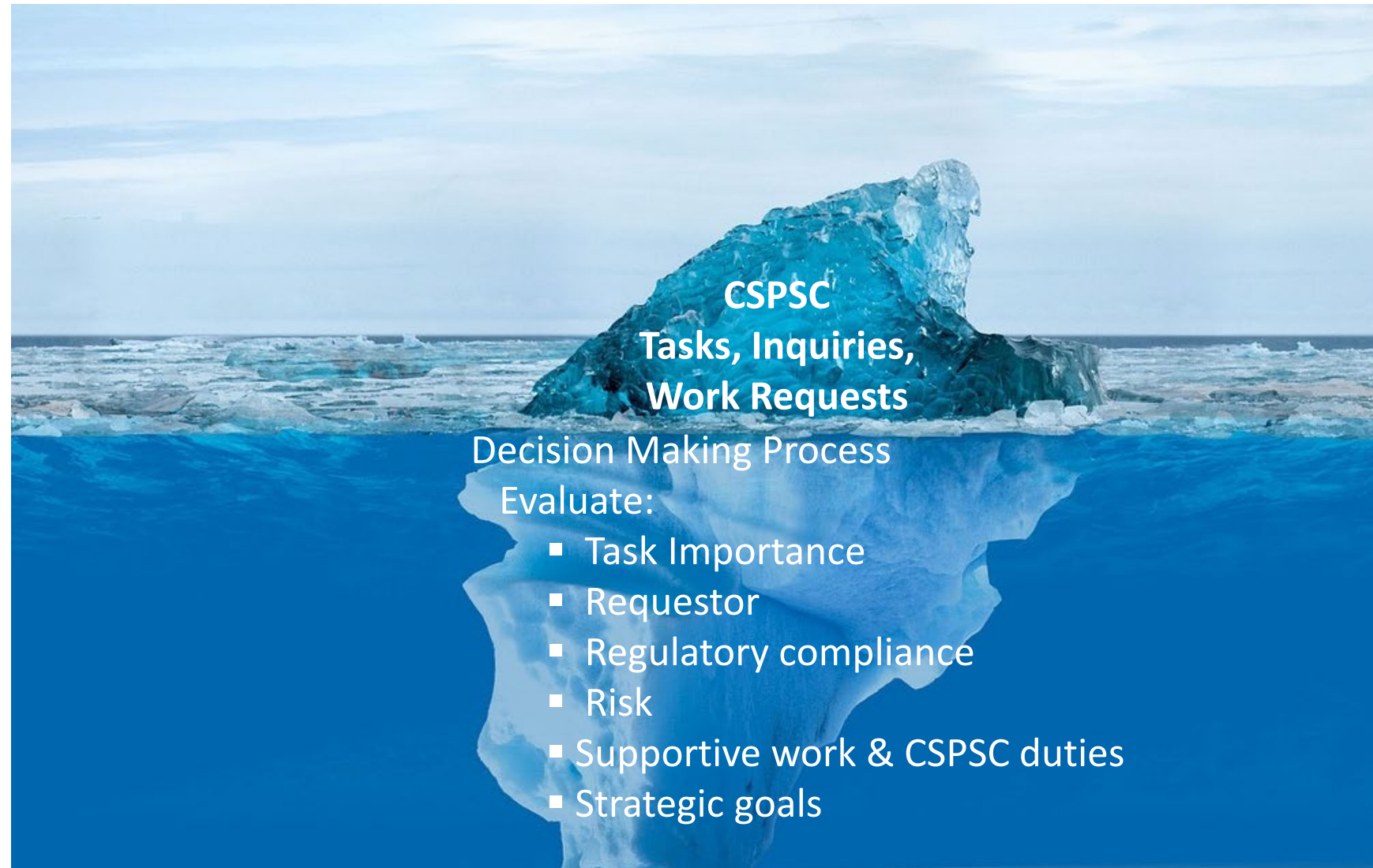
- LPNs can collect data and assist in care plan creation but cannot independently create one.
- For guidelines, refer to the RN-LPN SOP comparison summary and FAQs on the nursing process.
- Nursing laws don't address AI use in medical records WAC 246-840-700 and 246-840-705



*Synthetic Quote

Strategic Plan 2023-2025

Prioritization Matrix



Process Improvement: Prioritization Matrix

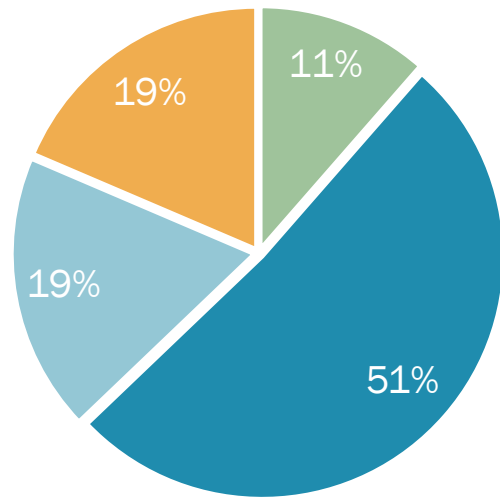
2025 CSPSC Prioritization Matrix

Jan 23, 2025

Internal: Please fill out if you have a work request for BON-Consistent Standards of Practice (CSPSC) sub-committee

Start now

Meets BON /CSP priorities



- Best Practice: models of care (8)
- Impacts Core CSPSC duties (36)
- Regulation (10)
- Scope of Practice (13)

12/3/2024

Active List Analysis (N=61)

Discussion and Questions

Deborah Carlson, MSN, RN
Nursing Practice Director

Margaret Holm, JD, RN
Nurse Practice Consultant

Shana Johnny, DNP, MN, RN
Nurse Practice Consultant

Marlin Galiano, MN, RN
Nurse Practice Consultant

Dennis Gunnarson
Administrative Assistant

Practice Strategic Plan Update (2023-2025)

March 2025 Updated

Nursing practice breakdowns continue to disrupt safe patient care. The WABON Early Remediation (ER) case nature data reveals practice breakdowns in team communications, medication omissions, and practicing beyond one's scope of practice.

Identifying datasets that provide information on nursing practice breakdowns will serve as a starting point to identify trends in practice breakdowns. Data will provide guidance for nurses and organizations to understand contributing factors in nursing practice breakdown.

Goals: Collect available data to identify and characterize practice breakdowns that promote safe nursing practice.

Provide proactive education to support nurses based on practice error data.

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Develop or adapt a data management plan (DMP)	Shana Johnny	Collaborate with the Research Subcommittee (RSC) regarding their data management framework and resources Metric: Description of resources and shared framework obtained from DMP.	December 31, 2023	Met. Research is developing an internal data sharing procedure.
Identify data sets that provide information on practice breakdown	Deborah Carlson Shana Johnny Margaret Holm Marlin Galiano	Collect, organize, and prioritize available data sets. <ul style="list-style-type: none"> Examine nursing student practice error data (Source: WABON Education Unit) Examine any available patterns or trends in nursing practice breakdown (Source: (WABON Discipline Data Dashboard) 	June 30, 2023	Met. Identified workable datasets and collected data. Nursing student data – issues with validation and confidentiality. Practice data inquiries – data collected and analyzed by

		<ul style="list-style-type: none"> • Examine Nursing Practice data inquiries (Source: Nursing Practice email box) • Explore other data sources (Source: HSQA Call Center Reports) • Explore case nature data provided by the Case Management Team (CMT) (Source CMT and ER Program reports) <p>Metric: Number of new datasets identified that are relevant to practice breakdown.</p>		<p>Research nursing student who presented to CSPSC in February and to WABON in May. Nursing practice data inquires – in process of creating a tool to enhance data collection categories. ER data – Research nursing student collected and analyzed data developed report. Tool created to collect more accurate data Discipline data dashboard - Data does not align with information on practice breakdown.</p>
<p>Analyze datasets that inform nursing practice breakdown</p>	<p>Deborah Carlson Shana Johnny Margaret Holm Marlin Galiano</p>	<ul style="list-style-type: none"> • Identify practice breakdown categories • Gather data that reflects practice breakdown categories • Sort and organize information within a spreadsheet • Analyze the data for trends or patterns of practice breakdown 	<p>Ongoing</p>	<p>In process. Raw data collected. Validating data and developing tools to categorize. Identified three data sources for possible data:</p>

		Metric: Number of data sources used		Practice inquiries, ER, student nursing practice errors.
Share and disseminate data on practice breakdown/trends to strategic staff to facilitate guidance for safe nursing care in 2024	Shana Johnny Deborah Carlson	Metric: Progress reports in 2024 annual report to BON	December 2024- Done March 2025	Develop a utilization and dissemination plan.
Provide nursing consultation, guidance, and education to internal and external customers to understand the laws and regulation related to nursing practice that promote quality nursing care using a preventive and regulatory approach	Deborah Carlson Margaret Holm Shana Johnny Marlin Galiano	<ul style="list-style-type: none"> • Coordinate with the BON subcommittees on prioritization, completion and evaluation of special projects, development and revision of advisory opinions, FAQs, and resource tools. • Protect patients by resolving allegations of practice deficiencies of a less serious nature through the ER program. 	December 2025	Develop plan to Implement findings into relevant resources.

Washington Health Professional Services ANNUAL REPORT

2024

All measured results were derived from data collected between January 1, 2024 and December 31, 2024.

Washington State Board of Nursing
www.nursing.wa.gov
WABON Business Meeting
March 14, 2025



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5. Number and types of referrals.
6. Length of time to determine eligibility for program participation.
7. Length of time from when the program receives the referral to the execution of the agreement.
8. Return to work rates for WHPS nurses working under their current credentials.
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10. Recidivism rates for completers.
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12. Annual summary of the Substance Use and Disorder Review Panel (SUDRP) actions.
13. Education outreach plans and reports.
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15. Policy Recommendations to WABON.

01

Program direction to assure decisions are congruent with current research, knowledge, best practices and compliance with legislative and WABON directives.

Washington Health Professional Services (WHPS), in conjunction with the Substance Use Disorder Review Panel (SUDRP), is committed to providing a monitoring program that enables nurses facing the challenge of substance use disorder (SUD) to continue to practice while ensuring the safety of the public. WHPS follows the National Council of State Boards of Nursing (NCSBN) best practices related to SUD monitoring, including drug testing, attendance at mutual support groups, regular check ins, and worksite monitoring. WHPS staff regularly receive notices from RecoveryTrek and the United States Drug Testing Laboratories (USDTL) with information on updated SUD treatment processes, monitoring, testing, medications, and other related topics.

In 2024 the legislature enacted HB1255, which established a stipend fund for WHPS participants and included a provision in which disciplinary action indicators can be removed from Provider Credential Search upon successful completion of the program.

02

Results of annual procedure review with WABON.

In 2024, WHPS staff reviewed and submitted ten (10) separate procedures for board approval. Some of these changes were nonsubstantive and related to formatting after the WABON name change and re-branding. Others included modifications to case management processes following updated research and best practices.

WHPS staff and Discipline Subcommittee members provided vital input related to contract terms and conditions, case management processes, peer support groups, successful completion requirements, outreach and education, and the more generic topics of office hours and records management.

03

Confirmation that required documents can be tracked and verified.

The Assistant Director of Discipline and WHPS and the WHPS Operations Manager are responsible for consistently reviewing random case files every month. This ensures file completeness and verifies receipt of required documentation from participants, peer support group facilitators, worksite monitors, and other individuals involved in the participant's recovery.

WHPS requires a variety of documents of participants, including contracts, release of information forms, consistently updated prescription information, and treatment evaluations, as well as reports related to employment, group participation, and attendance. In addition to ensuring participants meet the requirements of their contracts, case managers are responsible for addressing noncompliance issues promptly and in adherence with WHPS procedures. Monthly reports provide statistical data that measures response consistency.

04

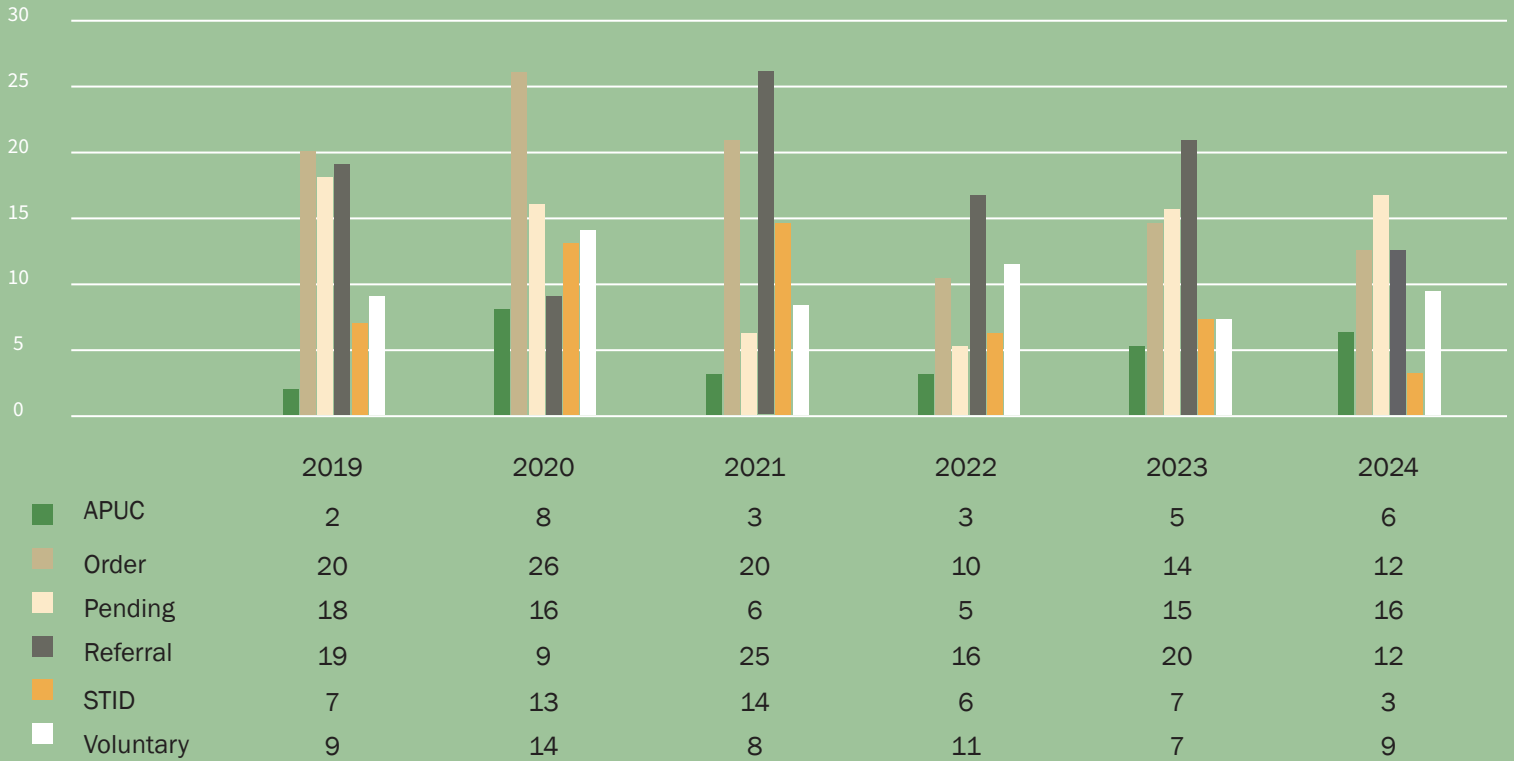
Legal or financial considerations as directed by WABON, including money awarded through the stipend program beginning in 2024.

WHPS receives funding through licensing fees and does not have a dedicated budget outside of that funding source. WHPS employs a part-time medical director, and upon Dr. David Beck's retirement, in mid-2024, WABON contracted with Daniel Roa, DNP, PMHNP to fill that role. WHPS also manages a no-cost contract with RecoveryTrek, a third-party administrator supporting SUD monitoring and compliance through a comprehensive data management system.

In July 2024 WHPS implemented the stipend program from the enactment of HB 1255. The legislature initially funded the program with \$25,000, By the end of 2024, WHPS provided financial support by defraying \$6101 in costs associated with testing costs and peer support group fees for 21 qualified applicants.

05

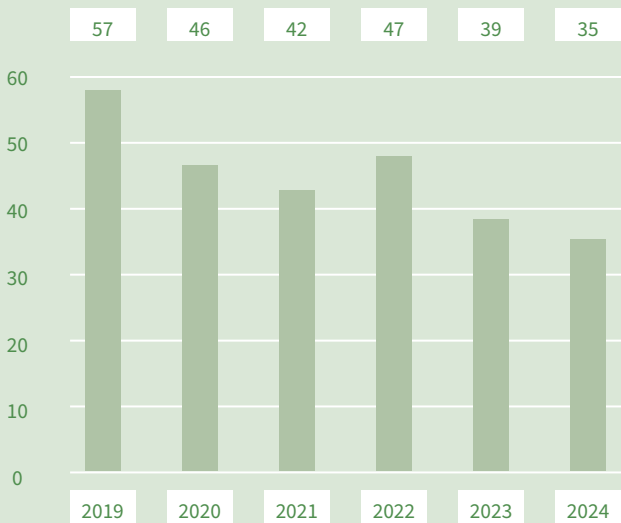
Number and types of referrals.



06

Length of time to determine eligibility for program participation.

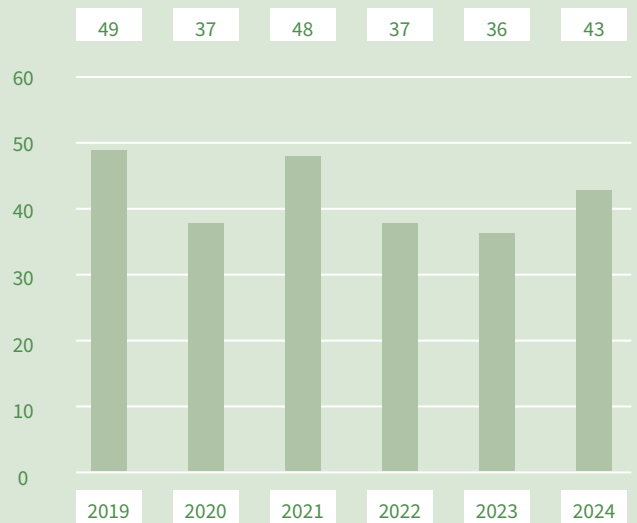
Average Days



07

Length of time from when the program receives the referral to the execution of the agreement.

Average Days From Intake to Contract Signed, Monitoring Begins



- Average days from intake to contract (agreement) offered.
- Process includes intake, evaluation recommendations, reason for entry/referral, case file review at weekly WHPS case staffing.
- Performance measure is 45 days from intake to contract offered.
- Not all contracts offered result in a signed contract.

- Term agreement used interchangeably with contract.
- Average days from intake to contract (agreement) signed/ monitoring begins.

08

Return to work rates for WHPS nurses working under their current credentials.

The focus of WHPS is to ensure the safety of the public, achieved by actively monitoring nurses with SUD while they are working in healthcare. WHPS encourages nurses to seek and maintain employment using their current nursing credentials. Case managers work with multiple healthcare employers to facilitate employment of nurses in the program and work with them to set appropriate guidelines and restrictions in the workplace as part of the participation contract.

Since 2019, an average of 79% of nurses enrolled in WHPS have been able to return to work under their credential while in the program.

In 2024, the percentage of nurses enrolled in WHPS and working under their credential was 82%.

09

Number of nurses temporarily removed from practice and reasons for removal.

Reasons for removal from practice include, but are not limited to:

- Positive Drug Tests
- Unauthorized use of prescription or over-the-counter medications
- Employment noncompliance
- Excessive missed tests
- Admitted relapse

37 incidents of noncompliance resulting with a nurse being removed from practice.

26 Nurses removed from practice in 2024

5 Nurses removed more than once

2 Nurses removed more than twice

2 Nurses terminated from employment upon being removed from practice

4 incidents took place within a nurse's first 90 days of enrollment in WHPS

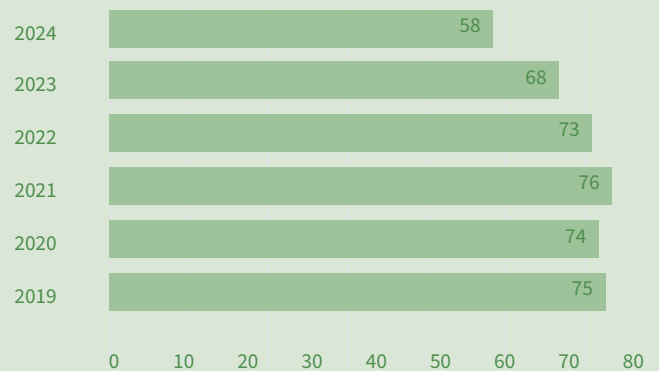
10

Recidivism rates for completers.

Returning to WHPS after successfully completing program



New Contracts offered/Signed



11

Responses of case managers to non-compliance and relapse issues.

WHPS case managers are committed to a consistent approach to monitoring participants. This is especially important when dealing with situations that result in a non-compliance incident.

Case managers must follow procedures appropriately, they must accurately document all relevant communications, and they must maintain the documents securely in the monitoring database. Monthly reports measure promptness and consistency of responses to non-compliance incidents.

Annual summary of the Substance Use and Disorder Review Panel (SUDRP) actions.

SUDRP is a group of board members with delegated decision-making authority and WABON staff, including WHPS case managers and legal staff, who review cases of nurses’ non-compliance with the program. They also review and approve completions, stipend applications, and give audience to nurses in the WHPS program who would like to address the panel.

In 2024 SUDRP reviewed 64 cases, for an average of five per month. The goal is to have no non-compliance cases to

review. There were no instances of treatment or attendance non-compliance during 2024.

Cases reviewed	64
Positive Drug Screen.....	63
Missed Test/Check in	17
Relapse	15
Other	8
Employment.....	3

Education outreach plans and report.

After Dr. John Furman’s retirement in early 2024, outreach became the responsibility of all WHPS staff members. Case managers connected often with healthcare facilities, students, human resource staff, nurse and facility managers, and healthcare executives to schedule presentations and educate about the program. In this post-pandemic world and with travel restrictions in place, WHPS staff most often presented virtually through Teams and Zoom

In addition, WHPS reached nearly 150 individuals who attended the WABON 2024 Conference: *Voice & Vision - The Possibilities* in October. Case manager Melissa Fraser, joined by two former WHPS nurse participants, provided an informative session about the program, benefits of monitoring and maintaining nursing practice, and an overview of SUD and its impact on nurses. The nurse participants provided their personal stories and their successes that WHPS supported them to achieve. WHPS also staffed an information table at the conference, providing information on the program to nurses on an individual basis.

External audit findings of performance.

Mid-year in 2024, WABON leadership identified a WHPS case manager as a strong asset to the HELMS implementation team and gave her the opportunity to support that project on a part-time basis. This resulted in an increased caseload for the other case managers.

In November, WABON reallocated two positions to maximize operations and equalize the workload. An existing support position moved into the role of operations manager, and the previous operations manager assumed the duties of case manager.

WHPS finished 2024 with one part-time and five full-time case managers, which provides additional time for case managers to perform important outreach activities in addition to their regular responsibilities.

Policy Recommendations to WABON.

In 2024, the legislature funded the WHPS-administered stipend program with \$25,000 from the general fund to support nurses struggling with the financial burden of participation in WHPS. This allotted amount is ongoing.

However, WABON sought a decision package to expand the funding to reach more applicants and cover more costs of the program beyond testing and peer support group attendance. Unfortunately, the Governor’s budget did not include that funding.



2024 WHPS Annual Report created by:

Holly Palmer, WHPS Operations Manager

Review, Edits and Approval by:

Catherine [WABON Business Meeting](#) and WHPS
Grant Hulteen, Assistant Director, Discipline and WHPS

Medical Spa Services Interprofessional Guidance

Purpose

The purpose of this work group is to:

- Identify “lifestyle enhancement” or medical aesthetic services performed or supervised by licensed providers.
- Identify existing statutes and regulations that govern current requirements for training, licensure, and supervision of these procedures.
- Explain existing statutes and regulations to help the public and licensees understand how these procedures should be safely administered according to the current laws.
- Clarify new business requirements for medical aesthetic services.
- Support healthcare providers in best practice guidance to safely administer medical aesthetic services.

Scope

For the purpose of this project, examples of medical spa services include, but are not limited to, all aspects of oversight, diagnosis, prescription, administration, and follow-up care for the following activities if performed outside a traditional medical setting.

Based on questions raised by licensees, staff, and members of the public, the topics under consideration at this time include, but are not limited to:

- intravenous hydration, including compounding medication for IV administration
- advanced aesthetics services that potentially penetrate below the dermal layer of the skin
- cosmetic injectables such as botulinum toxin and fillers
- nonsurgical fat reduction such as injection, radiofrequency, temperature, or laser lipolysis
- prescription and dispensing of medications such as semaglutides or sildenafil

Members ***(will add links directly to professions aesthetics page – please insert appropriate link and contact person)***

- Board of Dentistry: Debbie Gardner, MBA, RDH
- Board of Naturopathy: Rachel Phipps
- Board of Nursing: Alison Bradywood, DNP, MN/MPH, RN
- Department of Licensing (Cosmetology):
- Medical Commission: Mike Farrell, JD
- Pharmacy Commission: Marlee O’Neill, JD

Resources

Compounding Resources (link document)

Informed Consent (link document)

Infection Control Checklist (link document)

Separate Webpages

Legal Requirements for Operating a Business

Intravenous Therapy Services



This document was created by WA Department of Health staff to provide a high-level overview of pertinent definitions and best practices related to intravenous (IV) therapy services. This document is not exhaustive.

Best Practices Checklist (not an exhaustive list)		Helpful References
Consult and comply with your regulatory board regarding ordering, storing, and administering medications. ¹	<input type="checkbox"/>	<p>As defined in the Pharmacy Practice Act, "Compounding" means the act of combining two or more ingredients in the preparation of a prescription. Reconstitution and mixing of (a) sterile products according to federal food and drug administration-approved labeling does not constitute compounding if prepared pursuant to a prescription and administered immediately or in accordance with package labeling, and (b) nonsterile products according to federal food and drug administration-approved labeling does not constitute compounding if prepared pursuant to a prescription. RCW 18.64.011(6)</p> <p>As defined in the Pharmacy Practice Act, "Wholesaler" means a corporation, individual, or other entity which buys drugs or devices for resale and distribution to corporations, individuals, or entities other than consumers. RCW 18.64.011(38)</p> <hr/> <p>FDA = U.S. Food and Drug Administration</p> <p>PQAC =the Washington State Pharmacy Quality Assurance Commission</p> <p>USP = the United States Pharmacopeia.</p> <hr/> <p>¹Who Can Prescribe and Administer Prescriptions in Washington State Washington State Department of Health</p> <p>²See Pharmacy Commission Washington State Department of Health.</p> <p>³See WAC 246-945-015; 21 USC 353b (a) (10)</p> <p>⁴US Pharmacopeia (USP)</p> <p>⁵Hydration-Resources.pdf</p> <p>⁶Pharmaceutical waste - Washington State Department of Ecology</p> <p>⁷NABP USP Compounding Webinar Q&A Follow-up September 14 2023</p>
Determine if your provider credentials allow you to order medications under your license. ¹	<input type="checkbox"/>	
Determine if you plan to order patient-specific medications, bulk drug products for office stock, or both.	<input type="checkbox"/>	
Order patient-specific medications from a facility licensed by PQAC & authorized to compound medications, or your scope of practice allows for office-based dispensing of compounded products ²	<input type="checkbox"/>	
Order bulk drug products for office stock from a wholesaler licensed by PQAC & authorized to sell medications in WA. ²	<input type="checkbox"/>	
Ensure the medications are appropriately labeled. ³	<input type="checkbox"/>	
Handle and store compounded patient-specific medications appropriately. ^{5,7}	<input type="checkbox"/>	
Contact the compounder(s) with any questions about the supplied patient-specific medications.	<input type="checkbox"/>	
Contact the wholesaler with any questions about the supplied bulk drug products for office stock.	<input type="checkbox"/>	
Ensure the medications are stored in safe and sanitary location(s). ⁵	<input type="checkbox"/>	
Ensure the integrity of the medication's packaging is preserved. ⁵	<input type="checkbox"/>	
Ensure no expired medications are in stock.	<input type="checkbox"/>	
Ensure you have access to current copies of USP General Chapters <795> and <797>. ⁴	<input type="checkbox"/>	
If planning to compound medications on-site, learn if that is within your scope of practice. ¹	<input type="checkbox"/>	
Ensure you are meeting applicable quality and safety standards If you are preparing medications on-site. ^{1,5}	<input type="checkbox"/>	
Ensure you have a way to safely and appropriately dispose of any remaining drug product following administration. ⁶	<input type="checkbox"/>	
Ensure you have appropriate medications and supplies on hand in the event of an adverse drug event or reaction.	<input type="checkbox"/>	
Ensure you are compliant with all laws and rules applicable to your practice setting. ¹	<input type="checkbox"/>	



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Interagency Aesthetics Taskforce
MedSpa Compliance

ENVIRONMENT OF CARE/INFECTION CONTROL CHECKLIST

*All recommendations derived from CDC Outpatient Procedures

EDUCATION / POLICIES / PROCEDURES – WAC 246-817-615 (dentistry); Training requirements WAC 296-823-12005 ; WAC 296-823-12010 : Training Records WAC 296-823-12015; WAC 296-823-11010; Chapter 296-800 WAC : (nursing)	YES	NO
Written policies and procedures – readily available		
Annual review of policies and procedures		
Annual training – all direct care staff		

PERSONAL SAFETY – WAC 246-817-625; WAC 296-823; WAC 296-800; OSHA Standards CFR - Code of Federal Regulations Title 21 (fda.gov)	YES	NO
Office appears to complies with L&I – RCW 49.17		
Comments:		

HAND HYGIENE – WAC 246-817-635	YES	NO
Hand hygiene performed when hand soiled		
Hand hygiene performed when barehanded touching objects likely to be contaminated by blood, saliva, or respiratory secretions		
Hand hygiene before and after each patient.		

PERSONAL PROTECTIVE EQUIPMENT – WAC 246-817-640 WAC 296-823-15005 : PPE WAC 296-823-15015 : Masks, Eye Protection Face Shields WAC 296-823-15020 : Protective Clothing WAC 296-823-15025 : Resuscitator Devices WAC 296-823-15030 : Maintaining PPE	YES	NO
Gloves Changed Between Patient Contacts		
Appropriate gloves available for specific tasks according to WAC 296-800-16065 and 296-823-15010		
Practitioner Mask Worn (mouth and nose protection; mandatory if risk of spray)		
Practitioner Eye protection Worn (<i>Mandatory if risk of spray</i>)		

Office complies with L&I bloodborne pathogens compliance (PPE) - WAC 296-823-150		
---	--	--

RESPIRATORY / COUGH ETIQUETTE – WAC 246-817-645	YES	NO
Signs		
Tissues		
No-touch receptacles		
Masks available for coughing patients and visitors		

SHARPS SAFETY – WAC 246-817-650; WAC 296-823-14005; Sharps safety WAC 296-823-14010; Resuable sharps safety WAC 296-823-14015;	YES	NO
CDC compliance for safe injection practices in settings		
Uses one-handed scoop technique or mechanical device designed for holding the needle cap when recapping needles.		
Sharps placed in appropriate puncture-resistant containers; disposed of immediately after use.		
Puncture-resistant container in each operatory – fixed to wall/cart to prevent spillage/contamination		

STERILIZATION - WAC 246-817-655 (1)	YES	NO
Critical and semi-critical items are heat sterilized according to manufacturer’s instructions.		
Non-critical items are sterilized or disinfected according to manufacturer’s instructions.		
Any items sterilized by chemical?		
Chemical sterilant manufacturer and type: _____		
Documentation related to how and when chemicals are mixed, used, and changed		
Manufacture requirements followed		
Single Use Items discarded after use on a patient (even when unused) <i>Exceptions are provided for items that have disinfection instructions. Preference to only put out what will be used. Multi-use drug vials must be dated upon first use and punctured only will sterile needle.</i>		
Maintain documentation of testing, maintenance of equipment Consider APIC, ADS, AORN (or similar) staff training at least annually and on hire (at least 1 hr./yr)		

INSTRUMENT STORAGE - WAC 246-817-655 (2); Labeling WAC 296-823-14025; Examine and label contaminated equipment WAC 296-823-14050;	YES	NO
Sterilized instruments are in wrapped bags / containers / cassettes		
Wrapped bags / containers / cassettes are stored in a closed or covered area		
Wrapped bags / containers / cassettes inspected prior to opening		

Wrapped bags / containers / cassettes opened as close to scheduled procedure as possible		
Separate and clearly mark clean and dirty instruments, work areas <i>Pre-treat instruments to remove debris, observe to ensure visually clean following sterilization. Ensure appropriate handling/ventilation for cleaning materials (e.g., Cidex). Immediately package after disinfection.</i>		

STERILIZATION DISINFECTION -WAC 246-817-655 (3)	YES	NO
Using Mechanical monitors according to manufacturer’s instructions		
Using Chemical monitors according to manufacturer’s instructions		
Using Biological monitors according to manufacturer’s instructions		

TEST STERILIZERS - WAC 246-817-655 (4)	YES	NO
Autoclave Type/Brand:		
Weekly Spore Tests Log		
Remedial action taken after positive spore test		
Annual biomedical maintenance (electrical safety, cleanliness, calibration, etc.)		
Must meet manufacturer’s instructions for use and maintenance		

LABORATORY - WAC 246-817-655 (5); CLIA Waiver	YES	NO
Medical Test Sites Medical Test Sites (MTS) Licensing Info, Forms, and Fees Washington State Department of Health Chapter 70.42 RCW: MEDICAL TEST SITES (wa.gov) Chapter 246-338 WAC:		
Uses sealed/labeled container for transport of specimens		
CLIA waiver if applicable		

Compounding - WAC 246-945-100; OSHA Compounding Hazardous Drugs - Controlling Occupational Exposure to Hazardous Drugs Occupational Safety and Health Administration (osha.gov)	YES	NO
USP 797		
Hood use/recalibration for mobile units		

Smoke Exhaust Management	YES	NO
OSHA Laser/Electrosurgery Plume Laser/Electrosurgery Plume - Overview Occupational Safety and Health Administration (osha.gov)		
Laser Safety Laser Hazards - Overview Occupational Safety and Health Administration (osha.gov)		
Laser/ablative devices (e.g., Smoke Shark)		
PPE use – laser safety		

SURFACE DISINFECTED BETWEEN PATIENTS - WAC 246-817-655 (6)(7)(8)	YES	NO
Disinfectant chemical/brand: _____ Describe disinfection process		
Documentation related to how and when chemicals are mixed, used, and changed		
Manufacture requirements followed (mechanical removal, dwell, dry time & PPE)		

HIGH VOLUME EVACUATION - WAC 246-817-655 (9)	YES	NO
HVE used whenever aerosols are present		
HVE installed and maintained to manufacturer instructions.		

WATER LINE TESTING – WAC 246-817-660 <i>Beginning 12/1/2021</i>	YES	NO
Water line testing performed (at least quarterly)		
Water line testing log/documentation		
In office testing: Type/Manufacturer: _____ Out of office testing – Type/Manufacturer/Lab: _____		
If remediation necessary-did it take place? Was equipment taken out of service, remediated, with follow-up testing at one week and one month? Describe in comments		

Oxygen/Nitrous Management OSHA Oxygen 1910.104 - Oxygen . Occupational Safety and Health Administration (osha.gov) ; Nitrous OSHA 1910.105 - Nitrous oxide . Occupational Safety and Health Administration (osha.gov)	YES	NO
Oxygen Management (<i>fire department requirements, medical grade O2, disposable/autoclave circuits, appropriate venting</i>)		
Hyperbaric Oxygen (<i>unit maintenance, patient purchase own hood</i>)		

Laser Safety Washington Medical Commission WAC 246-919-605	YES	NO
Windows covered to prevent scatter		
Door signage when in use (prevent exposure)		
Non-reflective items in room		
Safety glasses		

COMMENTS: _____

PERSONNEL PROVIDING INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

I have read and received a copy of this inspection report.

Provider: _____ **DATE:** _____

Medical Director (if different than provider): _____

DATE: _____



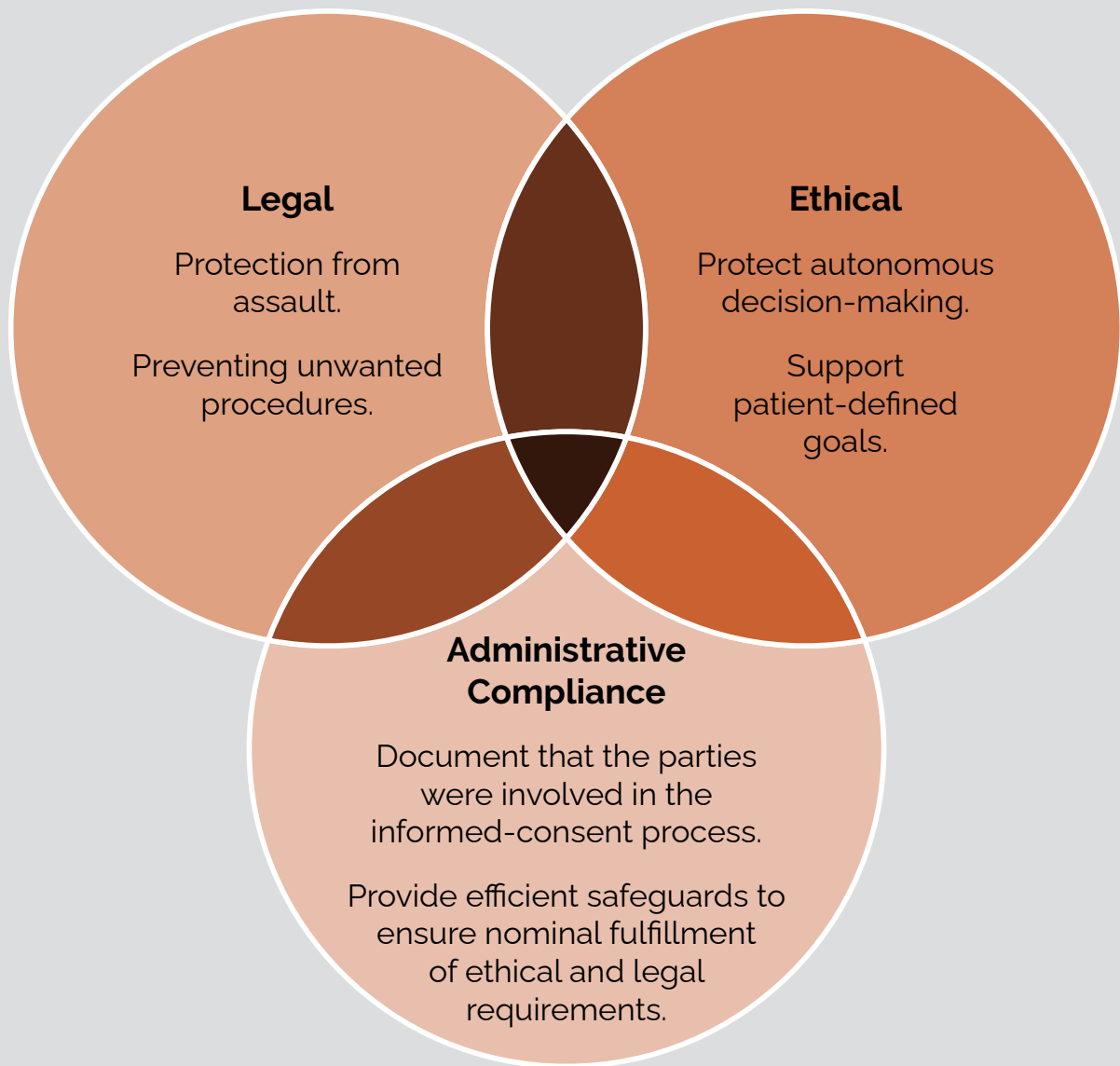
Informed Consent: Aesthetics Practice

- [RCW 7.70.060: Consent Form](#)
- [RCW 7.70.050: Failure to secure informed consent](#)
- [WMC Guidance Document: Informed Consent and Shared Decision-Making](#)

Which medical procedures require informed consent?

Laws vary, but in general, informed consent applies whenever a patient is accepting a risk. While many medical and aesthetic procedures carry a low risk of complications or a moderate risk of minor side effects, it is recommended that providers document these conversations to reduce liability and ensure that patients fully understand the potential for adverse events.

- **Simple consent:** Entails that a patient (or surrogate) with decision-making capacity freely authorizes a treatment plan aimed at a mutually acknowledged treatment goal.
- **Informed consent:** The authorization is "informed" when the physician discloses and the patient understands the diagnosis, the relevant options for treatment (including no treatment) and any respective risks and benefits.
- **Invasive procedure:** Any procedure that pierces or severs tissues, inserts external materials or removes existing material. (Intravenous or subcutaneous injections are generally considered non-invasive, however informed consent may be required if the medication is determined to be high risk to the individual patient.)



Signed informed consent is recommended for any invasive procedure or treatment, including but not limited to:

- Treatment with high-risk medications (e.g., gene therapy, ketamine).
- Tests and invasive medical interventions (e.g., lasers, exosomal threading).
- Surgery, including biopsy.
- Use of anesthesia.
- Use of radiation.
- Blood transfusions and use of blood products (e.g., stem cell therapy).
- Any transfer of personal information.

Key Components of Informed Consent

(AMA Principles of Medical Ethics: I, II, V, VIII; Code of Ethics for Nurses Provision 1.4, 3.1, 3.2)

1. The healthcare provider must verify that the patient has the capacity to understand and make decisions about their healthcare.
2. The healthcare provider must disclose enough information for the decision-maker to make an informed choice.
 - Explain the treatment to consider.
 - Potential risks and benefits of the plan, including evidence from published literature, what is standard of care, and the likelihood of adverse events and benefits.
- Medically recognized alternative options to consider, including the risks and benefits of alternative treatments.
- Provide the patient option to refuse or delay treatment.
3. The healthcare provider must judge that the decision-maker understands the information.
4. The patient must freely authorize the treatment plan, usually with their signature.

Informed Consent Best Practices

- Provide information in more than one manner. Consider written, verbal, and tactile methods of explanation to ensure patient understanding.
- If you have used diagrams or drawings to illustrate a treatment or procedure, keep them with the notes and consent.
- Take 'before' and 'after' photographs of the patient; in surgery cases these photographs can include the patient in a 'marked up' state, evidencing the patient's compliance in identifying where the surgery will take place.
- Make sure any specific or unusual issues raised by your patient are documented, together with the advice given.
- Don't assume that a patient having a 'repeat' treatment does not need to be consented again. Much will depend on the gap between treatments – for example, there is a world of difference between a patient undergoing a course of treatments each week over five weeks and a patient re-attending for a second single treatment after a gap of six months.
- Most importantly, make sure that the aesthetic consent form is signed (this could be done electronically) and dated. If you have follow-up appointments, make sure that any documentation or consent forms are also signed and dated each time you see the patient, whether virtually or face to face.
- It is also unprofessional conduct to promote for personal gain any unnecessary or inefficient drug device, treatment, procedure or service. (RCW 18.130.180 (16))
- RCW 18.130.180 (4) Incompetence, negligence, or malpractice which results in injury to a patient, or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, if it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.

Information and Guidance for Operating a Med Spa or Business Offering Aesthetic Services to the Public

Operating a business that offers aesthetic services to the public is a complicated endeavor with numerous legal and practical considerations. These include restrictions on who can own a business, the legal options for structuring the business, limitations on who can perform particular services, and the level of supervision required.

You are strongly encouraged to consult with experienced attorney to help guide you through this process. The Washington State Department of Health and Washington State Department of Licensing are not providing legal advice but are merely offering information to anyone considering opening a med spa or a business offering aesthetic services to the public.

Aesthetic services include a variety of cosmetic or dermatologic treatments, including laser hair removal, chemical peels, microdermabrasion, body contouring, injectables, and intravenous hydration. These treatments can be provided in a variety of settings, including medical clinics, med spas, wellness clinics, mobile clinics, and remotely via telehealth.

A business offering aesthetic services to the public may employ a variety of licensed people to provide those services. It is critical to understand the varying legal scopes of practice of each licensed person providing those services. Allowing a person to exceed their legal scope of practice could result in disciplinary action against the medical director, the supervisor, and the individual performing a task they are not licensed to perform.

A list of some of the applicable laws are listed below, along with resources that you may find helpful. Please understand that this is not a comprehensive list of the applicable laws. Again, an attorney can help you navigate the vast array of legal requirements involved in operating a business.

The legal requirements and guidance are divided into the following categories:

- 1. General Information on Starting a Business in Washington**
- 2. Information on Obtaining a License, Certificate, or Registration**
- 3. Using Medication**
- 4. Laws applicable to specific health care professionals**
 - A. Allopathic Physicians (MDs), Osteopathic Physicians (DOs) and Physician Assistants (PAs)**
 - B. Nurses: ARNPs, RNs, and LPNs**
 - C. Estheticians, Master Estheticians, and Cosmetologists**

- D. **Dentists: DDS and DMDs**
- E. **Naturopathic Physicians: NDs**

1. General Information on Starting a Business in Washington

If you qualify to own a business providing health care services to the public, here are some resources available to you.

The Governor's office for Regulatory Innovation and Assistance web site provides guidance on Washington state's regulations for businesses. [Governor's Office for Regulatory Innovation & Assistance](#).

Washington State Department of Revenue [web site](#) provides information on types of businesses, ownership structure, and taxes. It also provides general guidance for small businesses and an application for a business license. [Open a business | Washington Department of Revenue](#)

Having an ownership interest in a business that provides aesthetic services raises many legal issues to consider when setting up such a business, including prohibitions against fee-splitting, rebating, the corporate practice of medicine, and aiding or abetting the unlicensed practice of a profession, just to name a few. An attorney can help you determine whether the law permits you to have an ownership interest in the business and how your business should be structured, whether as a corporation, a limited liability company, a partnership, a sole proprietorship, or other legal entity.

2. Information on Obtaining a License, Certificate, or Registration

For information on obtaining a health care license, permit or certificate, see the Department of Health web page. [Department of Health -- Licenses, Permits & Certificates](#).

For more information on obtaining a license as an esthetician or master esthetician, see the Department of Licensing web page. [Department of Licensing—Cosmetology](#)

3. Guidance for the Provision of Medication

The [Washington Pharmacy Quality Assurance Commission](#) (Pharmacy Commission) regulates the practice of pharmacy and the distribution, and manufacturing of pharmaceuticals within and into Washington. The Pharmacy Commission regulates the delivery of pharmaceuticals within and into Washington for those that hold a credential with the commission. The Pharmacy Commission does regulate prescription labeling standards for both dispensing practitioners and those licensed by the commission. See [WAC 246-945-015](#) and [WAC 246-945-016](#).

Anyone who administers medication to another person, for example in a med spa, must have legal authority to do so. Since an IV hydration bag is a medication, a medication order is required prior to initiating IV hydration therapy. The Pharmacy Commission has a web page listing the professions that can administer and prescribe medication in Washington. [Washington Pharmacy Commission – Who Can Prescribe and Administer Prescriptions in Washington State.](#)

The Pharmacy Commission has a web page listing the state and federal laws relating to administering and prescribing medication. [Washington Pharmacy Commission – Pharmacy Commission Laws and Rules](#)

For licensees of the Pharmacy Commission, they must comply with the United States Pharmacopeia (USP) when compounding medications. See [RCW 18.64.270](#) and [WAC 246-945-100](#).

4. Laws applicable to specific health care professionals

A. Allopathic physicians (MDs), Osteopathic physicians (DOs), and physician assistants (PAs)

The [Washington Medical Commission](#) (WMC) regulates allopathic physicians (MDs) and physician assistants (PAs). The [Washington Board of Osteopathic Medicine and Surgery](#) (BOMS) regulates osteopathic physicians (DOs).

A specific law permits a physician assistant (PA) to own a healthcare clinic. [RCW 18.71A.120\(8\)](#). The WMC issued a guidance document providing recommendations to PAs who own clinics. [WMC Guidance Document: Ownership of Clinics by Physician Assistants](#)

Both the WMC and BOMS have developed rules applicable to services commonly provided in med spas. These rules, set forth below, apply to the use of lasers or similar devices, the injection of substances for cosmetic purposes, and the use of prescription devices.

The rules governing the use of lasers and similar devices set standards for an MD, DO, or PA using such a device for the treatment of the skin. The rules also describe the circumstances under which an MD or DO can delegate procedures to other licensed professionals and the level of supervision required.

[WAC 246-919-605 Laser rule for MDs](#)

[WAC 246-853-630 Laser rule for DOs](#)

[WAC 246-918-125 Laser rule for PAs](#)

The WMC and BOMS also created rules governing nonsurgical medical cosmetic procedures performed by an MD, DO, or PA. These rules cover the injection of

substances for cosmetic purposes and the use of prescription devices that are not lasers. The rules also describe the circumstances under which an MD or DO can delegate procedures to other licensed professionals and the level of supervision required.

[WAC 246-919-606 Nonsurgical medical cosmetic procedures rule for MDs](#)

[WAC 246-853-640 Nonsurgical medical cosmetics procedure rule for DOs](#)

[WAC 246-918-126 Nonsurgical medical cosmetic procedures rule for PAs](#)

A MD, DO, or PA considering serving as a medical director for a medical spa or wellness clinic should be familiar with the responsibilities that come with this role. The WMC has issued a guidance document on this topic. [WMC Guidance Document – Medical Directors: Roles, Duties](#). Please be aware that a medical director is responsible for ensuring that each person in the facility practices within their legal scope.

The WMC has also issued a guidance document on medical professionalism for MDs and PAs. [WMC Guidance Document – Medical Professionalism](#)

An MD, DO, and PA should be familiar with the statutes, rules, and policies governing their respective professions:

[RCW 18.71 - MDs](#)

[RCW 18.57 - DOs](#)

[RCW 18.71A - PAs](#)

[WAC 246-919 – Rules for MDs](#)

[WAC 246-853 – Rules for DOs](#)

[WAC 246-918 – Rules for PAs](#)

[WMC policies, guidelines, and interpretive statements](#)

[BOMS policies and guidelines](#)

B. Nurse Practitioners (ARNPs), Registered Nurses (RNs), and Licensed Practical Nurses (LPNs)

The [Washington State Board of Nursing](#) (WABON) regulates advance registered nurse practitioners, registered nurses, and licensed practical nurses.

WABON has a web page devoted to providing support for practicing nurses. [Support for Practicing Nurses | Washington State Board of Nursing \(WABON\) Website](#)

The website includes a scope of practice decision tree.

[Nursing Scope of Practice Decision Tree](#)

The website also provides advisory opinions, interpretive statements, and guidance documents regarding the practice of professional nursing in the state of Washington. [Practice Guidance - Advisory Opinions and Other Guidance Documents](#)

The following advisory opinions and guidance documents may apply to nurses working in medical spas.

[Registered Nurse and Licensed Practical Nurse Scope of Practice \(wa.gov\)](#)

[Cosmetic/Aesthetic Dermatologic Procedures \(wa.gov\)](#)

[Administration of Sedating, Analgesic, and Anesthetic Agents \(wa.gov\)](#)

[Standing Orders \(wa.gov\)](#)

[Infusion Therapy Management \(wa.gov\)](#)

C. Estheticians, Master Estheticians, and Cosmetologists

The [Washington State Department of Licensing](#) (DOL) regulates estheticians, master estheticians, and cosmetologists. For information on the scope of practice of these licensees, please see the DOL web page for professional licensing. [Department of Licensing—Laws and Rules: Cosmetology](#). The web page provides information on the scope of practice of estheticians, master estheticians, and cosmetologists, as well as information on its [technical assistance program](#).

Estheticians, master estheticians, and cosmetologists typically practice without supervision. However, if an esthetician uses a device that the FDA has designated as a prescription device, such as a laser or light-based device on a person's skin, the esthetician may use the device only under the supervision of an MD or DO.

The DOL issued a statement on the use of lasers and other prescription devices. This statement describes the scope of practice for esthetics and master esthetics and explains how an esthetician and master esthetician can use lasers in compliance with Department of Health rules. [Department of Licensing ---Estheticians, Master Estheticians and the Use of Devices/Lasers](#)

An esthetician, master esthetician or cosmetologist should be familiar with the statutes, rules, and policies governing their respective professions:

[RCW 18.16 Cosmetologists, Hair Designers, Barbers, Manicurists, and Estheticians](#)

[WAC 308-20 Cosmetology—Barber—Manicurist—Esthetician Rules](#)

D. Dentists (DDS and DMD)

In addition to providing standard dental services, dentists may provide cosmetic or other health care services to patients. A dentist providing such services must ensure that they are competent to provide those services, that they provide appropriate supervision to ancillary personnel, and that all personnel perform duties within their legal scope of practice.

The Washington State Dental Quality Assurance Commission regulates the practice of dentistry. The Commission's web site provides information on the applicable statutes and rules, including the scope of practice and supervision and delegation requirements. [Washington State Dental Quality Assurance Commission.](#)

A dentist should be familiar with the statutes and rules regulating the profession:

[RCW 18.32 Dentistry](#)

[RCW 18.260 Dental professionals](#)

[RCW 18.350 Dental anesthesia assistants](#)

[RCW 18.29 Dental hygienists](#)

E. Naturopaths

Licensed naturopathic physicians may provide cosmetic or other services so long as the services are within the legal scope of practice of a naturopathic physician.


The Washington State Board of Naturopathy regulates the practice of naturopathy. The Board's web site provides information on the applicable statutes and rules regulating the practice of naturopathy, including a [guideline](#) on naturopathic physicians performing dry needling.

A naturopath should be familiar with the statutes and rules regulating the profession:

[RCW 18.36A Naturopathy](#)

[WAC 246-836 Rules for naturopathic physicians](#)

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Advanced Registered Nurse Practitioner (ARNP) Application Exemption Requests	Number:	B09.06
Reference:	WAC 246-840-340 WAC 246-840-360 WAC 246-840-365 WAC 246-840-367 WAC 246-840-410 WAC 246-840-342 NCSBN's Consensus Model for APRN Regulation		
Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023	Date for Review:	March 10, 2025
Supersedes:	B09.05 – March 12, 2021 B09.04 – July 2018 B09.03 - April 1, 2016 B09.02 – May 2011 B09.01 – March 2009		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The purpose of this procedure is to define the process for an advanced registered nurse practitioner (ARNP) applicant who requests an exemption from the prescriptive authority requirements; or an applicant who requests an exemption from the educational preparation requirement; or who requests an exemption related to an emergency or permanent change in rules.

WAC 246-840-410 allows an ARNP applicant to request an exception to the 30 hours of continuing education in pharmacotherapeutics, if they provide evidence of at least two hundred fifty hours of advanced clinical practice in an ARNP role with prescriptive authority in their scope of practice within the two years prior to application for prescriptive authority.

WAC 246-840-342 requires applicants applying for endorsement to Washington State to submit proof of a graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education. However, National Council of State Boards of Nursing's (NCSBN) has established a grandfathering provision within the Consensus Model for APRN (Washington State uses ARNP) Regulation. An ARNP applicant may qualify for an exemption to the educational requirement if the requirements of the grandfathering provision are met by the nurse.

Keeping the regulations current in rapidly changing practice environments require frequent rule changes and adjustments to prevent unnecessary barriers to practice. There may be unintended and/or unanticipated consequences of rule changes regarding applicant exemption requests.

PROCEDURE:

- I. Exemption Requests for the Prescriptive Authority Requirements.
 - A. Applicants requesting prescriptive authority must submit evidence of thirty hours of education in pharmacotherapeutics related to their scope of practice. The applicant may request an exemption to this requirement if the applicant has been actively practicing in another state with independent practice equivalent to Washington State with prescriptive authority, within two years of applying for ARNP licensure in Washington State. The applicant must also submit a copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.
 - B. Licensing ARNP review staff reviews the following as evidence for an exemption request:
 1. Verification of an ARNP license in another state with prescriptive authority.
 2. Copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.
 3. Verification of at least two hundred and fifty hours of independent ARNP practice with prescriptive authority within the last two years.
 - C. Licensing ARNP review staff forward the application with the exemption request to the licensing manager for approval or denial. The licensing manager determines prescriptive authority equivalence to Washington State. According to states with equivalent scope of practice, the manager informs the licensing ARNP review staff of the decision with a signed document which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
2. Denial: Licensing ARNP review staff notifies the applicant that the exception request was not granted and provides the reasoning for the denial.
3. Requires more input: Licensing ARNP review staff forwards the application to the Advanced Practice Panel (AP) for further consideration. The AP Panel is made up of; two AP Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

II. Exemption Requests for ARNP Educational Requirement for Licensure as referenced in WAC 246-840-342.

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- A. Applicants applying for endorsement to Washington State must submit proof of a graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education. An applicant may request an exemption to this requirement if the applicant has been actively practicing in another state as an ARNP and meets the grandfathering provision from National Council of State Boards of Nursing's (NCSBN) Consensus Model for APRN Regulation stating the following:
"If an APRN applies for licensure by endorsement in another state, the APRN would be eligible for licensure if s/he demonstrates that the following criteria have been met:

"...as referenced in WAC 246-840-342"

1. *Current advanced nursing practice, as defined in WAC 246-840-010(2), in the advanced role and population focus area;*
2. *National certification or recertification, in the advanced role and population focus area;*
3. *Compliance with the ARNP educational requirements of the board that were in effect at the time the ARNP completed their ARNP education program; and*
4. *Compliance with all other criteria for licensure set forth in the board's rules and regulations.*

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- B. Licensing ARNP review staff forward the application with the required information to the NCQAC Director of Advanced Practice for approval or denial. The Director of Advanced Practice reviews the application to determine if the educational preparedness of an ARNP applicant meets the grandfathering provision of the APRN consensus Model.
- C. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.

update language with CR103


1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.

2. Denial: After a decision is made, the ARNP review desk notifies the applicant of the decision and reasoning.
3. Requires more input: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of; two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

III. Exemption Request Due to Unintended and/or Unanticipated Consequences of Rule Changes

- A. Applicants applying for licensure in Washington State must meet requirements as applicable in WAC 236-840-340, 360, 365, 367 during the application process.
- B. An applicant may request an exemption to a WAC requirement if the applicant can document unintended or unanticipated consequences of a rule change creating barriers to practice in Washington State.
- C. Licensing ARNP review staff forward the complete application, with the exemption request, to the NCQAC Director of Advanced Practice for approval or denial.
- D. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.
 1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
 2. Requires AP Panel Review: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; a staff attorney; and the Director of Advanced Practice.
 3. After a decision is made by the AP Panel, the ARNP review desk notifies the applicant of the decision and reasoning.

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	ARNP applications requiring clarification of licensure Requirements: CRNA education	Number:	B35.01
Reference:	WAC 246-840-302 WAC 246-840-340 WAC 246-840-342		
Contact:	Teresa Corrado Licensing Manager Nursing Care Quality Assurance Commission		
Effective Date:	September 14, 2018		
Supersedes:	N/A	Date Reviewed:	September 2018
Approved:			
	Tracy Rude, LPN Chair Nursing Care Quality Assurance Commission		

PURPOSE:

Advanced Registered Nurse Practitioner (ARNP) applications may need a review by practitioners with knowledge of education and certification requirements for the profession and historical perspective. Differences in scope of practice and prescriptive authority across the United States and Territories may impact applicant's ability to meet Washington licensing requirements.

PROCEDURE:

1. ARNP applications are received by licensing staff and data entry completed.
2. ARNP applications are reviewed for completion of the application requirements and meeting all licensing standards.
3. When licensing staff identify gaps in the information, the licensing staff issue letters to the applicant to supply required information and documentation.
4. The licensing staff may consult with the Advanced Practice consultant on issues such as:
 - a. Educational preparation
 - b. Pharmacology requirements for prescriptive authority
 - c. Practice hour requirement for applicants with less than one year since graduation from their graduate degree program
 - d. Practice hour requirement for applicants with more than one year since graduation from their graduate degree program

5. An “advanced nursing education program” must be ‘accredited by a national nursing accreditation body recognized by the United States Department of Education.’ A full list of programs recognized by the United States Department of Education may be found at <https://ope.ed.gov/accreditation/>
6. Historically, many Certified Registered Nurse Anesthetist (CRNA) programs were housed within medical centers, often affiliated with a university. Since 1998, all Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredited programs are graduate degree-granting programs (master’s, doctorate of nursing practice, doctorate of nurse anesthesia practice) that prepare students for advanced practice and national certification as a CRNA. These institutions qualify as institutions of higher learning and meet the requirements of WAC 246-840-340(1) (b) and WAC 246-840-342(1) (b).
7. Once graduated, the programs award the eligibility to the graduate to take the CNRA examination. The examination is administered by the National Board of Certification and Recertification for Nurse Anesthetists.
8. To be licensed as a CRNA in WA state:
 - a. The applicant must have graduated from a graduate degree program
 - b. The program must be accredited from a Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredited programs
 - c. The applicant must pass the National Board of Certification and Recertification for Nurse Anesthetists.
9. If the applicant meet all the licensing requirements, the application is approved and processed for licensing.
10. If the applicant *does not* meet all the licensing requirements, refer to Procedure E01.03 Nursing Program Approval Process, Review of Educational Qualifications for Nurse Licensure.

Endorsement Requirements For Out of State Nursing Assistants

Aligning Training and Competency Standards

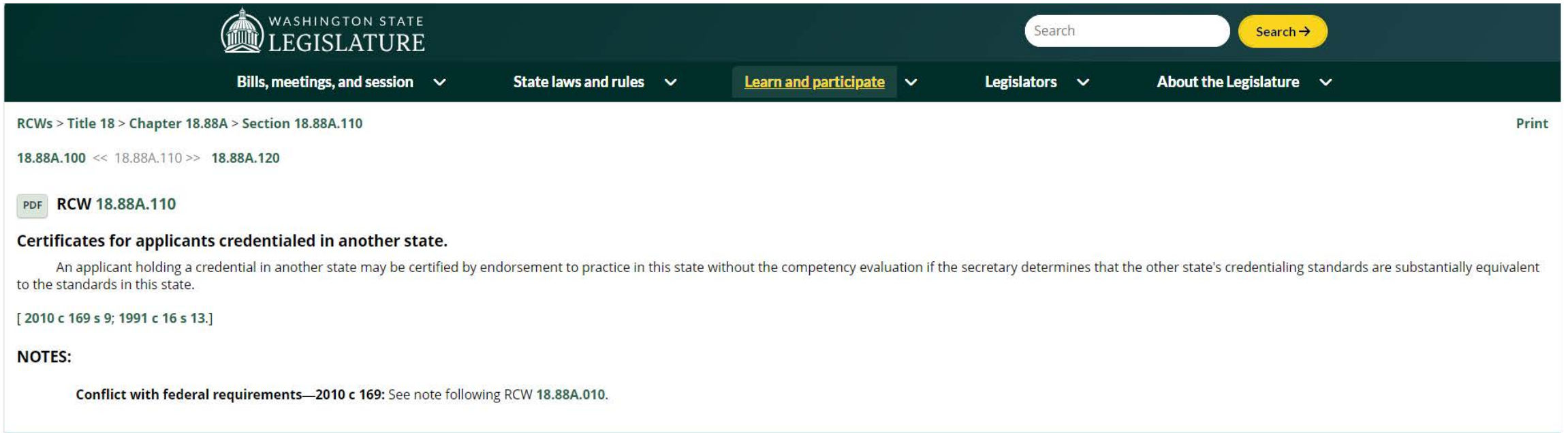
Presentation for the Washington Board of Nursing (WABON) Education Subcommittee

January 2025

OBJECTIVE:

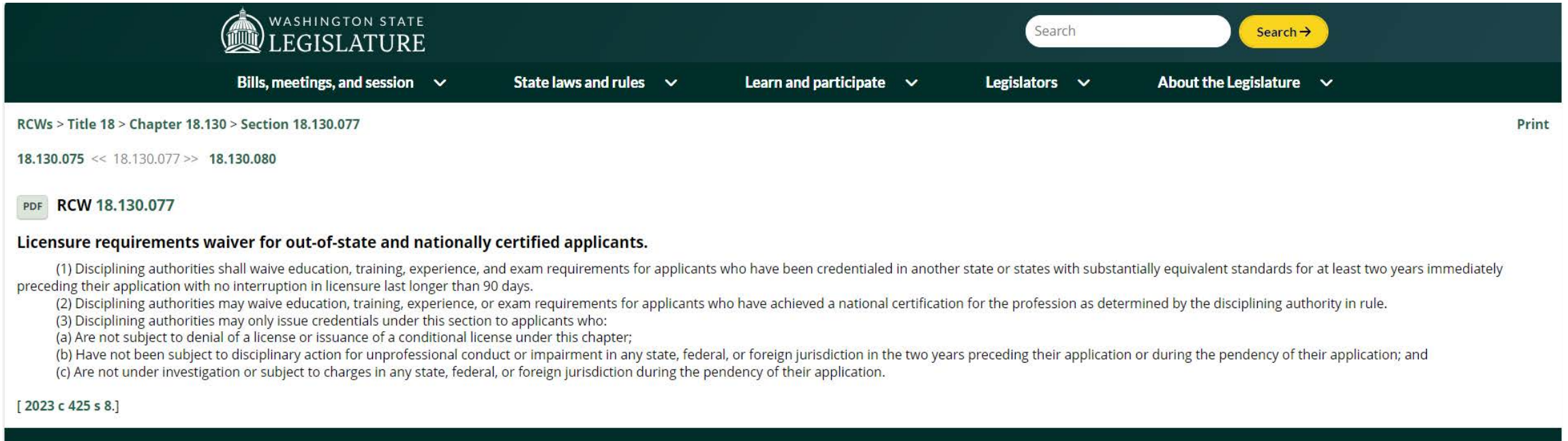
- Evaluate each out-of-state nursing assistant applicant and ensure they are safe to practice as an NAC in our state WITHOUT creating undue barriers to entry into our workforce.
- **Today we will discuss:**
 - Why are we bringing this forward now?
 - Our current process for evaluating out of state endorsement applications
 - Nursing Assistant Program Approval Panel (NAPAP) change recommendations

DOH has authority over licensure of nursing assistants:



The screenshot shows the Washington State Legislature website. At the top, there is a dark green header with the Washington State Legislature logo on the left, a search bar with a yellow 'Search' button on the right, and a navigation menu with the following items: 'Bills, meetings, and session', 'State laws and rules', 'Learn and participate' (highlighted in yellow), 'Legislators', and 'About the Legislature'. Below the header, the breadcrumb trail reads 'RCWs > Title 18 > Chapter 18.88A > Section 18.88A.110'. A 'Print' link is visible in the top right corner. The main content area shows '18.88A.100 << 18.88A.110 >> 18.88A.120'. Below this is a 'PDF' icon and the text 'RCW 18.88A.110'. The section title is 'Certificates for applicants credentialed in another state.' followed by a paragraph: 'An applicant holding a credential in another state may be certified by endorsement to practice in this state without the competency evaluation if the secretary determines that the other state's credentialing standards are substantially equivalent to the standards in this state.' Below the paragraph is the citation '[2010 c 169 s 9; 1991 c 16 s 13.]'. The 'NOTES:' section contains the text 'Conflict with federal requirements—2010 c 169: See note following RCW 18.88A.010.'

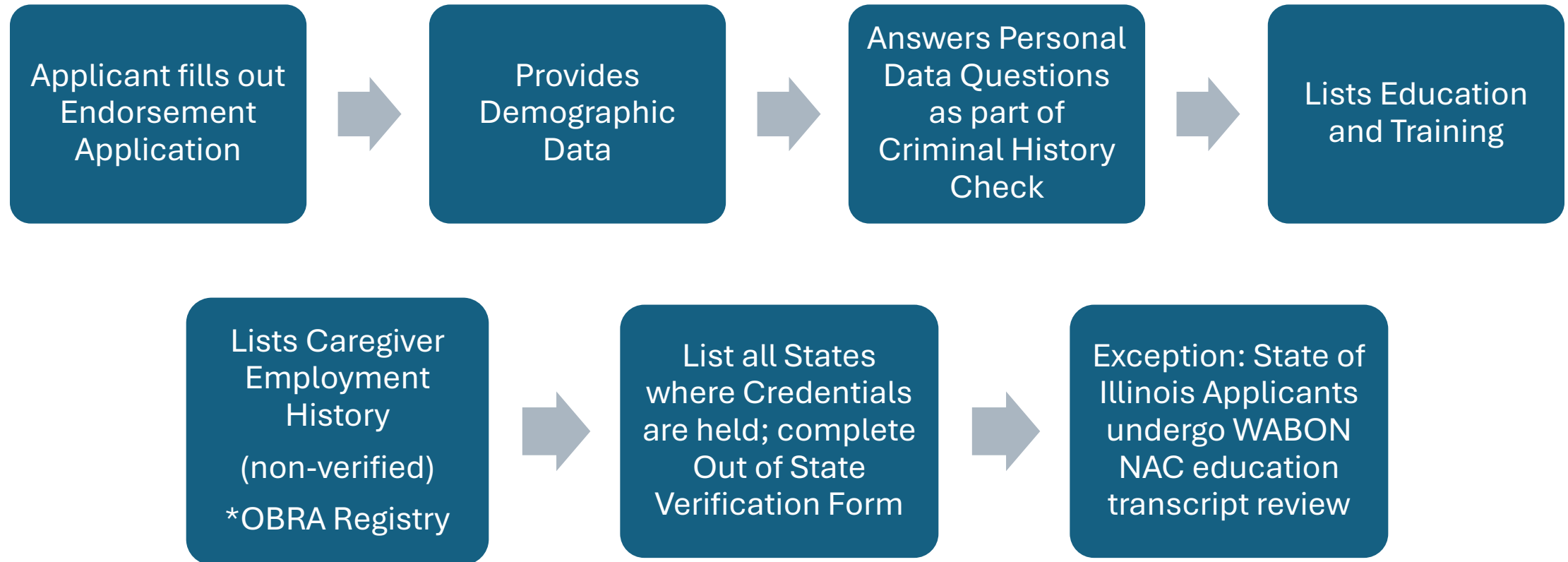
Additionally, 2023 legislature requires a definition of substantial equivalency



The screenshot shows the Washington State Legislature website. At the top, there is a dark green header with the Washington State Legislature logo on the left, a search bar in the center, and a yellow 'Search' button on the right. Below the header is a navigation menu with five items: 'Bills, meetings, and session', 'State laws and rules', 'Learn and participate', 'Legislators', and 'About the Legislature', each with a downward arrow. The main content area is white and displays the breadcrumb path 'RCWs > Title 18 > Chapter 18.130 > Section 18.130.077' on the left and a 'Print' link on the right. Below the breadcrumb path is a navigation bar with '18.130.075 << 18.130.077 >> 18.130.080'. A 'PDF' icon is next to the title 'RCW 18.130.077'. The main text of the RCW is titled 'Licensure requirements waiver for out-of-state and nationally certified applicants.' and contains three numbered paragraphs. Paragraph (1) states that disciplining authorities shall waive education, training, experience, and exam requirements for applicants who have been credentialed in another state or states with substantially equivalent standards for at least two years immediately preceding their application with no interruption in licensure last longer than 90 days. Paragraph (2) states that disciplining authorities may waive education, training, experience, or exam requirements for applicants who have achieved a national certification for the profession as determined by the disciplining authority in rule. Paragraph (3) states that disciplining authorities may only issue credentials under this section to applicants who: (a) Are not subject to denial of a license or issuance of a conditional license under this chapter; (b) Have not been subject to disciplinary action for unprofessional conduct or impairment in any state, federal, or foreign jurisdiction in the two years preceding their application or during the pendency of their application; and (c) Are not under investigation or subject to charges in any state, federal, or foreign jurisdiction during the pendency of their application. At the bottom left of the RCW text, there is a note: '[2023 c 425 s 8.]'

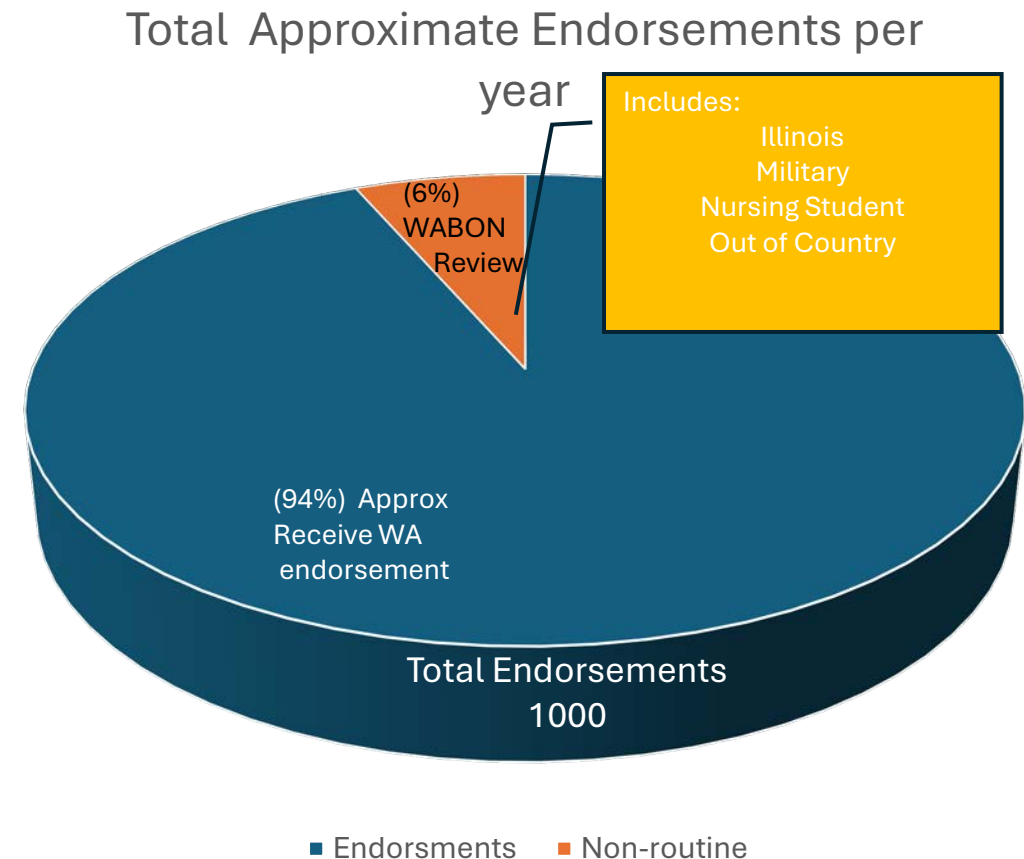
We are working closely with the credentialing team at DOH to establish these standards!

Current process for out of state applicants:



Current Workload

- DOH credentialing processes approximately 1000 nursing assistant endorsement applications per year, or roughly 80 per month
- As of late November 2024, 66 of these applications were forwarded to WABON for review



Endorsement requirements in other states

- Currently, only 1 state (Arizona) requires applicants prove they have completed a training program that is equivalent in hours to their state requirements (120 hours)
- 2 states (Rhode Island and South Carolina) require applicants to complete a training program equivalent in hours to their state requirements (RI 120, SC 100) UNLESS the applicant has worked as an NAC for 3 months (RI) or 6 months (SC)

Federal requirements vs state requirements for NAC education

- Federal requirements include 75 hours of training for nursing assistants – individual states can include additional hours, but they cannot provide fewer than 75 hours
- The range in required training hours across the U.S. is 75-180 hours (median = 95 hours)



Education vs experience

- **25 states** allow out of state endorsement for applicants who can demonstrate they have a current, unencumbered NAC credential *ONLY*
- **3 states** require an active, unencumbered NAC credential AND proof that the applicant completed a training program that meets federal requirements
- **6 states** require an active, unencumbered NAC credential AND proof of work experience

Recommendations:

- The Nursing Assistant Program Approval Panel requests the following:
 - The requirement that an out of state applicant have an active, unencumbered NAC credential in another state **remains the same**
 - Additionally, the NAPAP requests that out of state applicants demonstrate they have work experience as an NAC within the past 2 years. This will not require DOH verification, so this part of the process **remains the same.**

Out of state applicants from Illinois and Florida will prompt an additional review from the nursing assistant education team.

These applicants will provide copies of their transcripts from their nursing assistant education program.

- Illinois administers their own certification exam, and it does not include a skills exam.
 - Applicants from IL who demonstrate successful completion of a training program AND 1000 hours of employment verification as an NAC will be allowed to endorse into WA.
 - Applicants from IL who demonstrate successful completion of a training program who do NOT have 1000 hours of employment verification will be approved to take the WA skills exam. If they pass the exam, they may endorse into WA.
 - **This recommendation is a change to the current process.**
- Florida allows anyone 18 years of age and older with a high school diploma to challenge the NAC competency exams without completing a training program.
 - Applicants from FL must submit documentation of completion of a nursing assistant training program, as well as evidence of having passed their state written and skills competency exams, in order to endorse into WA.
 - If the applicant does not have documentation of completing a training program, they must retrain and test in WA.
 - **This recommendation is a change to the current process.**

Pros and cons of this recommendation:

PROS:

- Provides reasonable assurance that an applicant has experience working in the role of the NAC
- Provides assurance that the applicant is in good standing in the state they are endorsing from
- Ensures that applicants endorsing in from IL and FL have completed training programs that contain federal minimum requirements

CONS:

- DOH credentialing unit will need to verify past work employment for applicants from IL—this will delay the amount of time it takes to process applications (depending on clarification from NAPAP)
- DOH credentialing unit will need to collect additional information from applicants from FL

Other options to consider

- Consider a model similar to Rhode Island and South Carolina, where out of state applicants must complete a training program equivalent in hours to their state requirements UNLESS the applicant has worked as an NAC for 3-6 months.
 - In terms of licensing, it would be best to have employment verification come directly from the employer, not the applicant.

Pros and cons of this recommendation:

PRO

- Provides reasonable assurance the applicant has met educational requirements similar to Washington, OR has experience working in the field

CON

- Excludes new graduates from states who only require minimum training (not clear how many this would impact)
- Licensing division needs to verify training and/or work experience, which will lengthen the amount of time from application to final approval

Other options to consider

-
- Consider allowing applicants to endorse into WA if they have an active, unencumbered nursing assistant credential in another state

Pros and cons of this recommendation:

PRO

- 25 other states follow this process
- Requires the least amount of time/verification from the licensing team

CON

- Does not provide any information on the applicant's training or work history

Other options to consider

-
- Consider a model similar to Hawaii and Virginia, where out of state applicants must show proof that they received the federal minimum number of hours for training

Pros and cons of this recommendation:

PRO

- Provides assurance that all nursing assistants in our state received the minimum number of training hours
- Applicants from Florida who did not complete training will be easily identified and directed to complete a training program in our state

CON

- This method would likely only identify a small number of candidates who do not meet the requirement
- The licensing department has to receive and review a Certificate of Completion from the applicant's training program



WABON – Nursing Assistant Education Updates

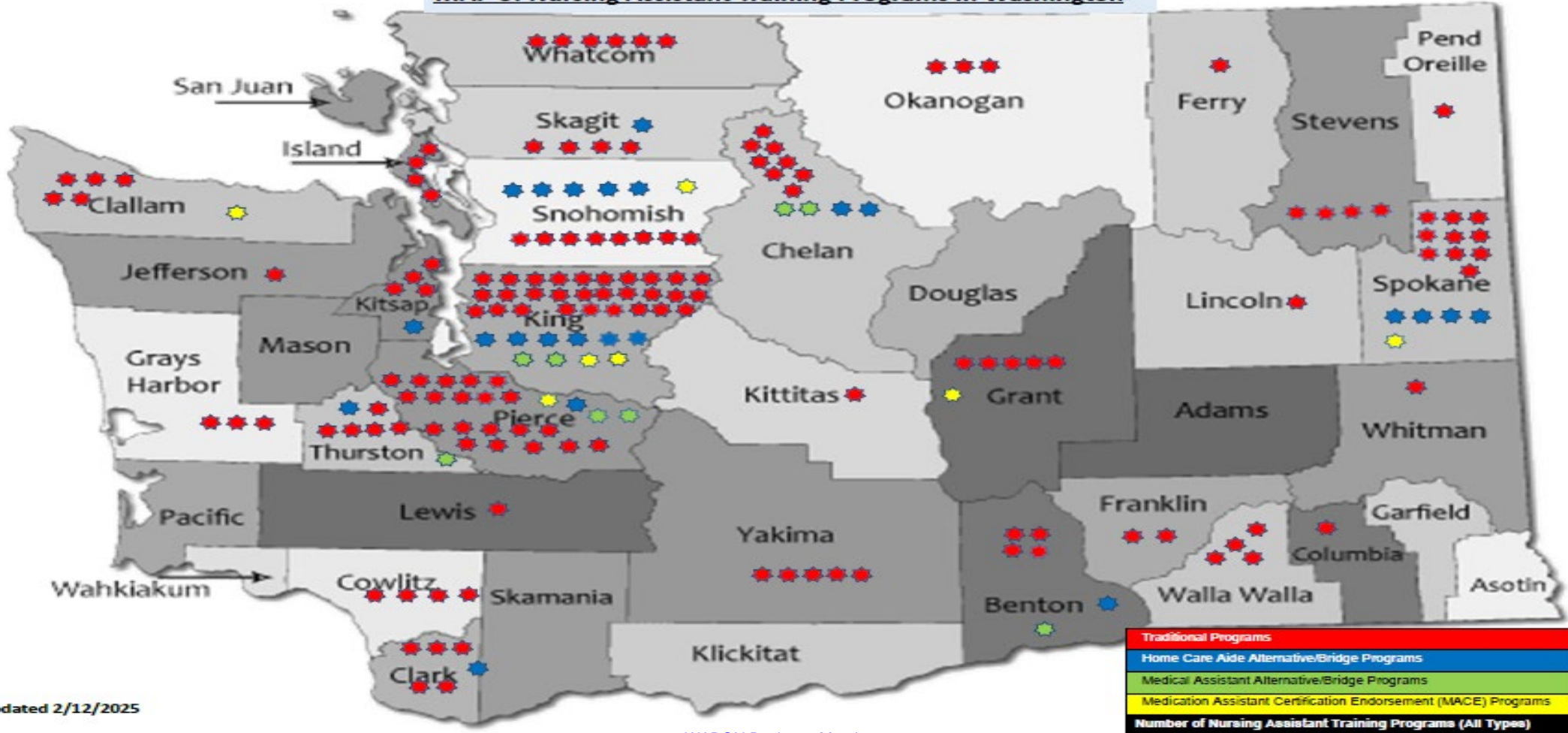
Reuben Argel, MBA, BSN, RN Director

Alana Esteban, BSW Program Specialist

Ruth Rono, BSN, RN UW DNP Intern

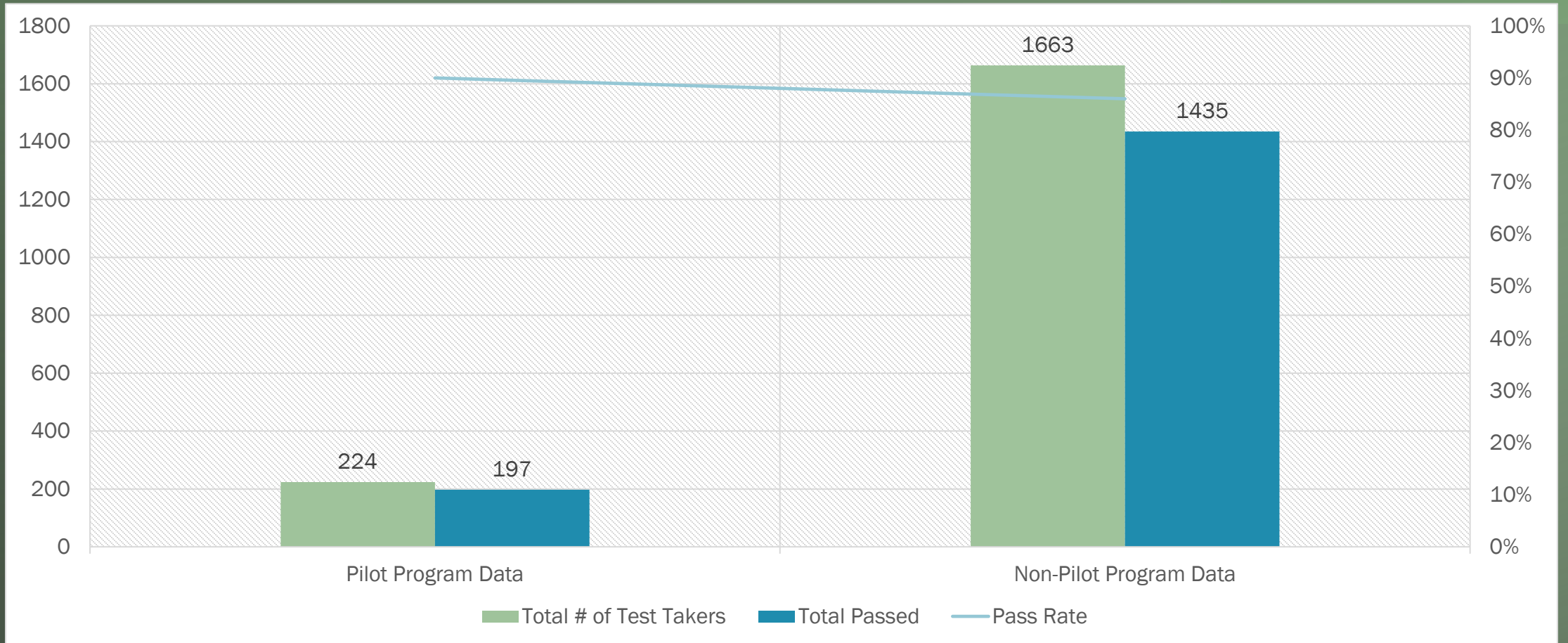
Approved Nursing Assistant Certification Programs in Washington State

MAP of Nursing Assistant Training Programs in Washington



Updated 2/12/2025

NAC Skills Exam Data: Nov 20th 2024-Feb 2025 (preliminary data)



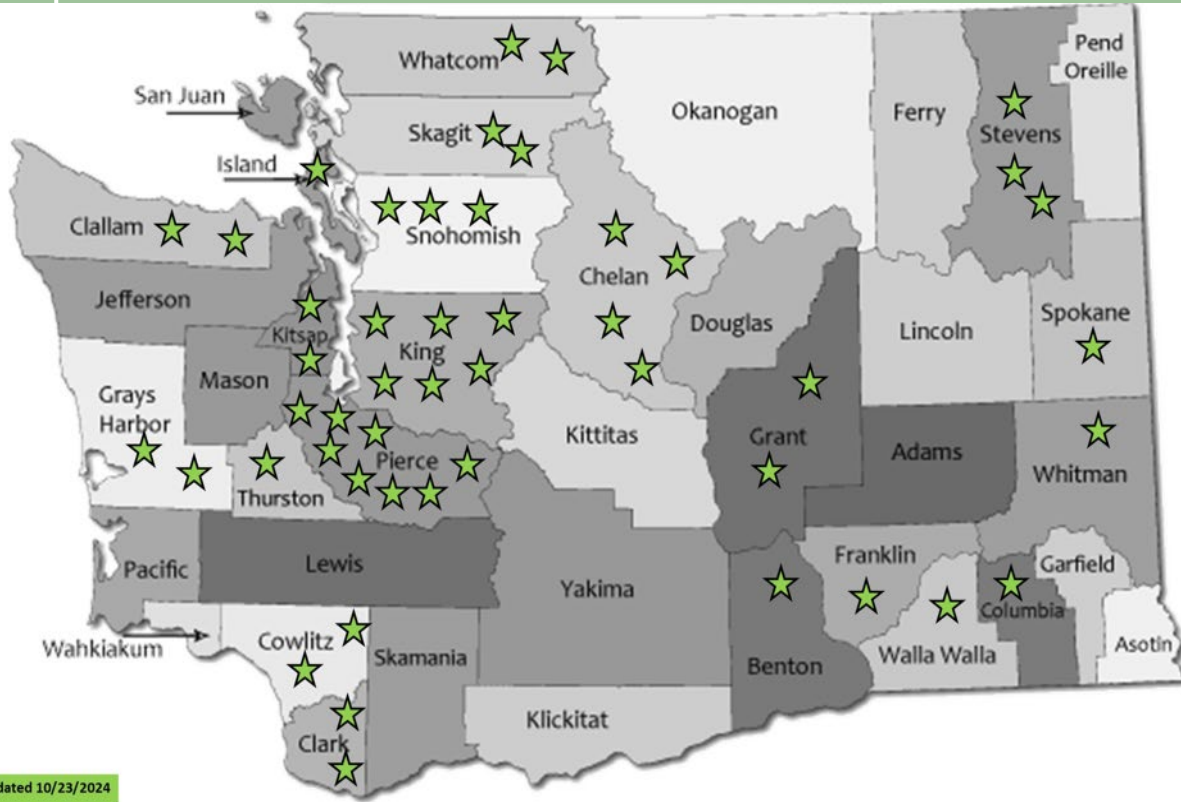
Pilot Programs have started testing their own students!

GOAL: REDUCE PROCESSING TIME TO RECEIVE CERTIFICATION TO LESS THAN 7 DAYS.

As of 02/25/25, Licensing is processing NAC application within 6-7 days upon receipt.

****Preparing for DOH Licensing staffing changes in 04/25****

Ruth Rono, RN and Team planning to present this QI project to the Seattle Nursing Research Consortium Conference 04/28/25.



Updated 10/23/2024



WABON

FACILITATING ACCELERATED SKILLS TESTING FOR NA-C



RONO, R., ARGEL, R., TRAN, C., GRAHAM, S., MURRAY, A., ESTEBAN, A., MURIU, E., HAMILTON, H., BRADYWOOD, A.,

WASHINGTON STATE BOARD OF NURSING, OLYMPIA, WASHINGTON

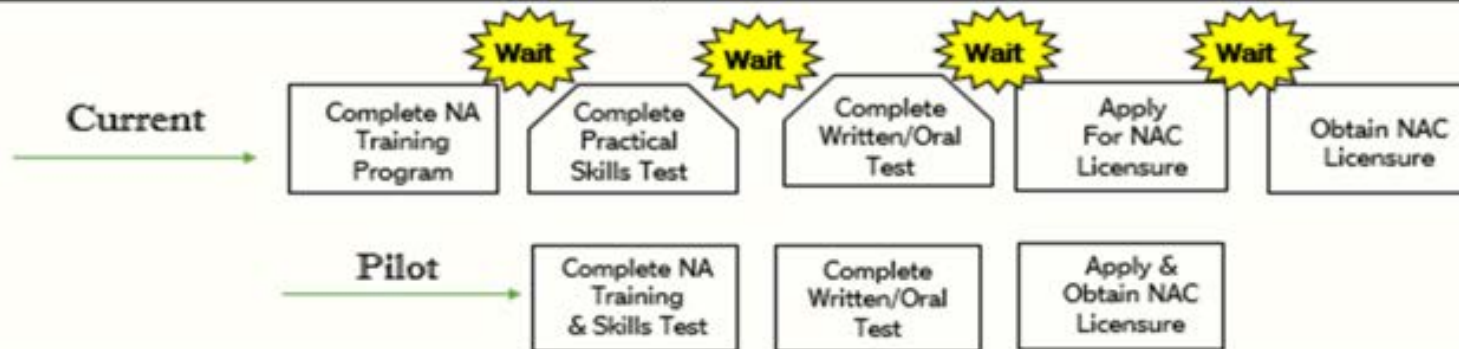
Introduction & Background

In 2022, the Washington State Board of Nursing (WABON) Nursing Assistant Education Team launched pilot projects to reduce regulatory barriers and streamline the nursing assistant (NA) certification process. The initial project that was aimed at addressing a substantial skills testing backlog was successful, with significant increases in the number of test takers monthly. This poster presents the second pilot project that began in November 2024 and aimed at reducing the time it takes for NAs to complete training and obtain the Nursing Assistant–Certified (NA-C) credential in Washington State from an estimated 96 days to less than twenty-six days. The ultimate goal of the project is to reduce the time to under seven days.



Average Days from Graduation to Credentialing

**FROM
5 TO 3
STEPS**



GOAL

REDUCE THE TIME TO TESTING FROM >120 DAYS TO <7 DAYS



INTERVENTION

INTEGRATING SKILLS TESTING INTO NA TRAINING PHASE



INDICATORS

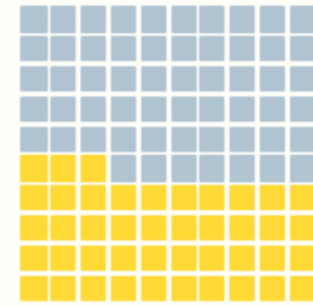
1. TIME TO NA-C CREDENTIAL
2. SKILLS EXAM PASS RATES
3. EASE OF CREDENTIALING

WABON Business Meeting
March 14, 2025

METHOD



- The project was implemented using a Plan-Do-Study-Act (PDSA) cycle and Models for Improvement (MFI) with a rolling start for NA training programs in WA.
- Program Directors (PDs) and Registered Nurse Evaluators (RNEs) signed agreements to participate and administer the skills testing.
- RNEs and RNEs received orientation on the WA State Nursing Care Quality Assurance Commission's NA Common curriculum and skills evaluation tools.
- Program PDs and RNEs continue to receive support for implementing the new skills testing process.



43%

Number of Participating Programs
(November 2024 – March 2025)

RESULTS

4.2 out of 5 stars



Ease of Credentialing



2023

2025

Average Pass Rates

IMPACT

- Enhanced efficiency in the NA-C credentialing process
- Enhanced pass rates for NA skills exams

IMPLICATION

- Regulatory changes to include the new skills testing process in Washington State
- Increased NA workforce in Washington State

<https://www.nursing.wa.gov>
WABONNursingAssistantsED@doh.wa.gov

References



RURAL HOSPITAL AND HIGH SCHOOL PROGRAM PARTNERSHIP (BILL 5582)

1. Two Pilot programs starting in Spring 2025

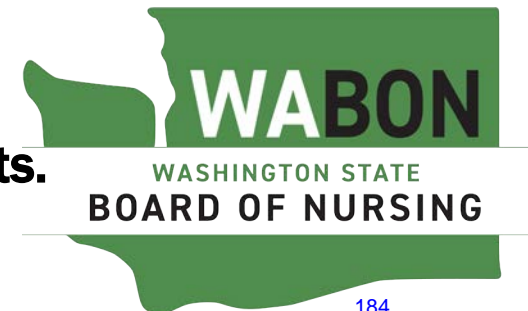
2. Projected Programs

High School /College / University	Location	County	Rural Hospital	Program	Program Start
Walla Walla University	College Place	Walla Walla	Dayton General Hospital	Partnering with Columbia County Health System	Summer 2025
Eastmont High School	Wenatchee	Douglas	Confluence or/and Bonaventure or/and Cashmere Convalescent Center.	New CTE program	Fall 2025
Quincy High School	Quincy	Grant	Quincy Valley Medical Center	New CTE Program	Fall 2025



3. ISSUE: High School NA-Cs are not being hired by healthcare facilities!
 FACTORS: LNI rule confusion/misinterpretation. Perception on hiring students.
 ACTION: Public Meeting (via Zoom) on 05/14/25, 3pm - 430pm.

****Reach out to partner groups and association for assistance****



Implementation of Specialty Curriculum

Mandatory Implementation Date:

- Programs must implement specialty curriculum has been delayed till September 2026

Specialty Topics:

- Developmental Disabilities
- Mental Health
- Dementia

Current issues: 1. Lack of course availability for Specialty Topic courses offered to Program Instructors.
2. NA program will need to increase program cost which will be partially pass on to students.
3. Only Adult Family Home and Assisted Living Facilities require specialty curricula for employment.

Current actions: 1. Specialty Curriculum Advisory Group was created with representation from DSHS, DDA, CTE programs, private NA programs, High School program, and original Specialty Curriculum group members.
2. Initial Zoom Meeting was on 02/20/25. Next Zoom meeting on 03/27/25.
3. Plans for Future Public Meetings and Workshops once Advisory Groups has made recommendations.

SPREADING OUR PASSION TO OUR COMMUNITY!



**Our Fearless Leaders
Testifying at Legislature!!
Alison Bradywood, RN (Left)
Quiana Daniels, RN (Right)**



**Skills Testing Pilot Technical
Assistance Visit at Tacoma
Community College
(Left) Julie Benson, ARNP
Program Director
(Center) Amy Murray, RN
(WABON)
(Right) Susan Hensley, RN
NA-C Instructor**



**Skills Testing Pilot Technical
Assistance Visit at Clover Park
Technical College
(Left) Rosie Watson, RN
Program Director
(Right) Christine Tran (WABON)**

QUESTIONS??

MAHALO!!!

NA Education Team

Reuben, Amy, Sandra, Eunice, Dennis
Christine, Alana, Ruth, and Muskan



Alana at hard work!!



Dear Executive Officer:

The Board of Directors (BOD) discussed the findings of the 2023 – 2025 strategic plan related to investigating Health Care Support Worker Reform during their October 2024 retreat. Preparation for this retreat discussion included two formal focus group sessions with our membership to understand the nurse aide regulatory environment. These discussions provided significant information related to the current regulatory environment and NCSBN's role in empowering and supporting nursing regulators in their mandate to protect the public. The discussions identified the following concerns related to the nurse aide regulatory environment:

- No unified professional association or voice for the discipline
- Lack of uniform regulatory governing structure for the occupation
- Lack of uniform title (nurse aide, nursing assistant, nurse assistant)
- Different classification of titles (certified, registered, licensed)
- Variety of authorized regulatory bodies (department of health, board of nursing, other agencies)
- Different examinations and examination administration procedures across the U.S. (Prometric, Credentia, Headmaster, state developed and administered)
- No national registry to support public protection and nurse aide mobility

As a component of the Health Care Support Worker Reform investigation, NCSBN staff provided the BOD with the following historical information related to the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®):

- In August 2008, NCSBN acquired the intellectual property for NNAAP and MACE programs.
- With this acquisition, NCSBN named Pearson VUE as the “national test service” for NNAAP and MACE examinations.
- Starting Jan. 1, 2022, Credentia purchased the state NNAAP and MACE contracts from Pearson VUE and became the national testing service for the NNAAP and MACE examinations.
- There are currently 19 NNAAP jurisdictions (including 12 nurse regulatory bodies [NRBs] and seven MACE jurisdictions (including one NRB).
- The national test service assumes responsibility for the scheduling, administration, and delivery of the exams through direct contracts with the states and territories that use the examinations.
- NCSBN has no contractual relationship with any jurisdiction for the administration of the NNAAP and/or MACE examinations. NCSBN's responsibilities are exclusively dedicated to the development of valid and reliable examination content.
- NCSBN received no revenue from NNAAP/MACE.



After discussing this information, its alignment with the NCSBN mission and the future strategic priorities of NCSBN, the BOD has determined that development of the nurse aide and medication aide examinations are not currently aligned with the mission of NCSBN. We will begin the process of transferring the exiting examination content to Credentia to ensure that they can continue to meet the needs of their clients through their contract obligations. In addition, we will be removing the NNAAP and MACE information posted on our website and redirect all inquiries to Credentia. We will inform you of the exact date for the completion of these transactions as soon as possible.

In addition to the decision to cease involvement in NNAAP and MACE examination development, the BOD has authorized staff to develop a plan for establishing a mechanism, similar to Nursys®, to assist NRBs in gathering nurse aide registration/licensure data in support of the regulators' mandate to protect the public.

If you have questions concerning this decision and/or require additional information, please do not hesitate to contact me.

Best Regards,

Phil Dickison, PhD, RN
Chief Executive Officer
NCSBN



LEGISLATIVE UPDATE

2025 Regular Session



WABON Business Meeting
March 14, 2025

2025 Legislative Session

- Legislative session officially began on **January 13, 2025**
 - Long session – 105 days
- Key Committee Cutoff Dates:

House of Origin	
February 21	Must pass policy committee
February 28	Must pass fiscal committee
March 12	Must pass house of origin
Opposite House	
April 2	Must pass policy committee
April 8	Must pass fiscal committee
April 16	Must pass opposite house

- Session officially ends on **Sine Die, April 27, 2025**



- ❖ Increasing presence at the capitol
- ❖ Earning a reputation
- ❖ Building relationships and networking
- ❖ Engaging with legislative staff

Bill Analysis Stats

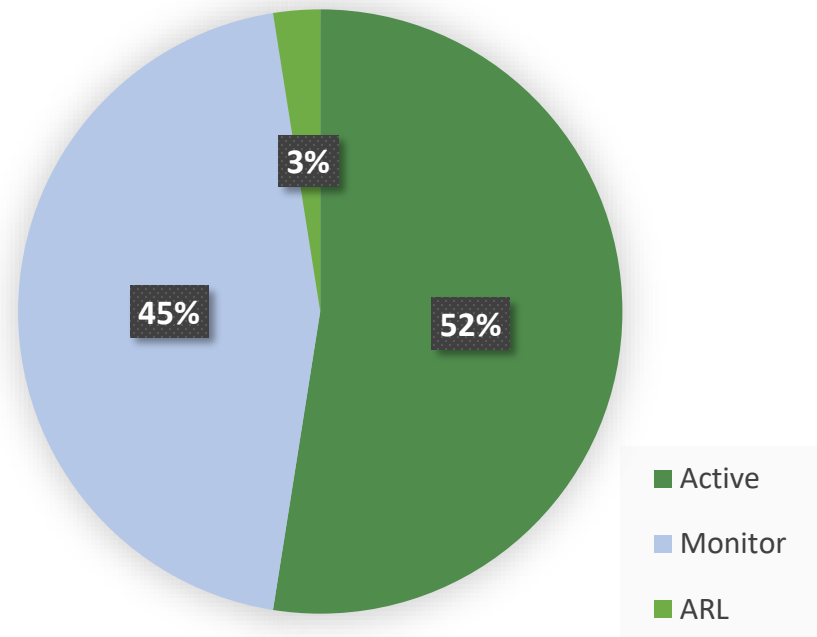
Proposed Legislation

- 1,810 total bills introduced
 - 780 Senate Bills
 - 1,030 House Bills

Bill Analysis

- 2 WABON Request Bills
- 41 Active
- 36 Monitor

Bills Analyzed & Tracked



WABON Request Legislation Senate Bill 5051

May 2024, the Board approved the submission of request legislation to consolidate regulatory authority for Nursing Assistants (NA)

- Effective date of July 1, 2026
- Transfers NA discipline and credentialing authority from DOH to WABON
- Adds two new NA-C members to the Board and converts one LPN member to an RN or LPN member with experience as an NA educator
- Repeals outdated sections of RCW (RCW 18.88A.100 and 18.88A.087)
- Updates “commission” to “board” and several definitions throughout the impacted statutes to align with the transition

SB 5051

Consolidating Regulatory Authority for Nursing Assistants



Sponsors:

- Sen. Bateman
- Sen. Riccelli
- Sen. Cleveland
- Sen. Nobles
- Sen. Wellman



SB 5051 passed the Senate
on February 7, 2025.

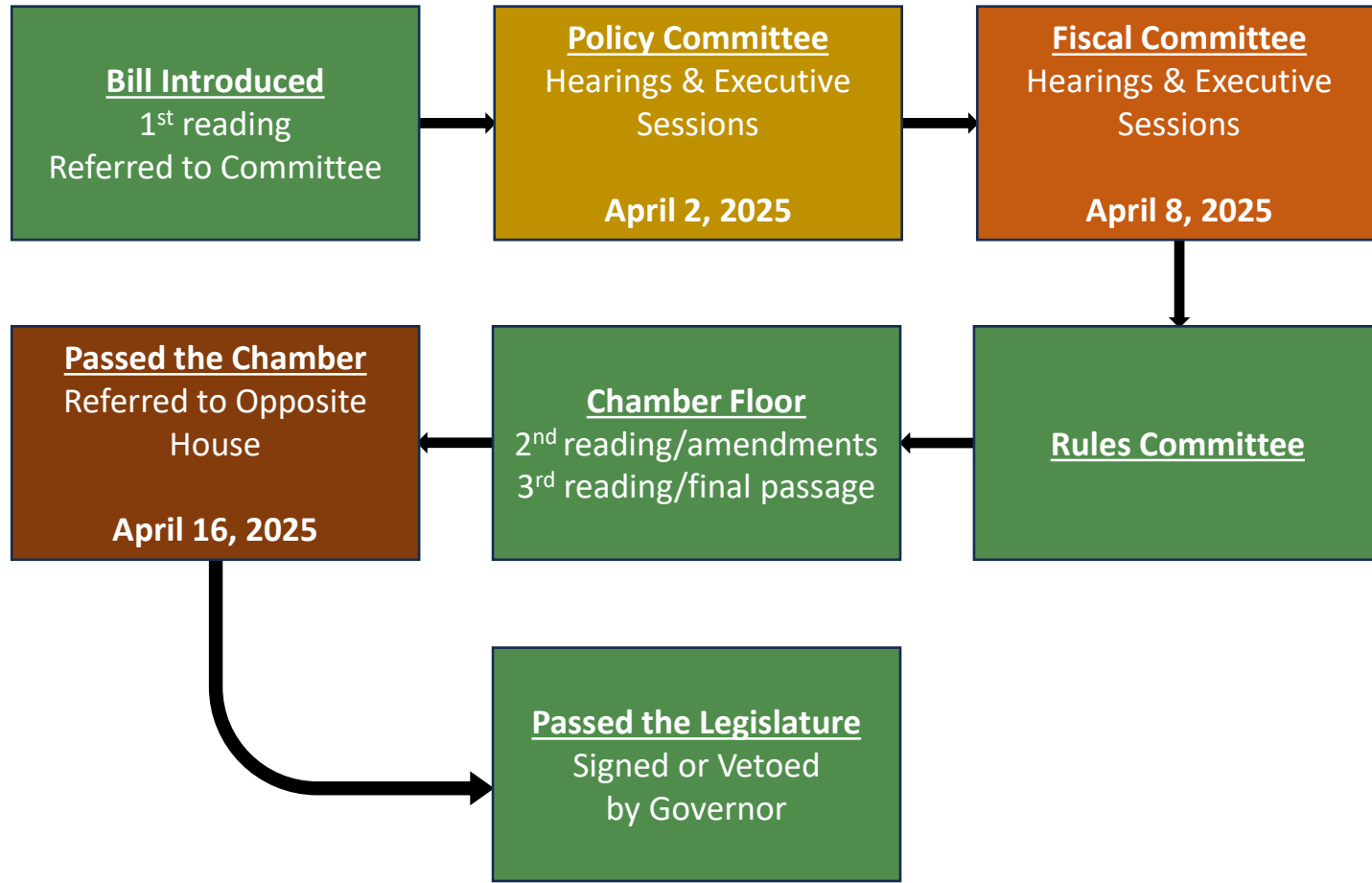
Floor Vote:
49 yeas, 0 nays



Anticipated hearing in
House Health Care &
Wellness Committee in
the coming weeks

Companion Bill [HB 1792](#)
did not survive cutoff

Bill Process Flow



Legislative Priorities



House Bill 1430

ARNP Reimbursement
Parity



House Bill 1720

Medication Assistance in
Comm.-Based Care Settings



Senate Bill 5335

Rural Nursing Education
Program (RNEP)

A photograph of the Washington State Capitol building at dusk. The building is illuminated, and the sky is a mix of orange, yellow, and blue. In the foreground, there are green trees and a fountain. The text "Legislative Panel Training" is overlaid in large white letters.

Legislative Panel Training

[START COURSE](#)

Enhance your knowledge of the Washington state legislative process and how the Washington State Board of Nursing (WABON) participates in effective policy development and legislative advocacy.

Click on the first lesson below—or the “*Start Course*” button above—when you’re ready to begin.

Questions?

E-mail: WABONRules@doh.wa.gov

Phone: (360) 236-3538

Website: <https://nursing.wa.gov/support-practicing-nurses/rules-laws-and-statements/rules/rules-progress>

EMERGENCY RULES (120-Day Limit)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	LAST FILING DATE Washington State Register (WSR)
1	There are no emergency rules at this time.			

CURRENT RULES IN PROGRESS (STANDARD RULEMAKING)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
1	Nurse Administrator Requirements	Amendments to: WAC 246-840-517	Education and experience requirements for nurse administrators of baccalaureate nursing education programs in Washington state, amending WAC 246-840-517 and other related sections in chapter 246-840 WAC. The board is considering amendments to education and experience requirements for nurse administrators of baccalaureate nursing education programs in response to Engrossed Second Substitute Senate Bill (ESSSB) 5582 (Chapter 126, Laws of 2023) codified as RCW 18.79.150.	WSR: 24-21-151 Filed: 10/22/2024	12/5/2024 12/12/2024 1/22/2025 1/23/2025 2/13/2025 Additional workshops to be held if necessary.			
2	Nursing Assistant	Amendments to: Sections in Chapter 246-841A WAC	Nursing Assistant (NA) rules, chapter 246-841A WAC. The Washington State Board of Nursing (board) is considering amendments to nursing assistant rules to implement skills testing in training programs, make changes to the specialty curricula rule requirements, address potential impacts from legislation passed in the 2025 Legislative Session, and other related priorities.	WSR: 24-20-087 Filed: 9/27/2024 Withdrawn: New WSR: Filed: 2/18/2024				

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			<p>The board is initiating rulemaking to amend chapter 246-841A WAC to:</p> <ul style="list-style-type: none"> • Integrate skills testing into NA training programs; • Make changes to the specialty curricula rule requirements; and • Address any impacts resulting from legislation passed during the 2025 Legislative Session and other related priorities <p>This rulemaking is necessary to ensure nursing assistant training programs comply with state and federal requirements and to address areas for improvement identified since the adoption of chapter 246-841A WAC.</p>					
3	RN and LPN Licensing and Continuing Competency	Amendments to: WAC 246-840-015 through 246-840-260	Registered nurse (RN) and licensed practical nurse (LPN) licensing and continuing competency rules. The Washington State Board of Nursing (board) is considering amendments to WAC 246-840-015 through 246-840-260 to clarify and update outdated language, rewrite and reformat existing rules to reflect current best practices, and restructure sections as necessary, as part of the board's 5-year formal rule review process in accordance with RCW 43.70.041. The board is conducting this review in a phased approach. This rulemaking is Phase 1 of the board's formal review process.	WSR: 24-24-011 Filed: 11/21/2024	2/6/2025 2/10/2025 2/13/2025 2/21/2025			

RECENTLY FILED RULES (EFFECTIVE 2021-2024)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/EMERGENCY
1	ARNP Education Requirements for Licensure	Amendments to: WAC 246-840-010 WAC 246-840-340 WAC 246-840-342	<p>On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board:</p> <p>(1) define the term “graduate degree” in chapter 246-840 WAC and (2) provide for the exemptions to education requirements for Advanced Registered Nurse Practitioner license applicants in board Procedures B35.01 and B9.06 by rule.</p> <p>On September 7, 2023, at the board’s business meeting, the board held a public hearing to fully consider all written and oral submissions regarding the July 5, 2023, JARRC finding and moved to initial the rulemaking process with a CR-101.</p>	WSR: 24-05-022 Filed: 2/9/2024	6/20/2024 6/21/2024	WSR: 24-20-129 Filed: 10/1/2024	11/8/2024	WSR: 25-02-080 Filed: 12/26/2024 Effective: 1/26/2025
2	Nursing Fee Rule Corrections (Secretary Authority) Expedited Rule	WAC 246-840-990	<p>In January 2024, the Department of Health (department) in consultation with the Washington State Board of Nursing (board), adopted amendments to WAC 246-840-990. These amendments were introduced to establish the multistate nursing license fee and increase the nursing center surcharge fee as directed by Substitute Senate Bill (SSB) 5499 (chapter 123, Laws of 2023). The nursing center surcharge fee increased from five to eight dollars per year for all initial licenses and renewal licenses for registered nurses (RN) and licensed practical nurses (LPN).</p> <p>However, it was discovered that the fee totals for retired active and inactive licenses in WAC 246-840-990 were incorrect and did not include the correct nursing center surcharge fee. The department, in consultation with the board, is proposing further amendments to WAC 246-840-990 to correct these amounts and ensure the fee totals accurately reflect the correct surcharge fee. This correction is entirely technical and does not change what licensees are currently charged.</p>			WSR:24-14-126 File: 24-14-126		WSR: 24-21-150 Filed: 10/22/2024 Effective: 11/22/2024

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/EMERGENCY
3	1:2 Simulation	Amendments to: WAC 246-840-534 New Section: WAC 246-840-5341	SB 5582-S2.SL.pdf (wa.gov) Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. The Washington State Board of Nursing (board) is considering amendments to nursing education rules in response to Engrossed Second Substitute Senate Bill (E2SSB) 5582 (Chapter 126, Laws of 2023). The board is considering amending WAC 246-840-517, 246-840-534, and other related rule sections.	WSR: 23-17-011 File: 8/4/2023	9/26/2023 10/5/2023 10/16/2023 10/17/2023 10/26/2023 11/20/2023 12/4/2023	WSR: 24-15-133 Filed: 7/23/2024	8/27/2024	WSR: 24-20-031 File: 9/23/2024 Effective: 10/24/2024
4	Blood Glucose Management	Amendments to: WAC 246-840-930 WAC 246-840-940 New Rules: WAC 246-840-835 WAC 246-840-935	HB 1124-S.PL.pdf (wa.gov) Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections. Identifies two areas that require WABON rulemaking: <ol style="list-style-type: none">Expands the allowance for the RN to delegate glucose monitoring and testing beyond community-based and home settings to all settings where the NA-R/NA-C and HCAs work.Removes from statute the timelines for RN supervision and evaluation of the delegated task of administering insulin and directs the board to determine the interval in rule.	WSR: 23-02-037 Filed: 12/29/2022	2/1/2023 and 2/6/2023. Note: Additional workshops were held 5/15/2023 and 5/19/2023.	WSR: 24-08-076 File: 4/3/2024	5/10/2024	WSR: 24-13-079 File: 6/17/2024 Effective: 7/18/2024
5	Substance Use Disorder Monitoring Program Participation	Amendments to: WAC 246-840-750 through WAC 246-840-780 New Rule: WAC 246-840-790	HB 1255-S.SL.pdf (wa.gov) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. The Washington State Board of Nursing (board) is considering amendments to current rule sections relating to the board's substance use disorder (SUD) monitoring program in response to Substitute House Bill (SHB) 1255 Nursing — Substance Use Disorder Monitoring Program Participation (chapter 141, Laws of 2023). The board is also considering creating new rule sections to establish a stipend program as directed by SHB 1255.	WSR: 23-17-074 File: 8/14/2023	12/13/2023 12/15/2023	WSR: 24-07-063 File: 3/15/2024	5/10/2024	WSR: 24-12-066 File: 6/3/2024 Effective: 7/1/2024
6	Initial Out-of-State Exam and Endorsement Licensing	Amendments to: WAC 246-840-030 WAC 246-840-090 And other relevant rule sections in Chapter 246-840 WAC	Moving emergency rule language into permanent rule. Amending specific rule language to clarify licensure requirements for registered nursing (RN) and licensed practical nursing (LPN) applicants <u>applying for initial licensure via an out-of-state traditional nursing education program approved by another U.S. nursing board and applicants applying via interstate endorsement.</u>	WSR: 23-11-143 File: 5/24/2023	6/22/2023 6/29/2023	WSR: 24-03-103 File: 1/18/2024	3/8/2024	WSR: 24-10-063 File: 4/26/2024 Effective: 5/27/2024

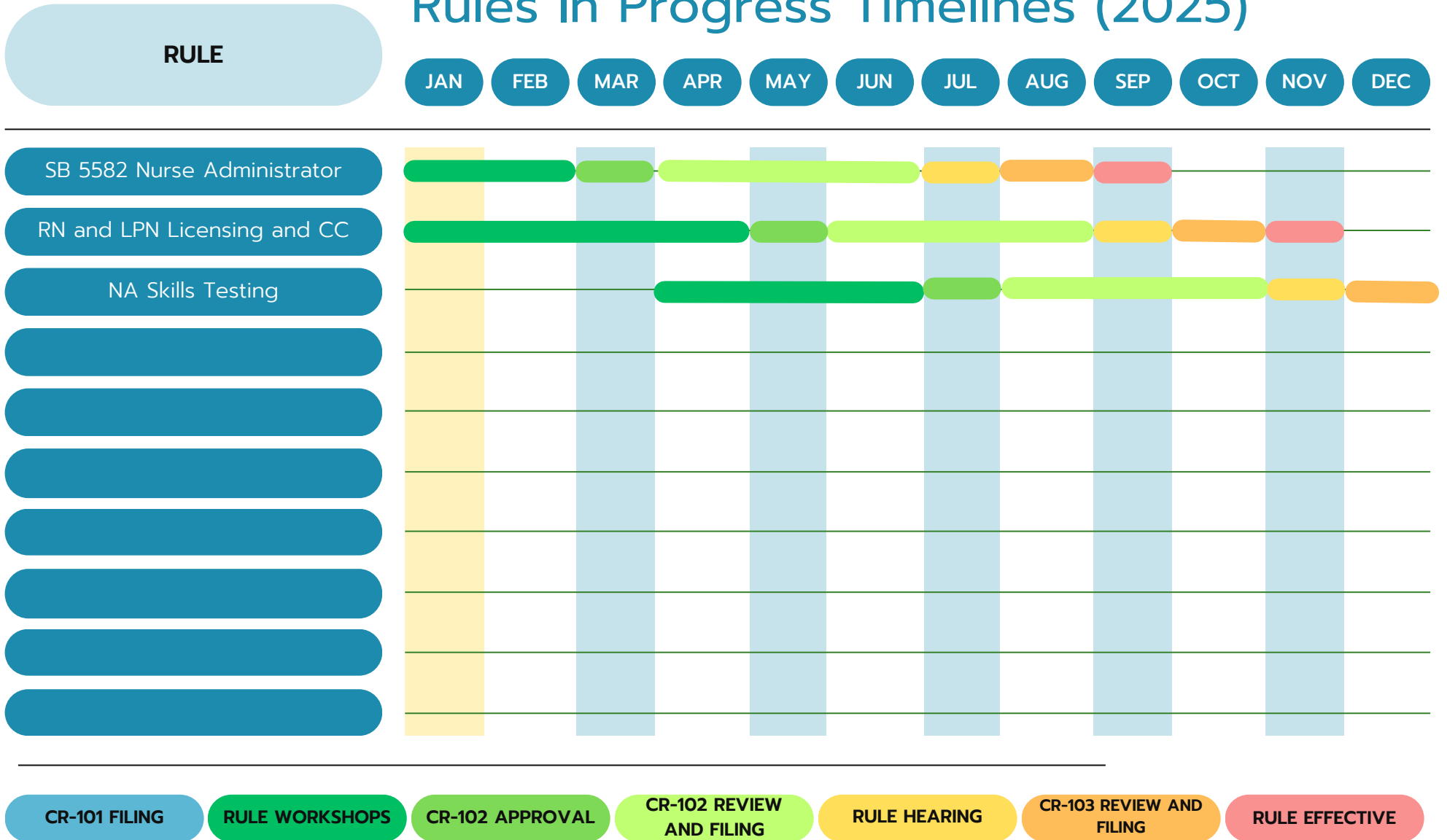
#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/EMERGENCY
7	Nursing Temporary Practice Permits	Amendments to: WAC 264-840-095	<p>Temporary practice permit effective dates for licensed practical nurses (LPN) and registered nurses (RN). The Washington State Board of Nursing (board) is adopting amendments to WAC 246-840-095, Temporary Practice Permits, reducing the length of time a temporary practice permit is effective and updating criteria to issue a temporary practice permit in order to align the internal board process with rule language and implement Second Substitute House Bill (2SHB) 1009 (chapter 165, Laws of 2023), Military Spouses—Professional Licensing and Employment.</p> <p>The board is adopting amendments to reduce the length of time a temporary practice permit is active from 180 days, after the temporary practice permit is issued, to 60 days to align WAC 246-840-095 with the current practice of the board and promote completion of the licensure process. The amendments also reduce the extension of the temporary practice permit from 180 days to 30 days.</p>	WSR: 22-06-057 Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.	WSR: 23-21-071 Filed: 10/12/2023	11/29/2023	<p>WSR: 24-03-055 Filed: 1/11/2024</p> <p>Effective: 2/11/2024</p>
8	Multistate License Fee	Amendments to: WAC 246-840-990	<p>5499-S.SL.pdf (wa.gov) Concerning the multistate nurse licensure compact. Creating a fee and updating a surcharge for a multistate nursing license. WAC 246-840-990, Fees and renewal cycle. The Department of Health (department) in consultation with the Washington State Board of Nursing (board) must update an existing licensing surcharge amount in rule to comply with the new surcharge amount in law. The department and the board are also considering rulemaking to create a fee for a new multi-state license option for registered nurses (RNs) and licensed practical nurses (LPNs) residing in Washington State in keeping with Substitute Senate Bill (SSB) 5499 Multistate Nurse Licensure Compact (Chapter 123, Laws of 2023), effective July 23, 2023.</p>	WSR: 23-16-127 File: 8/1/2023	8/23/2023 8/28/2023 8/29/2023	WSR: 23-22-060 File: 10/25/2023	12/5/2023	<p>WSR: 24-02-057 File: 12/28/2023</p> <p>Effective: 1/31/2024</p>
9	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	<p>ESSB 5229-S.SL.pdf (wa.gov) Health Equity & Continuing Competency</p> <p>Health equity continuing education for licensed practical nurses (LPN) and registered nurses (RN) licensed in WAC 246-840-220 and 246-840-222. The Washington State Board of Nursing (board) is adopting an amendment to WAC 246-840-220 to implement Engrossed Substitute Senate Bill (ESSB) 5229 (chapter 276, Laws of 2021).</p>	WSR: 23-03-069 Filed: 1/12/2023	2/3/2023 2/8/2023 2/15/2023 2/16/2023 2/17/2023 2/22/2023 3/3/2023	WSR: 23-19-081 Filed: 9/19/2023	10/25/2023	<p>WSR: 23-23-166 Filed: 11/21/2023</p> <p>Effective: 12/22/2023</p>

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/EMERGENCY
			<p>The board is adopting a new section of rule and revisions to existing rule in order to establish health equity continuing education (CE) requirements to comply with RCW 43.70.613.RCW 43.70.613(3)(b) directs the rule-making authority for each health profession licensed under Title 18 RCW that is subject to continuing education (CE) to adopt rules requiring a licensee to complete health equity continuing education training at least once every four years. The statute also directs the Department of Health (department) to create model rules establishing the minimum standards for health equity CE programs. The department filed model rules for health equity CE minimum standards on November 23, 2022, under WSR 22-23-167. Any rules developed for the board must meet or exceed the minimum standards in the model rules in WAC 246-12-800 through 246-12-830.</p> <p>The board's adopted rule adds two hours of health equity education to be completed as part of the current continuing education requirements every year. This exceeds the two hours of health equity education to be completed every four years required in the model rules. The proposed rule requires two hours in health equity CE every year which can be counted under existing CE requirements for the profession. No additional topics are being added to the model rules requirements.</p>					
10	Nursing Assistants and NAC Training Program Standards	<p>Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary.</p> <p>Chapter 246-842 WAC (repealing)</p>	<p>Legislated work by WABON with key interested parties in 2018-2020 resulting in a final Long-Term Care Report to the Legislature (June 2021) confirmed the need for updating rules. The coronavirus disease 2019 (COVID-19) pandemic magnified the need and urgency for changes to eliminate barriers to career advancement for nursing assistants to help address the nursing assistant shortage in health care. WABON believes standardizing curriculum in training programs will also result in standardizing scope of practice across work settings.</p>	<p><u>WSR: 21-05-021</u> Filed: 2/8/2021</p>	<p>October 2022 through February 2023.</p>	<p>WSR:23-15-091 Filed: 7/18/2023</p> <p>Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See #2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business</p>	<p>8/30/2023</p>	<p>WSR: <u>23-20-117</u> Filed: 10/3/2023</p> <p>Effective: 11/3/2023</p>

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/EMERGENCY
11	ARNP Opioid Prescribing Rules	Amendments to: WAC 246-840-463 WAC 246-840-4659	The rules were opened to address concerns expressed by Washington state long-term care associations and advanced practice nursing associations about the implementation of the 2018 opioid prescribing rules. On December 21, 2018, WABON adopted Interpretive Statement (NCIS 2.00), Application of WAC 246-840-4659 to nursing homes and long-term acute care hospitals. Interpretive statements are not enforceable and not subject to discipline under the Uniform Disciplinary Act.	WSR: 19-15-092 Filed: 7/22/2019	6/21/2022 and 6/30/22	WSR: 23-08-064 Filed 4/4/2023	5/12/2023	WSR: 23-14-082 Filed: 6/29/2023 Effective: 7/30/2023
12	ARNP Inactive and Expired Licenses	Amendments to: WAC 246-840-365 WAC 246-840-367	Concerns expressed at the 3/11/2022 CR-102 rules hearing (see Emergency to Perm Rules below effective 9/9/2022) caused the board to remove 365 and 367 for further consideration. The board voted to begin a new CR-101 process and consider adding other rule sections.	WSR: 22-12-090 Filed: 6/1/2022	6/21/2022 and 6/30/22.	WSR: 23-01-134 Filed: 12/20/2022	1/27/2023	WSR: 23-08-069 Filed: 4/4/2023 Effective: 5/5/2023
13	Nursing Emergency Rules	WAC 246-840-365 WAC 246-840-367	Amend specific credential and license requirements for Nurse Technicians (NT), Licensed Practical Nurses (LPN), Registered Nurses (RN), and Advanced Registered Nurse Practitioners (ARNP) in response to the COVID-19 pandemic and the critical demand for healthcare professionals.					WSR: 23-03-011 File: 1/6/2023
14	ARNP Scope of Practice	WAC 246-840-300, 700, 710	The rules were opened in response to an April 3, 2018, petition about scope of practice for advanced registered nurse practitioners. The proposed amendments to WAC 246-840-300, WAC 246-840-700 and 246-840-710 introduce new and revised language that clarify the ARNP scope of practice, update gender pronouns, and include other housekeeping changes.	WSR: 19-01-002 Filed: 12/5/2018	1/22/2019 1/23/2019 1/24/2019 1/26/2022 2/7/2022	WSR: 22-15-078 Filed: 7/18/2022	9/9/2022	WSR: 22-23-130 Filed: 11/21/2022 Effective: 12/22/2023
15	Nursing Technician Definition	WAC 246-840-010	The board Education Subcommittee determined the proposed rules are needed to align rule language with the statute, RCW 18.79.340 regarding requirements for nursing program approval.			Expedited WSR: 22-12-092 Filed: 6/1/2022	N/A	WSR: 22-17-144 Filed: 8/23/2022 Effective: 9/24/2022
16	Fees	WAC 246-840-990	The Secretary of the Department of Health in consultation with WABON is considering an increase in licensure fees for professions under its regulation. A fee increase is needed to address the increasing costs associated with the agency's new Healthcare Enforcement and Licensing Modernization Solution (HELMS) database, the need to increase staffing levels to meet the new legislative mandate to process nurse licenses in seven days or less, and an increase in workload associated with implementing solutions addressing the nursing assistant and long-term care crisis.	WSR: 21-23-053 Filed: 11/10/2021	Held by Dept.	WSR: 22-10-104 Filed: 5/4/2022	6/13/2022	WSR: 22-15-074 Filed: 7/18/2022 Effective: 12/1/2023

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/EMERGENCY
17	Emergency to Permanent Rules	3/11/2022 246-840-533, 930 9/17/2021 Original 246-840-365, 367, 533, 930	Create permanent rules from some of the previous emergency rules. WABON first adopted emergency rules in response to COVID-19 in April 2020. They were refiled multiple times while permanent language is being developed.	WSR: 21-19-104 Filed: 9/17/2021	11/3/2021 11/8/2021	WSR: 22-04-081 Filed: 1/31/2022	3/11/2022 WAC 246-840-365, 367 removed and will be included in a new CR-101.	WSR: 22-12-026 Filed: 5/23/2022 Effective: 9/9/2022
18	LPN/NT Practice Opportunities	WAC 246-840-010, 840, 850	Allow LPN students practice opportunities. WABON's legislative panel completed a review of the benefits of apprenticeship programs. The panel recommended opening rules to grant LPN students the same opportunity as registered nurse (RN) students to obtain a nurse technician credential.	WSR: 20-11-044 Filed: 5/18/2020	10/5/2020 and 9/2020	WSR 21-20-058 Filed: 9/28/2021	11/12/2021	WSR: 22-04-082 Filed: 1/31/2022 Effective: 5/13/2022
19	Continuing Competency	WAC 246-840-111, 120, 125, and 200 through 260	The Nursing Care Quality Assurance Commission (board) is adopting amendments to the continuing competency rules and requirements for active, inactive, expired, and retired active credential statuses. This reduces the continuing education hours from 45 hours to eight hours, the active practice hours from 531 to 96 hours and the reporting period from a three-year cycle to an annual cycle. These changes applied to the retired active rule, the active credential rule, the reactivation from expired rule, and the reactivation from inactive rule. The board also adopted changes that now allow the board to choose to audit licensees based on a random audit, or as part of the disciplinary process and the language for extensions is removed as it is no longer needed.	WSR: 19-01-001 Filed: 12/5/2018		WSR: 21-04-096 Filed: 2/1/2021	3/12/2021	WSR: 21-11-032 Filed: 5/12/2021 Effective: 6/13/2021
20	Aids Education & Training	WAC 246-840-025, 030, 045, 090, 539, 541, 860, 905, 246-841-490, 578,585 and 610	Section 22, paragraph (11) of ESHB 1551 repeals RCW 70.24.270-Health Professionals-Rules for AIDS education and training. This repeal no longer requires health professionals to obtain AIDS education and training as a condition of licensure. The amendment of the impacted rules is to help reduce stigma toward people living with HIV/AIDS by not singling out AIDS as an exceptional disease requiring special training and education separate from other communicable health conditions.			Expedited WSR: 20-18-045 Filed: 8/28/2020	N/A	WSR: 21-04-016 Filed: 1/22/2021

Rules In Progress Timelines (2025)





Rules Update

Jessilyn Dagum, Policy Analyst

Current Rules in Progress



Nursing Assistant (NA) Rule



SB 5582 Nurse Administrator
Requirements Rule



Phase 1 of Chapter Rewrite
(RN/LPN Licensing and
Continuing Competency) Rule

Nursing Assistant Rule

Purpose: Implement skills testing in training programs, make changes to the specialty curricula rule requirements, address potential impacts from legislation passed in the 2025 Legislative Session, and other related priorities.

Amends: Sections in Chapter 246-841A (Nursing Assistants)

Update:

- Previous CR-101 rescinded due to limited scope
- New CR-101 filed on February 18, 2025, with expanded scope
- Policy Statement “Delayed Enforcement of the Nursing Assistant Curricula”

Next Steps: Prepare for public rule workshops

SB 5582 Nurse Administrator Requirements

Purpose: Amend education and experience requirements for nurse administrators of baccalaureate nursing education programs in response to Section 7 of Engrossed Second Substitute Senate Bill (ESSSB) 5582 (Chapter 126, Laws of 2023) codified as RCW 18.79.150.

Amends: WAC 246-840-517

Update:

- Five rule workshops were held to solicit input from the public
- Rule language was drafted based on data and feedback from interested parties

Next Steps: Draft rule language presented to the board for their consideration and approval. Once approved, move forward with CR-102 process.

Phase 1 of Chapter Rewrite (RN/LPN Licensing and Continuing Competency)

Purpose: To clarify and update outdated language, rewrite and reformat existing rules to reflect current best practices, and restructure sections as necessary, as part of the board's 5-year formal rule review process per RCW 43.70.041.

Specific objectives include simplifying barriers for multistate licensure applicants, reducing barriers for applicants educated outside the United States, exploring limiting NCLEX attempts before remediation, and incorporating any legislative updates.

Amends: WAC 246-840-015 through 246-840-260

Update:

- Seven rule workshops were held to solicit input from the public
- Continue to revise draft rule language based on feedback from interested parties

Next Steps: Finalize draft rule language and present to the board at the May business meeting

Specific Objectives

1

Simplify Barriers
for Multistate
Licensure
Applicants

2

Reduce Barriers
for Applicants
Educated Outside
the United States

3

Explore limiting
NCLEX Attempts
Before
Remediation

4

Incorporate
Legislative
Updates

Reduce Barriers for Applicants Educated Outside the United States: English Proficiency Exam

WAC 246-840-045 and 090

The English proficiency requirements is found in:

WAC 246-840-045 Initial licensure for registered nurses and practical nurses who graduate from an international school of nursing.

(1)(c) Demonstrate English language proficiency by passing a commission-approved English proficiency examination at a commission-designated standard...

WAC 246-840-090 Licensure for nurses by interstate endorsement.

(4) An applicant graduating from a nursing program outside the U.S. shall demonstrate English proficiency

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.



Board Approved English Proficiency Exams

1. **Test of English as a Foreign Language ([TOEFL](#), IBT)**
 - Passing LPN score: 79 with a speaking score of 26 (institution code: 7292)
 - Passing RN score: 84 with a speaking score of 26 (institution code: 7292)
2. **International English Language Testing System ([IELTS](#), academic version)**
 - Passing LPN and RN score: 6.5 with a score of 6.0 in listening, reading, writing, and speaking.
3. **The Occupational English Test ([OET](#))**
 - Passing LPN and RN scores:
 - Minimum score of 300 in listening, reading and writing.
 - Minimum score of 280 in speaking.

[\(MET\)](#)

- Minimum score of 55 overall
 - Minimum score of 55 in speaking
-
- Listening: CLB 9
 - Reading: CLB 8
 - Writing: CLB 7
 - Speaking: CLB 8

NCSBN Model Rules

Chapter 5.3 Application for Licensure by Examination as an RN or LPN/VN

h. For an applicant who is a graduate of a prelicensure education program not taught in English, passage of an English proficiency examination that includes the components of reading, speaking, writing and listening.

NCSBN 2023 Licensure Survey

- 59 Jurisdictions were included in the report



2023 Licensure Survey

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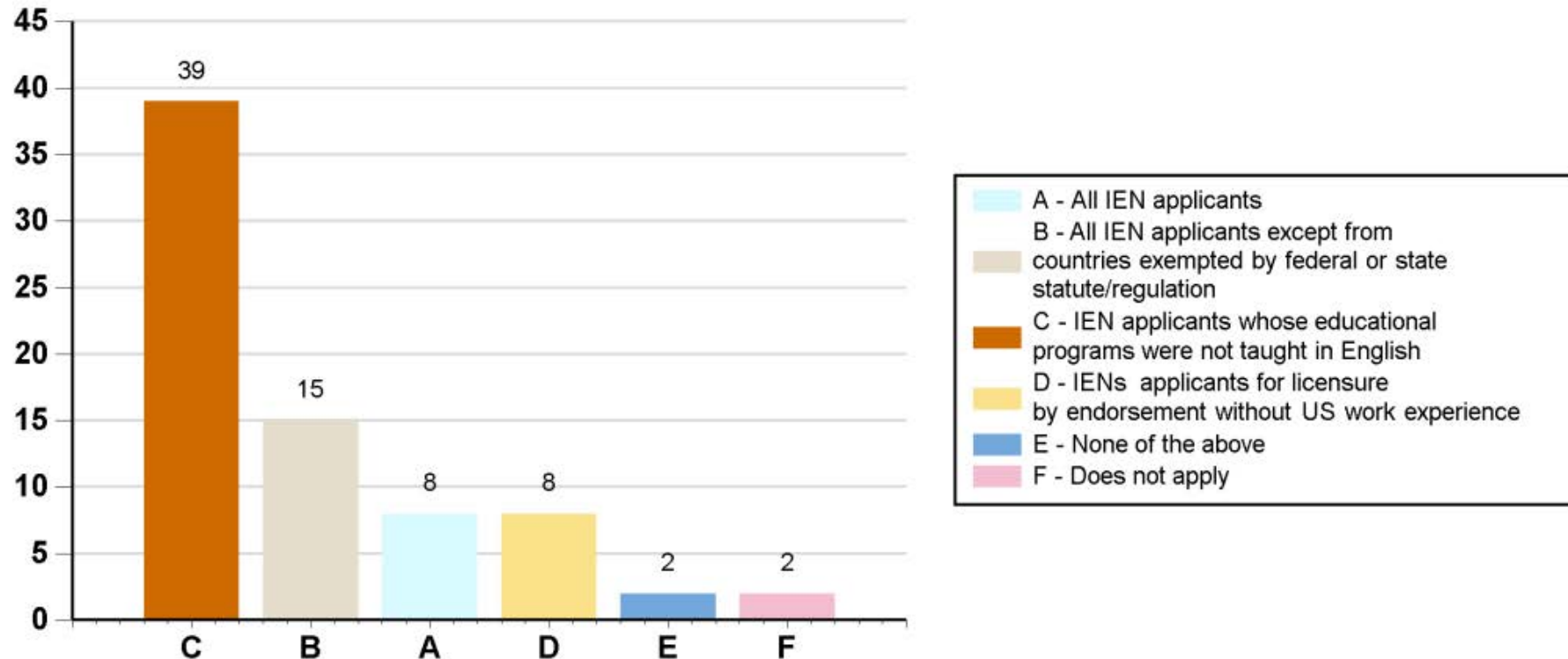
59 Jurisdictions Included in the report:

Alabama (AL)	Alaska (AK)	American Samoa (AS)	Arizona (AZ)	Arkansas (AR)
California-RN (CA-RN)	California-VN (CA-VN)	Colorado (CO)	Connecticut (CT)	Delaware (DE)
District of Columbia (DC)	Florida (FL)	Georgia (GA)	Guam (GU)	Hawaii (HI)
Idaho (ID)	Illinois (IL)	Indiana (IN)	Iowa (IA)	Kansas (KS)
Kentucky (KY)	Louisiana-PN (LA-PN)	Louisiana-RN (LA-RN)	Maine (ME)	Maryland (MD)
Massachusetts (MA)	Michigan (MI)	Minnesota (MN)	Mississippi (MS)	Missouri (MO)
Montana (MT)	Nebraska-AP (NE-APRN)	Nebraska (NE)	Nevada (NV)	New Hampshire (NH)
New Jersey (NJ)	New Mexico (NM)	New York (NY)	North Carolina (NC)	North Dakota (ND)
Northern Mariana Islands (CNMI)	Ohio (OH)	Oklahoma (OK)	Oregon (OR)	Pennsylvania (PA)
Rhode Island (RI)	South Carolina (SC)	South Dakota (SD)	Tennessee (TN)	Texas (TX)
Utah (UT)	Vermont (VT)	Virgin Islands (VI)	Virginia (VA)	Washington (WA)
West Virginia-PN (WV-PN)	West Virginia-RN (WV-RN)	Wisconsin (WI)	Wyoming (WY)	

0 Jurisdictions not included in the report due to non-response:



Q42. Do you require proof of passage of an English proficiency examination from any of the following internationally educated applicants (IENs)? (Check all that apply.)



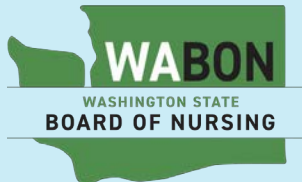
Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
All IEN applicants	AS, GU, IN, MI, MS, RI, UT, WV-PN	8	14%
All IEN applicants except from countries exempted by federal or state statute/regulation	AK, AR, IA, MD, MO, NC, NH, NV, OH, OK, VA, VT, WA , WV-RN, WY	15	26%
IEN applicants whose educational programs were not taught in English	AK, AL, AZ, CA-RN, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, KS, KY, LA-RN, MA, MD, ME, MI, MN, MO, ND, NE, NE-APRN, NH, NJ, NM, OR , PA, SC, SD, TN, TX, VI, VT, WI, WY	39	67%
IENs applicants for licensure by endorsement without US work experience	GA, MD, NE, NE-APRN, NJ, NV, OK, WA	8	14%
None of the above	LA-PN, MT	2	3%
Does not apply	CA-VN, CNMI	2	3%



Uniform Licensure Requirements for a Multistate License

An applicant for licensure in a state that is part of the eNLC will need to meet the following [uniform licensure requirements](#):

3. Has passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language)



Uniform Licensure Requirements for a Multistate License



Requirements:

An applicant for licensure in a state that is part of the eNLC will need to meet the following uniform licensure requirements:

1. Meets the requirements for licensure in the home state (state of residency);
2. a. Has graduated from a board-approved education program; or
b. Has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);
3. Has passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language);
4. Has passed an NCLEX-RN® or NCLEX-PN® Examination or predecessor exam;
5. Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;
8. Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number.

Licensure Comparison Chart



Washington Single-State License	Washington Multistate License (MSL)
Allows practice in Washington State only.	Allows practice in Washington state and 40 other participating compact states.
Initial single-state license fee: RN: \$138 LPN: \$93	Initial multistate license fee: RN: \$203 LPN: \$158
Annual single-state renewal fee: RN: \$138 LPN: \$93	Annual multistate renewal fee: RN: \$158 LPN: \$113
Initial License by Endorsement Requirements: <ul style="list-style-type: none"> •Application and fee •Graduate of a BON approved nursing education program •Verification of an active license in another US state and passing NCLEX results •FBI fingerprint background check (if out of state address) 	Initial License by Endorsement Requirements: <ul style="list-style-type: none"> •Application and fee •Graduate of a BON approved nursing education •Verification of an active license in another US state and passing NCLEX results •FBI fingerprint background check •Valid US Social Security Number •WA State must be primary state of residence (PSOR) •Must not be a participant in an alternative to discipline program or have ever been convicted of a felony. •Must meet all Uniform Multistate License Requirements.

Discussion Questions

1. Should the board maintain or remove the English Proficiency Exam (EPE) requirement for applicants educated outside the US?
2. If the board chooses to maintain the English Proficiency Exam requirement (for both single-state and multistate licensure), should the board align with the national standard (NCSTN model rules)?
3. How can we make this requirement more accessible?

Suggestions we heard:

- Lower passing scores
- Passage of the NCLEX
- Allow for “super scoring” – to retake only those elements of the exam that did not meet the passing score
- RN Refresher Program as an alternative exception
- 1,000+ work hours in another health profession rule in another US state or US territory.
- Offer a restricted license

Summary of Feedback



Aligning with NCSBN Model

Rules: Support for aligning WA rules with national standards.



Challenges with English Proficiency Exams: Cost, accessibility, and varying types of tests.



Impact on Workforce and

Licensure: Testing requirements delay licensure and impact workforce shortages.



Alternative Pathways to Demonstrate Proficiency: Work experience in any environment where English is an official language

Survey Results

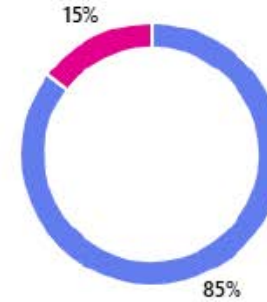
- Survey sent out widely via the board's messaging system, workshop participants, and directly to multicultural nursing organizations in WA
- 41 response
- Participants were asked why the requirement should be maintained or removed.
- If it is to be maintained, then how?



Washington State Board of Nursing
2/28/2025

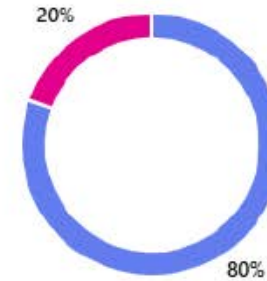
5. Is there **value and safety** in maintaining the English proficiency exam requirement?

• Yes	35
• No	6



6. Should the English proficiency exam requirement be maintained or removed for licensure applicants educated outside the United States?

• Maintained	33
• Removed	8



National Conversation

Addressing Variability in English Language Proficiency Standards

(CGFNS Nurse Migration Report - 2024)

June 2022

- Health Resources and Services Administration (HRSA) updates the list of approved English language proficiency (ELP) tests and passing scores.
- However, these updates are not formally codified into regulation, leading to inconsistencies in standards.

November 2024

- HRSA solicits stakeholder input on permissible ELP tests and score levels.
- Concerns arise about varying test difficulty levels and their impact on patient safety and workforce readiness.

January 2025

- CGFNS convenes a **landmark scientific forum** with experts from all six approved ELP test providers.
- Goals:
 - Review current ELP practices.
 - Gather input from test providers.
 - Develop recommendations for standardizing ELP requirements.

Ongoing 2025

- Consensus is reached among test providers on future ELP guidelines.
- CGFNS prepares to **report findings to HRSA** to improve regulatory clarity and ensure **foreign-educated nurses meet safe language proficiency standards**.



Washington State Board of Nursing
2/28/2025

Next Steps

- Finalize draft rule language based on evidence and feedback from interested parties
- Present draft rule language at May business meeting for the board's consideration and approval

Questions? Email WABONRules@doh.wa.gov

Questions?

WAC 246-840-517

Nurse administrator qualification requirements in nursing education programs located in Washington state.

(1) The nursing education program administrator must be a professionally and academically qualified registered nurse with an active, unencumbered Washington nursing license.

Practical or Associate Degree Nursing Education Programs

(2) In a nursing education program offering practical or associate degree nursing education, the nurse administrator must have a minimum of:

Educational Qualifications

(a) A bachelor of science in nursing (BSN) from a nursing education program accredited by a national nursing education accrediting body recognized by the United States Department of Education and a graduate degree; or

(b) A graduate degree from a nursing education program accredited by a national nursing education accrediting body recognized by the United States Department of Education; and

Experiential Requirements

(c) Preparation in education that includes teaching adults, adult learning theory, teaching methods, curriculum development, and curriculum evaluation, or two years of teaching experience in nursing education that demonstrates this type of preparation;

(d) Curriculum development and administration experience;

(e) Five years of experience as a registered nurse including two years of experience in nursing education; and

(f) Current knowledge of nursing practice at the practical nurse or associate degree program level as appropriate.

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Baccalaureate and Graduate Nursing Education Programs

(3) In a nursing education program offering baccalaureate or graduate degrees in nursing, the nurse ~~administer~~ administrator must have:

Educational Qualifications

(a) ~~a graduate degree in nursing; the graduate degree must be from:~~

~~(i) a program accredited by a national nursing education accreditation body recognized by the U.S. Department of Education; and A minimum of a graduate degree with a major in nursing, from a nursing education program accredited by a national nursing education accreditation body recognized by the United States Department of Education and a doctoral degree either in nursing or a health or related educational field from a college or university accredited by a national accrediting body recognized by the United States Department of Education; or~~

(b) ~~a doctoral degree in nursing, health, or a related education field; the doctoral degree must be from:~~

~~(i) A college or university accredited by a regional accrediting body recognized by the U.S. Department of Education; and~~

~~(ii) A college or university accredited by a national nursing accrediting body recognized by the United States Department of Education; and~~

Experiential Requirements

(c) Preparation in education that includes teaching adults, adult learning theory, teaching methods, curriculum development, and curriculum evaluation, or two years of teaching experience in nursing education that demonstrates this type of preparation;

(d) Preparation or experience in nursing administration or educational administration; and

(e) At least five years of experience as a registered nurse, including two years of experience in nursing education at or above the highest level of the nursing education program the nurse administrator will be administering.

~~The commission may grant an exception to the experience in nursing education requirement if the program can demonstrate that two academic years of ongoing educational consultation is provided to the nurse administrator by a person who meets or exceeds nurse administrator qualifications identified in this subsection.~~

Exceptions for Educational and Experiential Qualifications for Baccalaureate Program Nurse Administrators

(4) The board may grant an exception to any or all the requirements in sections (3) (b), (c), (d), (e), if the following conditions are met:

(a) The educational institution, parent institution, postsecondary educational institution, or governing entity provides a written comprehensive plan to support the nurse administrator's success in the role. This plan shall be submitted to the board for approval within thirty (30) days of hire.

(i) The plan must address the nurse administrator's areas of exception as it relates to sections (3) (b), (c), (d) and/or (e).

(ii) The plan must include strategies such as ongoing mentorship by a qualified nurse administrator who meets or exceeds the qualifications in sections (3) (a), (b), (c), (d), and/or (e), mentorship at the academic institution, structured professional development, and additional education to address gaps in teaching methods, curriculum development, and nursing administrative experience.

(b) An evaluation of both the comprehensive plan and the performance of the nurse administrator must occur each year for a two-year period. The evaluation should involve input from the nurse administrator, mentors, nursing faculty, and administrative peers.

(c) An actionable development plan must be submitted to the board each year for two years based on the data and analysis of the comprehensive plan and performance review of the nurse administrator.

(d) An individual who has two years or more of experience as an academic nurse administrator is not required to have a comprehensive plan.

Nurse Administrator Responsibilities

(54) The nurse administrator shall be responsible for creation and maintenance of an environment conducive to teaching and learning through:

(a) Facilitation of the development, implementation, and evaluation of the curriculum.

(b) Communication and decision making regarding program needs, budget preparation and monitoring, and ongoing involvement with central administration and other units of the parent institution.

(c) Facilitation of faculty development and performance review for full-time and part-time faculty consistent with the policies of the institution and standards of professional nursing practice, and encouragement of faculty to seek ways of improving clinical skills and methods of demonstrating continued educational and clinical competence.

Evaluation of clinical performance of nursing faculty in practice situations must be performed by a qualified licensed nurse as appropriate to the level of practice being taught.

(d) Facilitation of faculty recruitment and appointment. The nurse administrator of the nursing education program shall establish a goal for acquiring faculty with diversity in ethnicity, gender, clinical specialty and experience.

(e) Recommendation of faculty for appointment, promotion, tenure, and retention consistent with the policies of the institution and standards in this chapter.

(f) Facilitation of the development of long-range goals and objectives for the nursing program.

(g) Facilitation of recruitment, selection, and advisement of students.

(h) Assurance that the rules of the [commissionboard](#) are effectively implemented.

(i) Notification to the [commissionboard](#) of events as identified in WAC [246-840-513](#) and [246-840-554\(3\)](#).

(65) The nurse administrator must have sufficient time provided to fulfill relevant administrative duties and responsibilities.

[Statutory Authority: RCW [18.79.010](#), [18.79.110](#), [18.79.150](#), [18.79.190](#), and [18.79.240](#). WSR 16-17-082, § 246-840-517, filed 8/17/16, effective 9/17/16.]

Rule Workshop #1 – December 5, 2024	
Discussion Question	Comments
<p>Would removing a doctorate degree requirement negatively impact the BSN equivalency across nursing programs?</p>	<ul style="list-style-type: none"> • Some participants questioned whether there is state-level data indicating that the doctorate requirement is not working. • Concerns were raised that removing the doctorate requirement could lower program quality and lead to inconsistencies in leadership. • Several participants emphasized that community colleges face financial and structural barriers to hiring doctorate-prepared administrators. • Others argued that while a doctorate is valuable, leadership and program management skills are equally critical. • Some pointed out that other disciplines, such as pharmacy and physical therapy, have moved toward doctoral-level education and nursing should follow suit.
<p>Is an exception process accessible?</p>	<ul style="list-style-type: none"> • One participant shared a positive experience mentoring an administrator through the exception process, stating that it was well-structured and effective. • Others noted that an exception process could allow qualified administrators without doctorates to step into leadership roles while pursuing further education. • Some suggested formalizing mentorship components in the exception process to ensure consistency and accountability.
<p>Should completion of a doctorate degree be required within an established time frame?</p>	<ul style="list-style-type: none"> • Many agreed that a structured timeframe for completing a doctorate could work if paired with financial and institutional support. • Some expressed concerns that strict deadlines might create additional barriers for nurse administrators. • A suggestion was made to align the requirement with faculty waivers that allow for degree completion within a certain timeframe.

	<ul style="list-style-type: none"> • Others worried that without reasonable guidelines, individuals could remain indefinitely in progress toward a doctorate without completing it.
What qualifications are key to success in this role (leadership, clinical experience, academic experience, degree)?	<ul style="list-style-type: none"> • Leadership, administrative, and program management skills were emphasized as critical. • Some argued that clinical experience should be prioritized, while others felt strong academic and program management skills were more important. • Budgeting, human resources, and curriculum development expertise were also noted as key qualifications. • Participants supported the idea of mentorship or consultation for administrators who lack specific experience areas.
What level of detail is helpful in defining administrator qualifications in the WAC?	<ul style="list-style-type: none"> • Participants suggested balancing flexibility with clearly defined qualifications to ensure both program quality and candidate availability. • Some advocated for a holistic review process, considering leadership experience, education progress, and mentorship involvement. • Concerns were raised that overly rigid qualifications could exacerbate leadership shortages. • Several suggested structuring qualifications similarly to holistic admissions, evaluating multiple factors rather than relying solely on degree attainment.

Rule Workshop #2 – December 12, 2024	
Discussion Question	Comment or Question
Would removing a doctorate degree requirement negatively impact BSN equivalency across nursing programs?	<ul style="list-style-type: none"> • Some participants worried that removing the doctorate requirement might reduce motivation for administrators to pursue higher education. • Others noted that requiring a doctorate could be a barrier at community colleges due to turnover and vacancies. • Some emphasized that maintaining doctoral preparation aligns with evidence-based practice and the standards of other healthcare disciplines, such as pharmacy and physical therapy. • A few participants argued that instead of removing the requirement, efforts should focus on removing barriers for leaders to obtain doctorates.

<p>Is an exception process accessible?</p>	<ul style="list-style-type: none"> • Participants felt exceptions could open doors for diverse candidates and allow experienced administrators without doctorates to step into leadership roles. • Some participants suggested that a clear and transparent exception process with mentorship and structured support would be crucial to ensuring fairness.
<p>Should completion of a doctorate degree be required within an established time frame?</p>	<ul style="list-style-type: none"> • Some were concerned that strict deadlines could discourage potential administrators from stepping into leadership roles. • Others noted that different types of doctoral programs vary in duration, and timelines should reflect that variability.
<p>What qualifications are key to success in this role (leadership, clinical experience, academic experience, degree)?</p>	<ul style="list-style-type: none"> • Leadership, administrative, and budget management skills were widely considered essential. • Some participants debated the importance of clinical experience, with some arguing that it is critical for credibility and others prioritizing academic and program management skills. • Curriculum development, faculty mentorship, and accreditation experience were also noted as key qualifications. • Some felt that Oregon’s prescriptive model, which specifies experience and degree requirements, might serve as a useful reference.
<p>What level of detail is helpful in defining administrator qualifications in the WAC?</p>	<ul style="list-style-type: none"> • Participants agreed that clear but flexible qualifications should be outlined in the WAC to allow for a balance between program needs and candidate availability. • Others suggested structuring qualifications similarly to holistic admissions, where different factors are weighed instead of relying solely on degree attainment. • A few raised concerns that overly rigid qualifications could contribute to leadership shortages.

<p>Rule Workshop #3 – January 22, 2025</p>		
<p>Draft Rule Language</p>	<p>Comments</p>	<p>Board Response</p>
<p>Educational Qualifications</p> <ul style="list-style-type: none"> • Requires a graduate degree in nursing from an accredited program. 	<ul style="list-style-type: none"> • Some participants supported retaining the doctoral degree requirement, citing the need for alignment with other healthcare disciplines and maintaining academic rigor. 	<ul style="list-style-type: none"> • The board retained the doctoral requirement for consistency with accrediting body expectations and higher education standards.

<ul style="list-style-type: none"> Requires a doctoral degree in nursing, health, or a related education field. 	<ul style="list-style-type: none"> Others expressed concern that requiring a doctorate could create barriers for community college administrators due to cost and accessibility. A few participants suggested allowing more flexibility in degree requirements, particularly for those with extensive leadership experience. 	<ul style="list-style-type: none"> The exception process allows flexibility for candidates who meet other qualifications but lack a doctorate.
<p>Experiential Requirements</p> <ul style="list-style-type: none"> Requires preparation in education, teaching methods, and curriculum development. Requires at least five years of RN experience, including two years in nursing education. 	<ul style="list-style-type: none"> Several participants emphasized the importance of leadership and administrative skills, stating that academic experience alone does not necessarily prepare someone for program leadership. Some suggested reducing or modifying the teaching experience requirement to allow more candidates to qualify. A few proposed adding a provision that considers equivalent experience in healthcare leadership roles. 	<ul style="list-style-type: none"> The proposed rule does not amend the experiential requirements of the rule. The language explicitly includes curriculum development and administration experience. The teaching experience requirement remains but includes an exception process to address concerns about accessibility.
<p>Exceptions for Educational and Experiential Qualifications</p> <ul style="list-style-type: none"> The board may grant exceptions if a comprehensive support plan is submitted. Requires mentorship, structured professional development, and additional education. Includes a two-year evaluation and development plan. 	<ul style="list-style-type: none"> Many participants supported the mentorship-based exception process, stating that it provides a pathway for qualified administrators without doctorates. Some suggested clarifying the process for institutions to request and implement exceptions. Others recommended specifying what type of mentorship and professional development would be required under the exception. A few expressed concern that two years might not be enough time for some administrators to complete their doctoral degrees. 	<ul style="list-style-type: none"> The exception process was retained and expanded with clearer requirements. A clause was added to waive the comprehensive plan requirement for administrators with two or more years of experience, addressing concerns about unnecessary burdens on experienced leaders. The mentorship and professional development requirements were made explicit, ensuring structured support for administrators under exception.
<p>Evaluation and Performance Review</p> <ul style="list-style-type: none"> Requires annual evaluations of the administrator and the 	<ul style="list-style-type: none"> Some participants questioned whether two years was sufficient for evaluating administrator performance and development. 	<ul style="list-style-type: none"> The two-year evaluation period was retained, but the waiver for those with two or more years of experience was

<p>comprehensive support plan for two years.</p> <ul style="list-style-type: none"> If the administrator has served in the role for two years, the support plan is waived. 	<ul style="list-style-type: none"> Others recommended including a formal feedback mechanism from faculty and students to assess the administrator’s effectiveness. A few suggested extending the evaluation period beyond two years for administrators who receive an exception. 	<p>clarified to prevent unnecessary redundancy.</p> <ul style="list-style-type: none"> Language on evaluation involving mentors, faculty, and administrative peers was clarified.
<p>General Feedback on the Rule Language</p>	<ul style="list-style-type: none"> Some participants expressed appreciation for the structured approach but suggested further refinements to ensure accessibility for diverse candidates. A few proposed exploring financial support options for administrators pursuing doctoral degrees as a way to address barriers. Others recommended aligning Washington’s requirements more closely with national accrediting body standards to maintain consistency. 	<ul style="list-style-type: none"> The rule remains aligned with national accrediting body standards while offering exceptions for experienced candidates. The board addressed concerns about accessibility through exceptions and waiver provisions but did not add financial support measures, as this is outside the scope of WAC changes.

<p>Rule Workshop #4 – January 23, 2025</p>		
<p>Draft Rule Section</p>	<p>Comments</p>	<p>Board Response</p>
<p>Educational Qualifications</p> <ul style="list-style-type: none"> Requires a graduate degree in nursing from a program accredited by a national nursing education accreditation body Requires a doctoral degree in nursing, health, or a related education field from a college or university accredited by a regional accrediting body 	<ul style="list-style-type: none"> Support was expressed for maintaining the doctoral degree requirement to ensure alignment with national standards. Others were concerned about barriers for community college administrators due to cost and accessibility. Some suggested allowing alternative qualifications or more flexibility in the doctoral requirement. 	<ul style="list-style-type: none"> The exception process would allow candidates without a doctorate to qualify for the role under structured conditions.

<p>Experiential Requirements</p> <ul style="list-style-type: none"> • Requires preparation in education that includes teaching adults, adult learning theory, teaching methods, curriculum development, and curriculum evaluation, or two years of teaching experience • Preparation or experience in nursing administration or educational administration • Requires at least five years of RN experience, including two years in nursing education 	<ul style="list-style-type: none"> • Many participants emphasized that leadership and administrative skills are equally important as academic qualifications. • Some suggested that alternative professional experiences should be considered, particularly for candidates from healthcare leadership roles. • A few recommended modifying the teaching experience requirement to allow more flexibility. 	<ul style="list-style-type: none"> • The proposed rule does not amend the experiential requirements of the rule. • The proposed rule maintains the two-year teaching experience requirement but allows exceptions under specific conditions.
<p>Exceptions for Educational and Experiential Qualifications</p> <ul style="list-style-type: none"> • The board may grant exceptions if a comprehensive support plan is submitted. • Requires mentorship, structured professional development, and additional education. • Includes a two-year evaluation and development plan. 	<ul style="list-style-type: none"> • Strong support for the mentorship-based exception process, with suggestions to provide clearer guidelines for implementation. • Some recommended making mentorship requirements more specific. • A few suggested extending the evaluation period beyond two years for administrators who receive an exception. 	<ul style="list-style-type: none"> • The mentorship requirement was expanded to include ongoing structured mentorship and additional education to address competency gaps. • The exception process remains detailed and requires a written plan within 30 days of hire. • The rule clarifies that administrators with two or more years of experience as an academic nurse administrator do not require a comprehensive plan.
<p>Evaluation and Performance Review</p> <ul style="list-style-type: none"> • Requires annual evaluations of the administrator and the comprehensive support plan for two years. • If the administrator has served in the role for two years, the support plan is waived. 	<ul style="list-style-type: none"> • Some questioned whether two years is enough for evaluating performance and professional growth. • A few recommended formalizing input from faculty and students in the evaluation process. • Some suggested extending the evaluation period beyond two years for those granted an exception. 	<ul style="list-style-type: none"> • The two-year evaluation period remains but includes input from faculty, mentors, and administrative peers. • The waiver for administrators with two or more years of experience prevents redundant oversight.

Rule Workshop #5 – February 13, 2025

Draft Rule Section	Comments	Board Response
<p>Evaluation and Performance Review</p> <ul style="list-style-type: none">• Requires annual evaluations of the administrator and the comprehensive support plan for two years.• If the administrator has served in the role for two years, the support plan is waived.	<ul style="list-style-type: none">• Some participants asked if the comprehensive plan that must be evaluated every year for a two-year period was open for interpretation.• Others asked if the waiver applied to a nurse administrator of any level program, including associates level program	<ul style="list-style-type: none">• Clarified that the evaluation of the comprehensive plan must occur every year, once a year, for two years.• The intent of the comprehensive plan is to be supportive of the success of the nurse administrator.• Clarified that the waiver applies to individuals who have been in the administrator role at any level.