



**Board of Nursing
Business Meeting Agenda
May 9, 2025
8:30 AM- 5:00 PM**

This is a virtual meeting, if you would like to participate in the virtual meeting and you don't have computer or phone access you may attend at the **Department of Health**, building **Town Center 2, room 167** located at [111 Israel Rd SW, Tumwater, WA 98501](https://www.wa.gov/locations/tumwater)

[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, (May 2, 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

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.

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 – Sharon Ness

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. March 14, 2025

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

A. Approval of Minutes. Continued.

2. Advanced Practice Subcommittee
 - a. January 15, 2025
 - b. March 19, 2025
3. Discipline Subcommittee
 - a. February meeting cancelled
4. Consistent Standards of Practice Subcommittee
 - a. February 4, 2025
5. Licensing Subcommittee
 - a. March 18, 2025 – Approved December 17, 2024, minutes
 - b. April – No Meeting
6. Research Subcommittee
 - a. October 21, 2024
7. Education Subcommittee
 - a. No meeting

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. Licensing Report to the Governor's Office

D. Washington Center for Nursing/WABON monthly meetings

1. March 27, 2025
2. April 21, 2025, quarterly meeting with DOH.
3. April 24, 2025
4. April 28, 2025 – no minutes

E. Out-of-state travel reports

1. Alison Bradywood – NCSBN Midyear & Alabama Office of Apprenticeship

F. Procedures Revision (*name change and formatting only – non-substantive*)

1. B31.03 Effect of Military Status on Credentials
2. B38.03 Social Security Numbers
3. E01.05 Nursing Program Approval Process
4. E03.05 Complaints and Actions Related to Nursing Education
5. E05.03 Continuing Approval for Nursing Programs in Washington State
6. E06.03 Approval of Student Clinical Learning in Washington for Out-of-State Nursing Programs
7. E07.03 Nursing Education Unit Complaint Investigation Procedure
8. A31.04 Timely Resolution of SOAs/STIDs
9. A37.03 ARNP Hearings
10. A41.04 Investigative Mental or Physical Examinations
11. A47.04 Surrender of Credential

IV. 8:45 AM – 9:15 AM – Chair Report – Dawn Morrell – DISCUSSION/ACTION

A. NCSBN Annual Business Meeting (Chair and ED as delegates)

B. Signature Authority – H16.04

1. Situation: The executive director is required to bring the procedure before the Board prior to the end of the biennial fiscal year.

Background: In accord with RCW 18.130.050 and RCW 18.130.095, WABON will determine which decisions are delegated to staff and who has signature authority to sign on behalf of the Board after a Board or panel decision.

Assessment: The procedure is presented in 2025 to align with the end of the biennial fiscal year and will be in effect, if adopted, until the end of the next biennial fiscal year (2027), unless an earlier revision is necessary.

Recommendation: Move to adopt the procedure as revised.

C. 2025-2026 Out of State Travel Plans

D. Disciplinary Hearing Dates

E. Service Awards

1. Board Members completing their terms of service.
 - a. Sharon Ness
 - b. Adam Canary
2. Pro Tem members completing their fourth term of service.
 - a. Mary Baroni
 - b. Bianca Reis
 - c. Tracy Rude

V. 9:15 AM – 10:45 AM – Executive Director Report – Alison Bradywood – DISCUSSION/ACTION

A. Budget Report – Maikia Moua, Chris Archuleta

B. Facility and State Budget Update – Alison Bradywood, Chris Archuleta

C. WCN Update

D. Strategic Plan Update

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

E. WHPS Update – Catherine Woodard

1. WHPS post-completion survey results
2. UW nursing student project on nurse handbook infographics
3. Stipend program budget

F. Operation Nightingale – Catherine Woodard

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

10:45 AM – 11:00 AM – Break

VI. 11:00 AM – 11:30 AM – Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Ajay Mendoza, Chair

B. Consistent Standards of Practice – Ella Guilford, Chair

1. Advisory Opinion Procedure – F03.06

Situation: As part of the annual review, the practice unit incorporated additional process steps and linked to new equity lens tools to align with the rule writing process.

Background: WABON staff and the Consistent Standards of Practice Sub-Committee (CSPSC) review procedures to remain compliant with BON policy and best practice standards, supporting clarity among staff and interested parties.

Assessment: The current procedure successfully incorporates the review steps, process workflow, and new equity lens tools that streamline and update the procedure.

Recommendation: The CSPSC recommends adopting revisions of the Advisory Opinion Procedure to align with the rule writing process.

2. Telehealth Advisory Opinion Rescind – AO 25.00

Situation: Chapter 18.134 RCW (Uniform Telehealth Act), introduces changes to telehealth practices, notably permitting out-of-state practitioners to deliver care in Washington State without requiring Washington State licensing or multi-state licensing.

Background: This new legislation raises various issues that intersect with the existing Telehealth Advisory Opinion, creating potential confusion for practitioners, nurses, and interested parties.

Assessment: Practice staff met with the Executive Director and BON legal consultants. These discussions highlighted overlapping questions between the new law and the current Advisory Opinion.

Recommendation: The CSPSC recommends rescinding the existing Telehealth Advisory Opinion and developing a set of Frequently Asked Questions (FAQs) to clarify the new regulations and provide guidance to practitioners.

C. Discipline – Sharon Ness, Chair

Situation: Three discipline procedures were updated for terminology and references. These include adjustments related to current practice which are detailed in the assessment below.

Background: Board staff and the Discipline Subcommittee (DSC) regularly review procedures to remain current with best practice standards and to reflect operational changes.

Assessment:

Procedure A46.05 *Summary Actions* now includes reference to the new procedure J25, *Disciplinary News Releases and Hot Topic Messages*. Board staff are now responsible for generating news releases related to board business and disciplinary matters.

Procedure A48.04 *Case Status Correspondence* now includes a clause that staff will not send a notification letter to a respondent if it would impede an effective investigation. The reference is found in the uniform procedure rules in RCW and is referenced at the top of the procedure.

Procedure A53.03 *Notice of Required Evaluation* adds reference to a related procedure and clarifies tasks such as copying WHPS on service of the NRE and correcting the workflow when a contract with WHPS is deemed appropriate.

Recommendation: The Discipline Subcommittee recommends adopting revisions to the following procedures to align with current terminology, best practices, and reference to a new related procedure.

1. Procedure A46.05 Summary Actions
2. Procedure A48.04 Case Status Correspondence
3. Procedure A53.03 Notice of Required Evaluation

D. Licensing – Dawn Morrell, Chair

1. Nurse License Verification Procedure B36.02

Situation: Nurse License Verification procedure is revised to align with implementation of HELMS.

Background: WABON made the decision to cease printing of credentials and renewal notices upon the implementation of the HELMS database and utilize electronic primary source verification for all nursing credentials.

Assessment: With the April 29, 2025, implementation of the HELMS database, WABON was able to move forward with this new process.

Recommendation: Recommend approving changes to the Nurse License Verification procedure to align with the implementation of the HELMS database.

E. Research – Maikia Moua, Chair

1. Student Engagement – Heather Hamilton
2. Performance Measures – An overview of process using research performance measures-Emma Cozart

F. Education – Kimberly Tucker, Chair

1. No report

11:30 AM – 1:00 PM – Lunch

VII. 12:00 PM – 1:00 PM – Education Session

In 2019, the Alabama Office of Apprenticeship developed and led an innovative nurse apprenticeship program. The first cohorts launched in May 2022 because of COVID delays. The program now includes 80 clinical facilities and 23 nursing programs across the state. Mobile Infirmary is a 689 licensed bed facility and key clinical partner in the apprenticeship program. There are 290 RN and LPN completed apprentices, and 539 currently registered apprentices.

VIII. 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.

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

A. Nursing Education – Gerianne Babbo

1. Preceptorship Grant 2025

B. Nursing Assistant – Reuben Argel, Christine Tran

1. Strategic Plan Updates
2. SB 5582 – Rural Hospital and High School Nursing Assistant Partnership
3. Skills Testing Pilot Updates
4. Briefing on Nursing Assistant and Language Research Pilot

X. 1:45 PM – 2:15 PM - Legislation & Rules Update – Quiana Daniels, Anthony Partridge - DISCUSSION/ACTION

A. 2025 Legislative Session Report

B. 2026 Agency Request Legislation

Situation: RCW 18.79.260 contains prescriptive language outlining specific tasks and settings where nurse delegation is permitted. Current language restricts the flexibility needed to meet patient care demands across diverse and evolving environments.

Background: Several amendments set parameters around nurse delegation in specific settings, particularly in community-based and LTC settings. However, the healthcare landscape has changed significantly over time and this rigidity limits the ability of nurses to use professional judgment in appropriate delegation decisions.

Assessment: RCW 18.79.260 presents challenges, including limited flexibility, barriers to access, and regulatory inconsistency. Request legislation is needed to follow the precedence of other states which have transitioned toward statutes that provide high-level oversight and allow rules to define operational structures and processes.

Recommendation: Approve the development of request legislation for the 2026 Legislative Session to amend RCW 18.79.260.

C. Rules Update – Jessilyn Dagum

1. Rules Overview
2. Draft Rule Language – RN/LPN Licensing and Continuing Competency Rule

Situation: The board is considering amendments to WAC 246-840-015 through 246-840-260, RN/LPN licensing and continuing competency rules. The proposed draft rule language reflects Phase 1 of the board's 5-year formal rule review process and is presented to the board for consideration and approval.

Background: As required by RCW 43.70.041, the board is undertaking a comprehensive, phased rewrite of chapter 246-840 WAC to clarify and update outdated language, rewrite and reformat existing rules to reflect current best practices, and restructure sections as necessary. In November 2024, the board filed CR-101 (WSR 24-24-011) to initiate Phase 1, which focuses on licensing and continuing competency rules for RNs and LPNs. This phase also includes consideration of additional board priorities such as simplifying regulations for multistate licensure applicants, reducing barriers for applicants educated outside the United States, and limiting NCLEX attempts before remediation

Assessment: The draft rule language includes significant restructuring and clarification across the RN and LPN licensing and continuing competency rules. The requirements for applicants educated in Washington state, in other U.S. jurisdictions, and internationally have been reorganized and streamlined for clarity. The draft rule language also aligns the English proficiency requirement with national standards and establishes a new requirement limiting NCLEX retakes to four attempts before remediation. The draft reflects input from multiple public workshops held from February to April 2025, during which the board received extensive interested party feedback.

Recommendation: Staff recommends that the board approve the draft rule language as presented and to proceed with preparing and filing the CR-102.

2:15 PM – 2:30 PM – Break

XI. 2:30 PM – 3:30 PM – Nominations Committee - Jacob Garcia - DISCUSSION/ACTION

A. Elections of Officers

The WABON elects the chair, vice chair and secretary/treasurer for the coming year.

B. Annual WABON Award

Each year, the WABON recognizes staff for the award. Recipient(s) attend the NCSBN annual meeting.

XII. Meeting Evaluation

XIII. Closing



II.

Announcements



HAPPY NURSES' WEEK AND BLESSED MEMORIAL DAY



Newly captured Army Nurse POWs 1942



Navy Nurse POWs liberated 1945



Navy Nurse POWs liberated 1945



Nurse POWs: Angels of Bataan and Corregidor

The “Angels of Bataan and Corregidor,” 77 American military nurses taken prisoner in the Philippines, provided lifesaving care to the civilian POWs in the Santo Tomas and Los Banos Internment Camps where they were held from 1942-1945.

All Army and Navy Nurses were awarded the Bronze Star Medal for extraordinary heroism in action.

Nurses Week Recognition





III.

Consent Agenda



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

This meeting was held in person at **Three Rivers Convention Center** located at [7016 W Grandridge Blvd, Kennewick, WA 99336](https://www.wa.gov/locations/7016-W-Grandridge-Blvd-Kennewick-WA-99336) in room A/B and virtually via zoom. 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>.

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
 Kimberly Tucker PhD, RN, CNE

Excused:

Michael Syputa, LPN

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

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

II. Call to Order

A. Introductions

B. Order of the Agenda

C. Land Acknowledgement – Kimberly Tucker

D. Announcements

International Women's Month

Retirement of Grant Hulteen, Kathy Bay

Emily Reichel – temporary moved to HSQA

Governor's Executive Order – Report submitted

Special Recognition – Emma Cozart, Amber Bielaski

SBCTC – Concerns Reported

III. Consent Agenda – DISCUSSION/ACTION

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

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

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
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. B14.40 Nursing Technician

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. 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. Chair Report – Dawn Morrell – DISCUSSION/ACTION

A. Nomination Committee

1. Slate of Officer Candidates

The nominations committee presented qualified members willing to serve in leadership positions and a draft slate of candidates to the Board for elections in May.

Ms. Morrell asked for any floor nominations. There were none.

Candidates spoke to the Board regarding the positions they are seeking in the election.

ACTION: Mr. Garcia moved, with a second from Dr. Herrera, to accept the slate of officer candidates. The motion was approved.

B. Business Meeting Location Review

The WABON operational budget continues to be negative, though minimized through conservative spending. July and September business meetings are routinely held in person, and it is recommended the Board meets virtually.

ACTION: Ms. Daniels moved, with a second from Ms. Moua, that the Board approve virtual meetings for the remainder of the 2025 calendar year. The motion was approved.

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

A. Budget Report – Maikia Moua, Chris Archuleta

Mr. Archuleta reported, the recommended revenue balance or “reserve” should be 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 onetime 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.

Mr. Archuleta further reported, because 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.

1. State Budget Update – Alison Bradywood

Dr. Bradywood presented on the State Budget’s \$15B shortfall over the next 4 years. All state agencies asked to reduce by 6%, Focused reductions: COVID, review of current biennium (“recent”) projects, un-started programs, reductions with minimal impact. Governor’s recommendations to the legislature included, Furloughs (1 day/mo.) starting in July 2025 and will have no impact to DEI efforts, K-12, public safety including the WSP. The Department of Health Impacts to include layoffs to management, non-management, and COVID funded positions (~300). While most impacts will not affect WABON, staff are subject to “bumping”. Other measures DOH is implementing to decrease costs include ending leases for the Tumwater Campus (TC1), and medical storage facility. The legislative budget is expected in early March and the Governor’s budget sometime in May. The Board expressed their concerns regarding bumping of staff and the closure of the medical storage facility.

B. Strategic Plan Update

1. 2023 Bill Implementation - Complete

2. Data-Driven Practice – Strategic Plan Report – Debbie Carlson

Ms. Carlson and Practice Staff presented their strategic plan report.



3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge – No report.

VI. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION. Continued.
B. Strategic Plan Update. Continued.

4. Communications – Social Media Presence – Shad Bell

Mr. Bell presented on the social media presence and website analytics.

Key Findings

1. **Total Visits:** The WABON website had 358,869 total sessions during Q4 of 2024, which is a decrease of 11.7% from the previous period, Q3 of 2024.
2. **Engagement Rate:** Of these 358,869 sessions in Q4 of 2024, 223,809 were considered “engaged sessions”, meaning that the sessions lasted longer than 10 seconds, or the user visited 2 or more pages during their session. The website therefore had an engagement rate of 62.4%, an increase of 5.8% from the previous period.
3. **Active Visitors:** The WABON website had 239,593 active users during Q4 of 2024. This is a decrease of 12.8% from the previous period, Q3 of 2024.
4. **New Visitors:** The WABON website had 220,844 new visitors during Q4 of 2024. This is a decrease of 13.8% from the previous period, Q3 of 2024.
5. **Page views:** The website recorded 841,196 total page views during the Q4 of 2024, representing a decrease of 10.9% from the previous period.
6. **Bounce Rate:** The website had a bounce rate of 37.6% during Q4 of 2024, a decrease of 8.3% from the previous period. Bounce rate indicates the number of sessions that were not engaged sessions.

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

Mr. Hoehn reported the second phase of implementation has been delayed until further notice to give the team time to deal with issues with the system. Any delay to phase two will affect phase three implementation of the same duration. Likely the implementation of phase two will be sometime in April. Further information about the actual timeframe is to be announced.

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

Ms. Woodward presented the WHP and SUDRP Annual Report. 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. 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).

ACTION: Ms. Ness moved, with a second from Dr. Herrera, to accept the WHPS and SUDRP Annual Report. The motion was approved.

E. Interagency Aesthetics Taskforce Update – Alison Bradywood

Dr. Bradywood presented the Interagency Aesthetics Taskforce has produced several documents recommended to be published on a central website as best-practice guidance. The jointly produced documents aim to set practice standards for safe and effective care related to aesthetics and Medi-spa treatments. All boards involved in the taskforce are to approve documents prior to posting.

ACTION: Ms. Moua moved, with a second from Ms. Guilford, to approve best-practice guidance documents to be placed on the Interagency Aesthetics Taskforce website.

VII. Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Ajay Mendoza, Chair

Mr. Mendoza presented, 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.

ACTION: Mr. Mendoza moved, with a second from Dr. Halverson, to adopt the proposed amendments to Procedure B09.07 and B35.01. This will align the procedures with the new rule clarifying the education requirements for ARNP licensure and appropriately handling exemptions within the formal rulemaking process. The motion was approved.

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

Dr. Tucker and Mr. Argel presented Nursing Assistant Substantial Equivalency to align training and competency standards. Currently, only one state (Arizona) requires applicants prove they have completed a training program that is equivalent in hours to their state requirements (120 hours). Two 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).

VIII. Education Session - Mary Baroni and Kimberly Tucker - Premera Grant Final Outcomes LPN to BSN Pathway Program

Dr. Baroni and Dr. Tucker presented an overview of the LPN to BSN Pathway Program Grant describing development, implementation, and outcomes of the grant funded initiative. Premera Blue Cross has contributed significant funding over the last five years to support increasing opportunities for academic progression for LPNs in our state. Initial funding began in 2019 with a preliminary LPN-to-BSN Pathway planning grant. A state-wide group of interested parties to consider strategies to increase opportunities for LPNs to progress in their careers. Out of this initial effort, plans to develop an LPN-to-BSN direct transfer agreement (DTA) emerged as well as a commitment to plan, implement, and evaluate at least two LPN-to-BSN pathways in the state. Saint Martin's University admitted the first cohort of LPN-BSN students in fall 2021. In fall 2022, Green River admitted their first cohort of students and in winter 2023, Columbia Basin and Wenatchee Valley Colleges enrolled their initial cohorts. Graduates Angelica Castro and Bethany Treat presented on their experiences.

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

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

Sofia Aragon – WCN would like to continue the project and see if there are any efficiencies we can do. Questions about the six-month contract term extension. Recommended longer duration of the contract term extension to a full two years. Dr. Aragon spoke of the state and federal aspects toward DEIB. WCN addresses nurses' shortages and needs for nurses with the data showing an anticipated amount of 18,000.

Angela – Tri Tech Skill center – thanked the Board for the pilot program changes and what has been happening in regards for the NAC.

Tracy Rude – spoke in regard toward her support of the LPN to BSN Pathway program.

Antwinett Lee – WCN Board Chair – supports the contract continuation. Hearing concerns and striving to correct them.

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

A. Nursing Education – Gerianne Babbo

1. SB 5582 – Nurse Administrator Qualifications for BSN Programs
Dr. Babbo reported that Ms. Dagum will be presenting Nurse Administrator Qualifications during the rules update.
2. Preceptorship Grant Update
Dr. Babbo gave a brief presentation on the Preceptor Grant. The preceptor data dashboard is now active on the website: [Preceptor Grant Dashboard | Washington State Board of Nursing](#). Dr. Babbo thanked Emma Cozart, Debbie Carlson, Victoria Hayward, and Kaknika Pisith for their work in creating the data dashboard. Dr. Babbo reported that the fall preceptors increased by 8.1%, this program is growing quarterly.
3. NCSBN Model Rules Update
Dr. Babbo discussed the NCSBN Model Rules Update, which was held at the midyear NCSBN meeting. The model rules committee is reviewing the feedback and Dr. Babbo invited the Board to share their feedback.
4. Nurse Administrator Turnover Study
Dr. Babbo presented the Nurse Administrator Study. Development was completed to assess factors to answer the question of why and to make recommendations to better support the nurse administrators in their roles. In spring a doctoral student will be assisting in the study. Dr. Babbo stated turnover of nurse administrators is a national issue and a warning sign if turnover of several administrators over the course of three years.
5. [2025 NCSBN Environmental Scan: Going Beyond – Journal of Nursing Regulation](#) (publicly available)
Dr. Babbo encouraged the Board to review the NCSBN Environmental Scan.

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

1. Strategic Plan Updates
Mr. Argel and Ms. Esteban presented on the Nursing Assistant strategic plan. In Washington State, 150 programs are traditional, 23 home care aid or bridge programs, 8

medical assistant alternative bridge programs, 7 MACE programs for a total of 188 approved programs covering most of the state. 2025 pass rates are above 80%.

2. SB 5582 – Rural Hospital and High School Nursing Assistant Partnership
Two pilot programs are starting in spring 2025, with three additional programs projected to begin in summer and fall for five in total. One area of concern is that high school NACs are not being hired by healthcare facilities. Some factors include rule confusion, and misinterpretation and perception on hiring students. The NAC team is holding a public zoom meeting in May.
3. Skills Testing Pilot Updates
Pilot Programs have started testing their own students. The goal of the pilot program is to reduce processing times for certification to less than seven days. As of February 25th, DOH licensing is processing NAC applications within 6-7 days of receipt. Rn student Ruth Rono and the NAC team are planning to present the project to the Seattle Nursing Research Consortium conference in April.
4. NCSBN Update on Nursing Assistants
Mr. Argel reported the NCSBN does not believe nursing assistants are regulated in such a way that NCSBN can support as most nursing boards do not regulate nursing assistants.

XI. Policy & Legislation – Quiana Daniels, Anthony Partridge - DISCUSSION/ACTION

A. Legislative Panel report

Mr. Partridge reported the legislative session has passed the key committee cutoffs. Most of our supported legislation has passed these crucial cutoffs. The legislative session officially ends on April 27. Mr. Partridge reported that the Board has begun to earn a reputation with the legislature with our increased presence at the capital, building relationships and networks, and engagement with legislative staff.

SB5051 - Consolidating Regulatory Authority for Nursing Assistants, passed the Senate and is currently in committee in the House.

HB1792 companion bill, did not survive the cutoff.

Legislative priorities: HB 1430 ARNP Reimbursement Parity, HB1720 Medication Assistance in Community Based Care Settings, SB5335 Rural Nursing Education Program.

B. Rules Update – Jessilyn Dagum

Ms. Dagum reported on current rules in progress including.

Nursing Assistant - 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: 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 the chapter rewrite: 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

C. Nurse Administrator Rules

Ms. Dagum presented the Nurse Administrator Rules which 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. Ms. Dagum reported WABON conducted 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.

ACTION: Dr. Tucker moved, with a second from Ms. Guilford, to approve the draft language for the SB 5582 Nurse Administrator Requirements rule as proposed and move forward with the CR-102 process. The motion passed.

XII. 2:30 PM – 3:45 PM – Executive Session

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

On return from the executive session the Board moved to add additional agenda items. These items included joining in facilitation with the Washington Center for Nursing, recommendation for initiation of an RFP, and a one-year contract with the Washington Center for Nursing.

ACTION: Ms. Moua moved, with a second from Dr. Tucker, to add the recommended agenda items. The motion was passed.

Additional Agenda Items

XIII. Join in facilitation with WCN

Dr. Bradywood asked Sofia Aragon from WCN to clarify their request for facilitator. Ms. Aragon clarified WCN recommended Carter Development. The focus on results-based facilitation was recommended to give WCN credit for all the work they do.

ACTION: Mr. Garcia moves, with a second from Ms. Guilford, to join facilitation with WCN with Carter Development with the option to delegate it to Executive Director to facilitate the contract. The motion was passed.

XIV. Recommended DOH to initiate an RFP process.

The Board discussed the initiation process for RFP, the process could take several months and WCN is welcome to apply.

ACTION: Ms. Moua moved, with a second from Mr. Mendoza, to recommend DOH to initiate the RFP process. The motion passed with one abstention.

XV. One-Year contract with WCN

The Board discussed recommendation to DOH to initiate a one-year contract with WCN for July 2025-2026. It was clarified to Ms. Aragon by Ms. McWilliams that the facilitation of the contract would not change. The statement of work can be for any given period of the contract.

ACTION: Mr. Garcia moves, with a second from Dr. Herrera, to recommend DOH initiate a one-year contract with WCN. The motion passed.

XVI. Meeting Evaluation

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

Strongly Agree 6/11 (55%), Agree 3/11 (27%), Neither Agree or Disagree 2/11 (18%), Disagree 0/11 (0%), Strongly Disagree 0/11 (0%)

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

Strongly Agree 8/11 (73%), Agree 2/11 (18%), Neither Agree or Disagree 1/11 (9%), Disagree 0/11 (0%), Strongly Disagree 0/11 (0%)

3. Did you feel like your voice was heard?

Strongly Agree 8/11 (73%), Agree 3/11 (27%), Neither Agree or Disagree 0/11 (0%), Disagree 0/11 (0%), Strongly Disagree 0/11 (0%)

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

Strongly Agree 9/11 (82%), Agree 2/11 (18%), Neither Agree or Disagree 0/11 (0%), Disagree 0/11 (0%), Strongly Disagree 0/11 (0%)

5. Comments

Luis Herrera - It was nice to meet everyone face to face. It was good to see the success of LPN-RN and LPN-BSN hybrid programs!

Alisha Halverson- Good meeting, nice to meet some folks in person. Thank you to all for your hard work and participation!

Ajay Mendoza - Thanks all, productive and efficient meeting

Ella Guilford - Great meeting and discussion.

Kimberly Tucker - Technical issues were a little frustrating

XVII. Closing

Adjourned at 4:17 pm



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Minutes
January 15, 2025 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, SCRN
Luis Herrera, DNP, ARNP, FNP-BC
Alisha Halverson, DNP, CNM, ARNP
Wendy E. Murchie, DNP, CPNP-AC
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN
Ariels Carmichael, DNP, ARNP, FNP-BC

Absent:

Cyd Marckmann, DNP, ARNP
Molly Dutton,
Jane Allen, DNP, CNM, ARNP
Aaron Eastman, DNP, CRNA, ARNP

Staff Present:

Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research
Heather Hamilton, 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.
 - New Board members were welcomed, Luis Herrera & Alisha Halverson
 - New WABON student intern Kat Wright introduced; she will be supporting the Mid-Wifery project

II. Standing Agenda Items

- Announcements/Hot Topic/WABON Business Meeting Updates
 - The subcommittee will meet every other month. Next meeting will be March 19, 2025. Members noted if needed additional meetings can be called.
 - Ajay Mendoza shared updates from the Board meeting related to the AP Subcommittee work, as well as the most recent ARNP business advisory opinion.
- Review of Advanced Practice Draft Minutes: November 20, 2024
 - The subcommittee reviewed and consented for the minutes to be brought to the board.

III. Old Business

- Heather Hamilton shared the updates on the AP Compact Education Brief with progress on next steps and a link to the ARNP Consensus Implementation Model map for definitions relating to ARNP work in different states. The AP Compact workgroup direction and work will be an agenda item for the next meeting.

IV. New Business

- Ajay Mendoza and MarySue Gorski spoke about the final processes of the ARNP Application and Education requirements rules. The new language about “graduate degrees” is in rule, and the team will be looking at and cleaning up any redundancy in old procedures related to it.

V. Ending Items

- Public Comment was sought at 7:24pm
- Date of Next Meeting – March 19th, 2025
- Adjournment – 7:30pm
- Attendance –
 - Public Members: 5
 - Subcommittee & Staff Members: 11

DRAFT



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC) Minutes

February 4, 2025

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](#)

Committee Members: Ella Guilford, MSN, M.Ed., 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

Absent Members and Staff:

Staff Present: Shana Johnny, DNP, RN, Nursing Practice Consultant
Deborah Carlson, MSN, RN, Nursing Practice Director
Seana Reichold, Staff Attorney
Dennis Gunnarson, Administrative Assistant
Luis Cisneros, Staff Attorney, Ad Hoc
Marlin Galiano, MN, RN, Nursing Practice Consultant, Ad Hoc

Absent Members and Staff: 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 for introductions.

II. Standing Agenda Items

- A. Announcements/Hot Topic/WABON Business Meeting Updates:
1. Medical Assistance Rules Hearing – Pharmacy Quality Assurance Commission held a hearing and approved the CR103.
 2. Strategic Plan Update/Performance Measures Update – No report.
 3. Discussion about the request to change to quarterly subcommittee meetings will be held at our April meeting with a proposed schedule.



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC) Minutes

February 4, 2025

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](#)

B. Legislative Updates

1. Quiana Daniels provided a Legislative Panel bill update.

C. Review of Draft Minutes – December 3, 2024:

1. The subcommittee reviewed draft minutes and reached consensus to take these to the board for approval.

III. Old Business

- A. Informed Consent Advisory Opinion (AO) Development Update – WABON approved rescinding the development of an advisory opinion on Informed Consent at the January 10, 2025 business meeting with the direction to continue to develop FAQs related to informed consent and continued review/revision of the [Cosmetic/Aesthetic Dermatologic Procedures Advisory Opinion](#).
- B. Opioid Overdose Reversal Medications (OORM) Update – WABON approved the OORM FAQ at the January 10, 2025 business meeting per the request of the Washington State Hospital Association with the direction to develop a joint statement with the Pharmacy Quality Assurance Commission and revision of the [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#).
- C. Quality Improvement/CSPSC Prioritization Work Update – Shana Johnny reviewed the status and next steps for a workgroup to validate tool.

IV. New Business

- A. Radiology Procedures Scope of Practice Advisory Opinion Request – Debbie Carlson noted the increase in inquiries, prompting a request for an Advisory Opinion. Ed Kim, representing the Washington State Radiologic Society, pointed out that most survey respondents indicated nurses do not conduct radiologic procedures, as these are outside their scope of practice. Concerns related whether the current law allows nurses to perform radiologic procedures and direction to staff to consult with legal to clarify. The CSPSC proposed a focused request regarding the nurses' scope of practice, specifically addressing their role and limitations in interventional radiology. However, members requested additional time to discuss topic before submitting the request to WABON.



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC) Minutes

February 4, 2025

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](#)

- B. Telehealth Advisory Opinion and FAQs Drafts – Discussion to gather feedback and pause revisions to the [Nursing Telehealth Practice: Registered Nurse, Licensed Practical Nurse, Nursing Technician, and Nursing Assistant Advisory Opinion](#). Staff met with our Executive Director and legal consultants who expressed that the new laws address several overlapping questions with the Telehealth Advisory Opinion making it confusing. They recommend requesting WABON rescind the advisory opinion and focus on Frequently Asked Questions (FAQs) for specific issues. CSPSC members suggested using straightforward statements with branching logic in FAQs for better comprehension.

V. Public Comment

- A. Guests shared appreciation in hearing all the comments shared. The Washington State Radiological Society representative stated that his membership found RNs played a role in patient care but not in imaging itself.
- B. The Washington State Hospital Association shared information on RCW [18.84.030](#) provides provisions that only Radiology Technologists perform procedures.

VI. Ending Items

- A. Review of Actions
 - 1. CSPSC Minutes Draft – Send to WABON for approval.
 - 2. Informed Consent FAQs – Continue development.
 - 3. Radiology Advisory Opinion Request – Continue to research and discuss at next Meeting.
 - 4. Telehealth Advisory Opinion – submit request to WABON to rescind the advisory opinion and focus on FAQs.
 - 5. Date of Next Meeting – April 1, 2025

VII. Adjournment at 1:02pm



WASHINGTON STATE BOARD OF NURSING

Licensing Subcommittee Minutes

December 17, 2024 1: 00 pm to 2: 00 pm

Committee Members: Dawn Morrell, BSN, RN, Chair
Adam Canary, LPN
Helen Myrick, Public Member
Yvonne Strader, RN, BSN, BSPA, MHA
Jacob Garcia, MBA, MSN, RN, PCCN

Staff: Amber Zawislak-Bielaski, MPH, Assistant Director of Licensing
Shana Johnny, MN, RN, Nurse Practice Consultant, Ad- Hoc
Karl Hoehn, JD, Assistant Director of Discipline- Legal Services
Miranda Bayne, Staff Attorney
Jessilyn Dagum, Policy Analyst
Lori Underwood, Licensing Supervisor

This meeting was digitally recorded to assist in the production of accurate minutes. All recordings are public records. The minutes of this meeting will be posted on our website after they have been approved at the **March 14, 2025**, WABON meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

I. 1:00 PM Opening – Dawn Morrell, BSN, RN, Chair

- **Roll Call**
- **Call to Order** - Board Member Dawn Morrell, Board Member Jacob Garcia, Board Member Helen Myrick, Board Member Yvonne Strader, Ms. Alison Bradywood, Executive Director, Dr. Shana Johnny, Ms. Jessilyn Dagum, Mr. Karl Hoehn, Ms. Amber Zawislak-Bielaski, Ms. Lori Underwood.

II. Standing Agenda Items

- **Announcements/Hot Topic/WABON Business Meeting Updates** - Board Member Morrell asked the committee if there were any topics or announcements to be discussed. None were brought forward.
- **Approve Minutes for October 15, 2024** - Board Member Myrick moved with a second from Board Member Garcia to approve the minutes for the October 15, 2024, meeting.

III. Old Business

- **Nurse Licensure Compact Implementation Update** – Ms. Zawislak-Bielaski advised that there was not much to update as we are still collecting data. She also shared that our numbers were steady as reported at the last meeting. We are averaging about three hundred conversions a month. Ms. Zawislak-Bielaski also directed the committee to check the data on the dashboard on our public facing website.
- **HELMS Update** – Ms. Zawislak-Bielaski provided an update on the HELMS project. She shared that the HELMS team is working on keeping the February go-live date for the HELMS release 2. She shared that our unit continues to

train and test as we prepare for the February 19th launch date. Ms. Zawislak-Bielaski also shared that we are in the discovery phase for enforcement which will be released later this year.

IV. **New Business**

- **Governor's Weekly Report** – Ms. Underwood provided an update on the Governor's report. She shared that we have been consistent over the past few weeks with the processing time to issue a temporary permit still at five days. She added that we are maintaining this five-day average while including HELMS training.
- **Chapter Rewrite Rules Project Update** – Ms. Dagum provided an update on our most recent projects, the rewrite of Chapter 246-840. She shared that we are still in the early phase of this. The CR101 for this rule making was filed in late November and we are currently in the research and discovery phase as we start drafting. Ms. Dagum explained that we are looking at some of the model rules and model legislation for the other sections to see if there is anything else we need to update. She added that we hope to hold rules for workshops in January and February; once we have the dates scheduled, we will send it out via Gov Delivery messaging system.

V. **Ending Items**

- **Public Comment** – None
- **Review of Actions - Board** Member Morrell asked the committee if there were any other items to be discussed, none were brought forward. Board Member Morrell introduced WABON Executive Director, Ms. Bradywood, to our public guests and asked if the Executive Director, Mr. Bradywood had any questions or wanted to discuss anything. She replied that she was here if we had any questions for her.
- **Meeting Evaluation** - All
- **Date of Next Meeting** - February 18, 2025
- **Adjournment** 1:39 PM



**Washington State Board of Nursing (WABON)
Research Subcommittee Meeting Minutes
October 21, 2024 5:00 p.m. to 6:00 p.m.**

Subcommittee Members: MaiKia Moua, RN, BSN, MPH, Chair
Heleena Hufnagel, BS, MBA-HCA
Sharon Ness, RN

Absent: Mary Baroni, PhD, RN

Staff Present: Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research
Emma Cozart, Data Consultant
Lohitvenkatesh Oswal, Research Assistant
Heather Hamilton, Research Assistant

I. 5:00 PM Opening

- Call to Order, Introduction, Public Disclosure Statement, Roll Call
 - Maikia Moua called the meeting to order at 5:05pm and introduced the Research subcommittee and staff members. The Public Disclosure statement was read aloud for the meeting attendees.

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
 - Maikia Moua reviewed the updated work plan and subcommittee member roles; the Details on Research Questions will be updated and given to subcommittee members by email.
- Review of Draft Minutes: July 15, 2024
 - The July 15, 2024, minutes were reviewed with consensus to bring to the WABON business meeting approval on November 8, 2024.

III. Old Business

- HELMS Update
 - MarySue Gorski gave an update on current progress on HELMS; implementation is beginning.

IV. New Business

- Lohitvenkatesh Oswal shared an overview of the draft Research Unit Report highlighting work in each section. Subcommittee member feedback and input on the report is requested on the report and its information by the end of December 2024.
- Emma Cozart gave an update on the Performance Measures project and shared with the subcommittee the Research unit's performance measures, found in the last page of the packet.

- Emma Cozart gave a presentation on the Workforce Dashboards update; which can be found here: [Workforce Data Dashboard | Washington State Board of Nursing](#)
- Heather Hamilton gave an update on the (5) student intern on-going projects within WABON; 4 of the 5 students will continue this work through the end of March 2025.

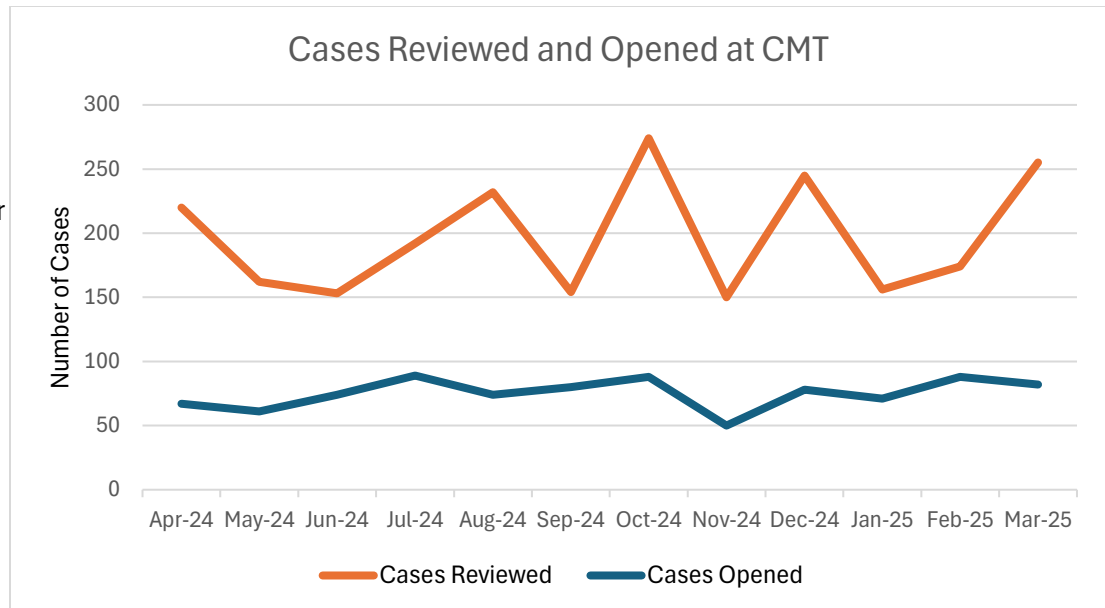
IV. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items at 5:57pm.
- Summary of Meeting
 - Maikia Moua gave a summary of the meeting; work plan updates and meeting minutes will be sent out to subcommittee members by email.
- Date of Next Meeting – April 21, 2025
- Adjournment – Meeting adjourned at 5:59pm
- Attendance – 8 total (1 public member)

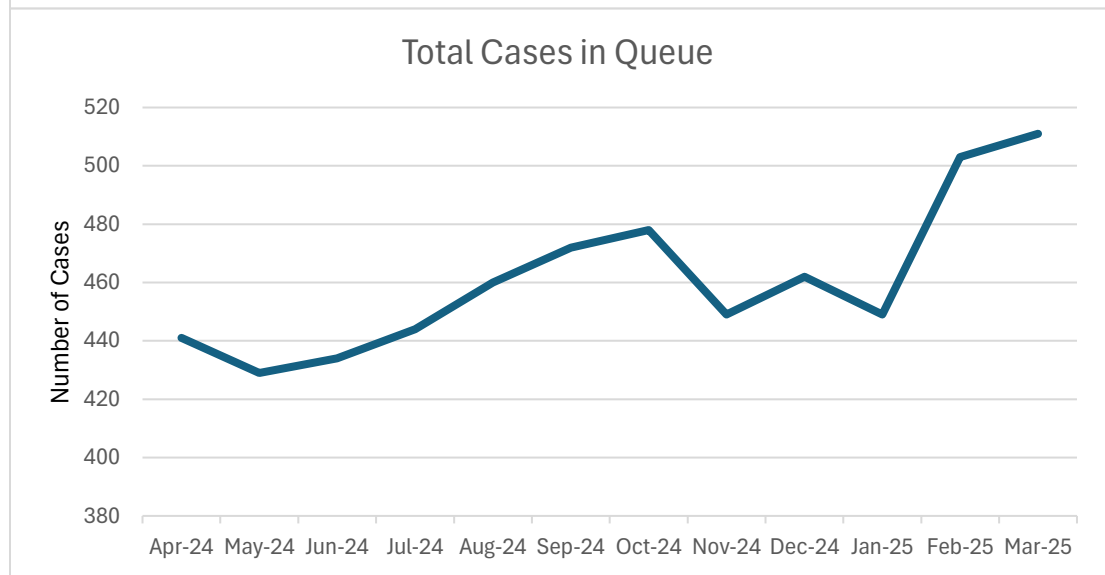
Investigations Performance Measures



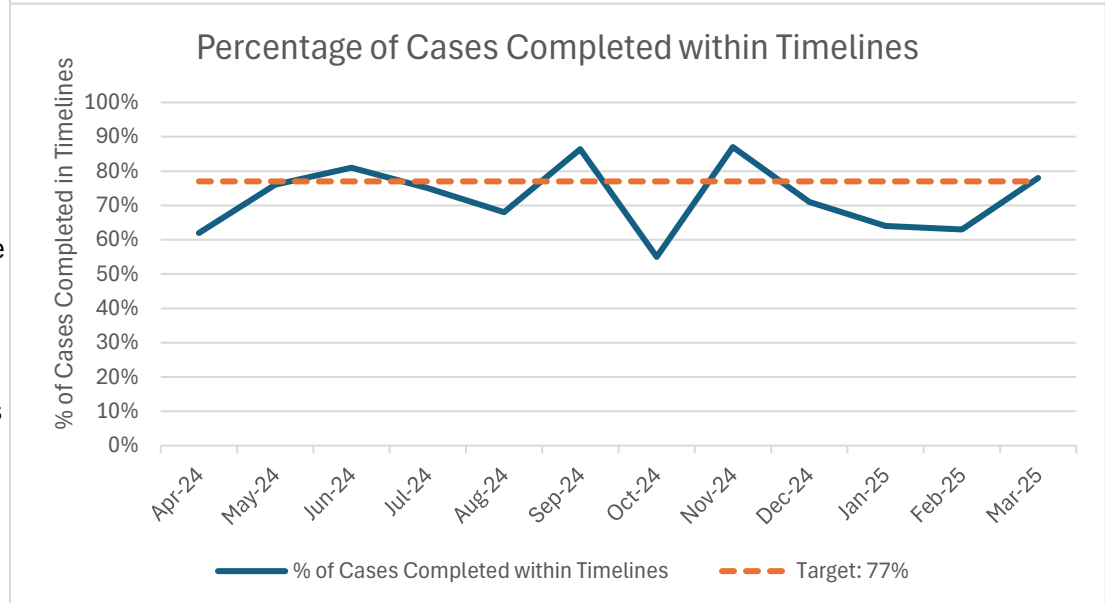
Volume. The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



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

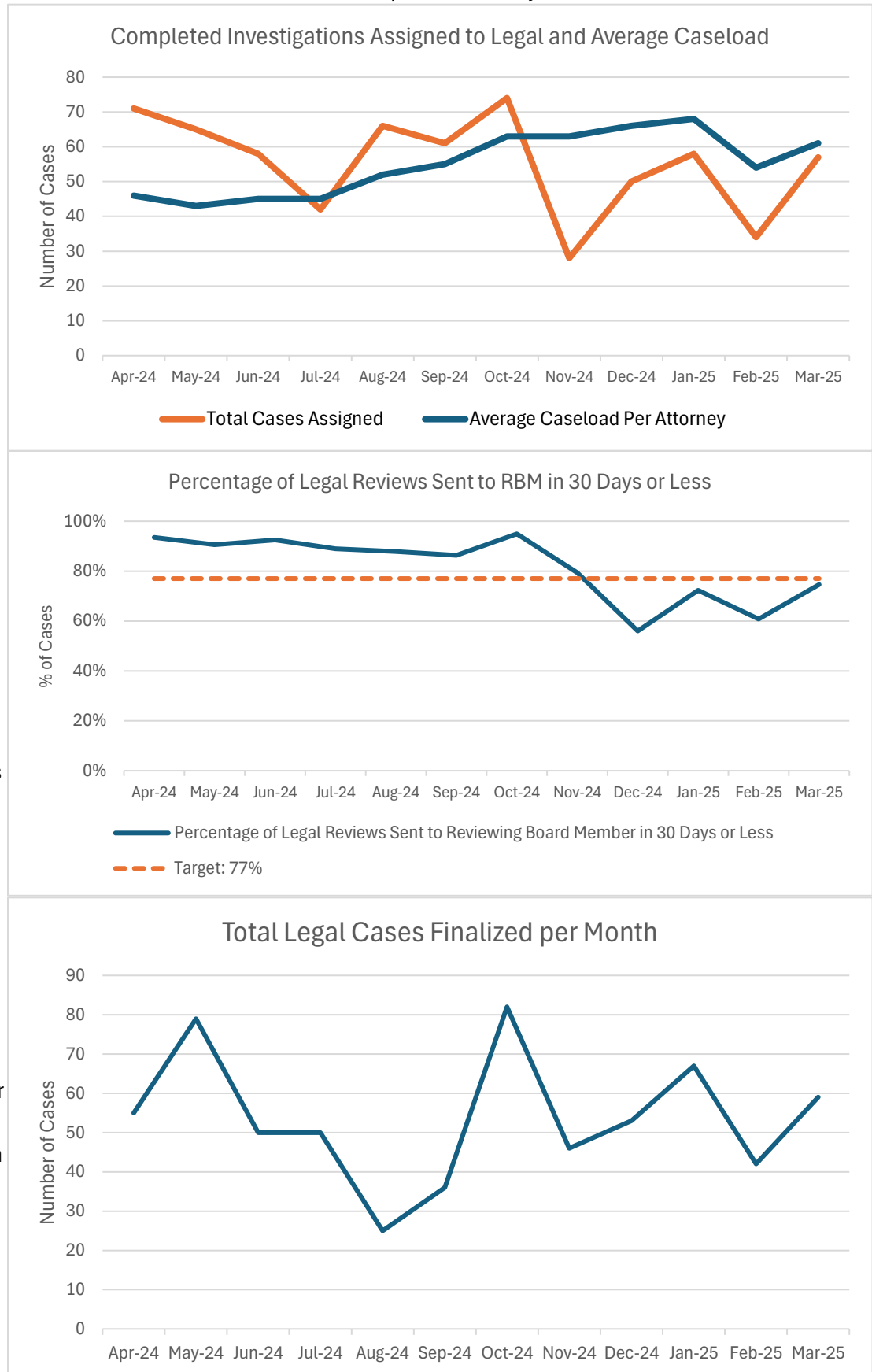


These measures reflect discipline cases only.

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.

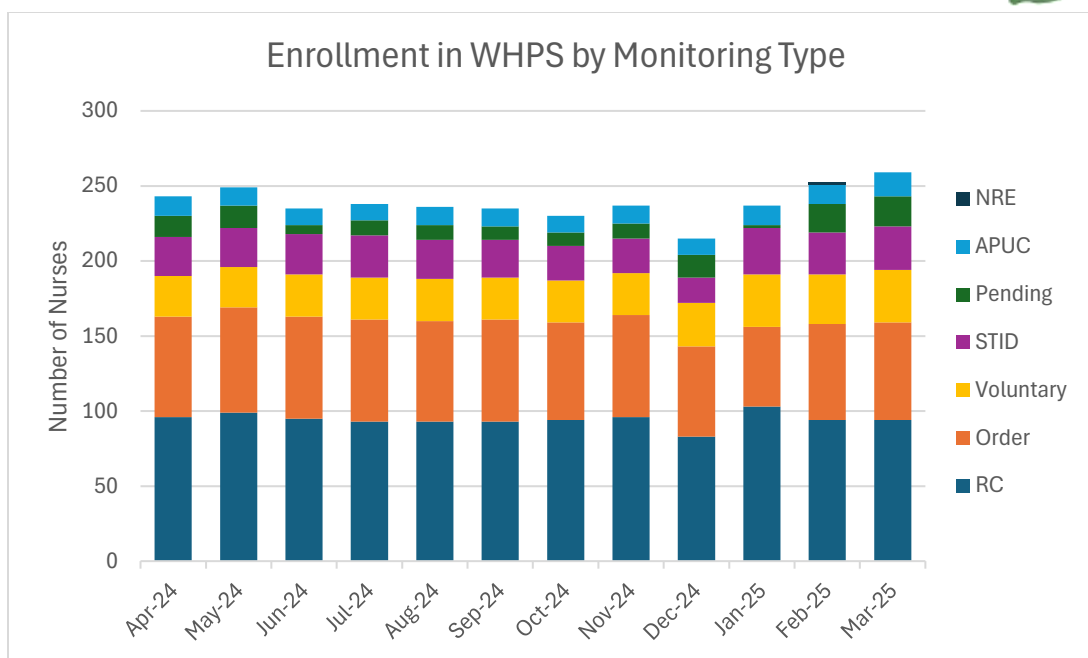


WHPS and SUDRP Performance Measures



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

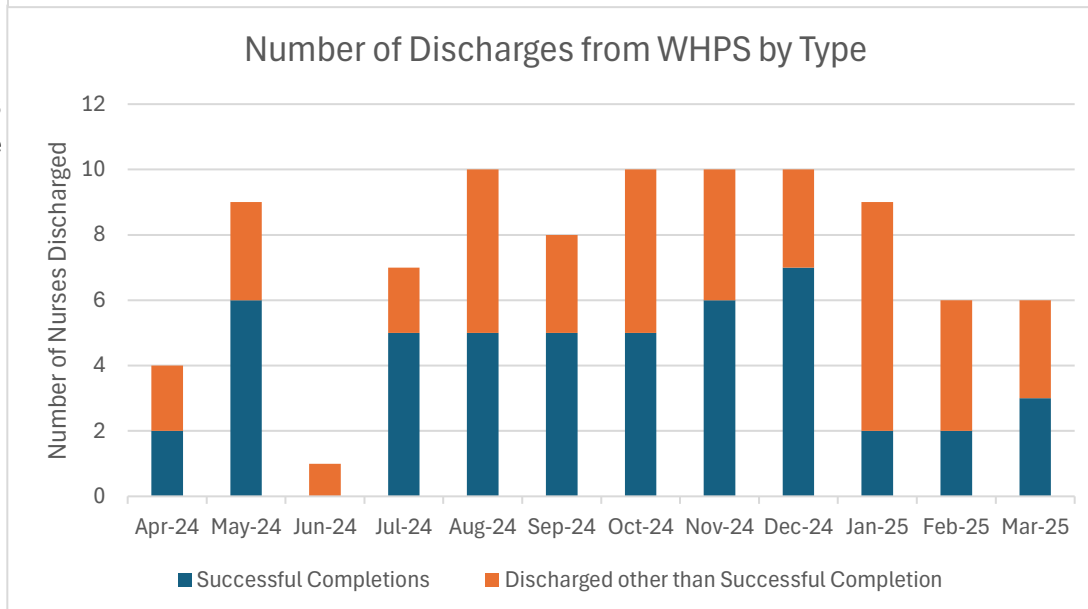
- Notice of Required Evaluation (NRE)
- Agreement to Practice Under Conditions (APUC)
- Pending
- Stipulation to Informal Disposition (STID)
- Voluntary
- Order
- Referral Contract (RC)



Satisfaction.

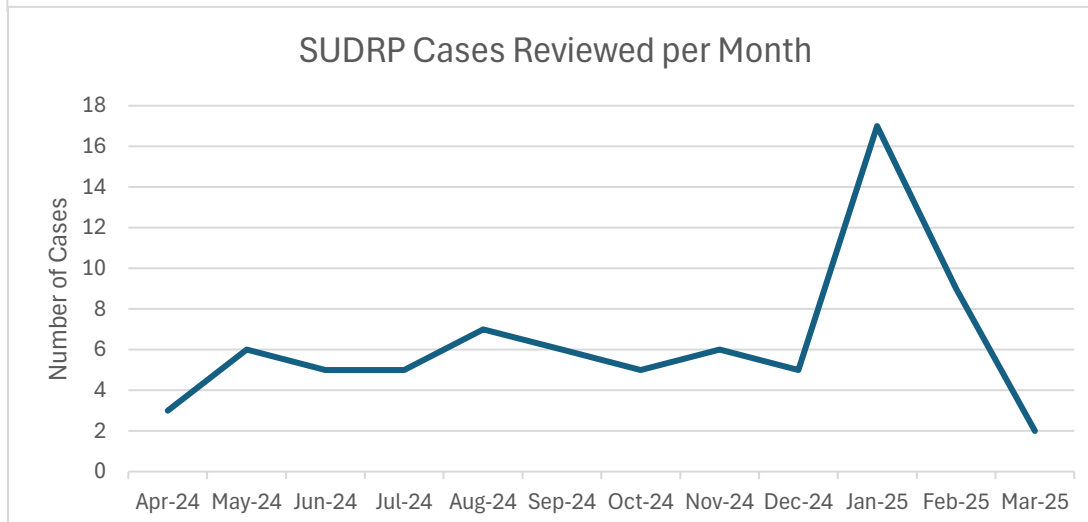
Discharges from WHPS each month by the type of discharge it was. "Other" discharge reasons include:

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



Volume/

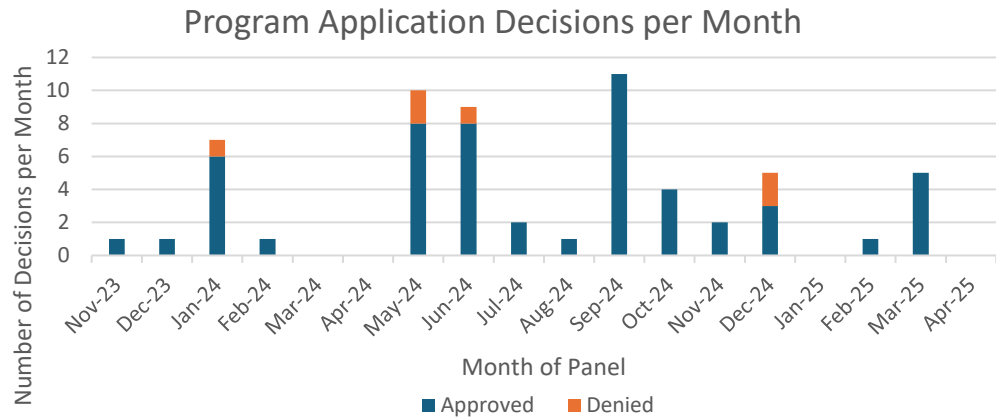
Satisfaction. The number of SUDRP cases reviewed each month in the last 12 months. The goal of the program is to need to review no SUDRP cases.



NPAP Summary Report

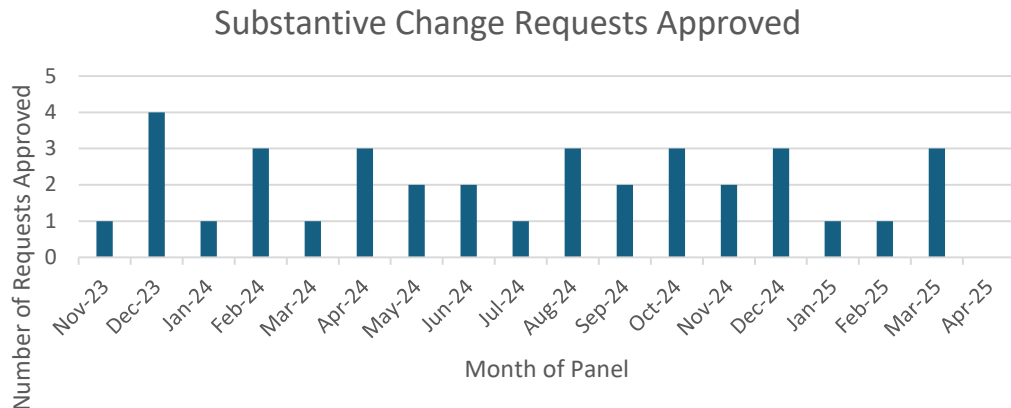
Program Applications.

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.



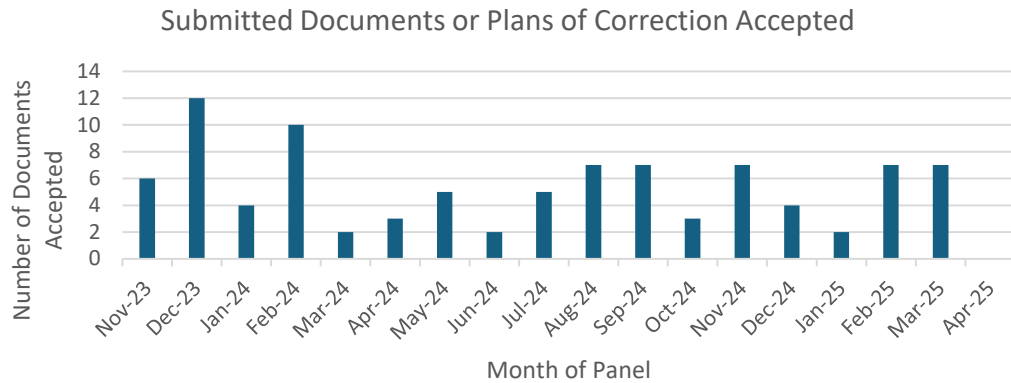
Change Requests.

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



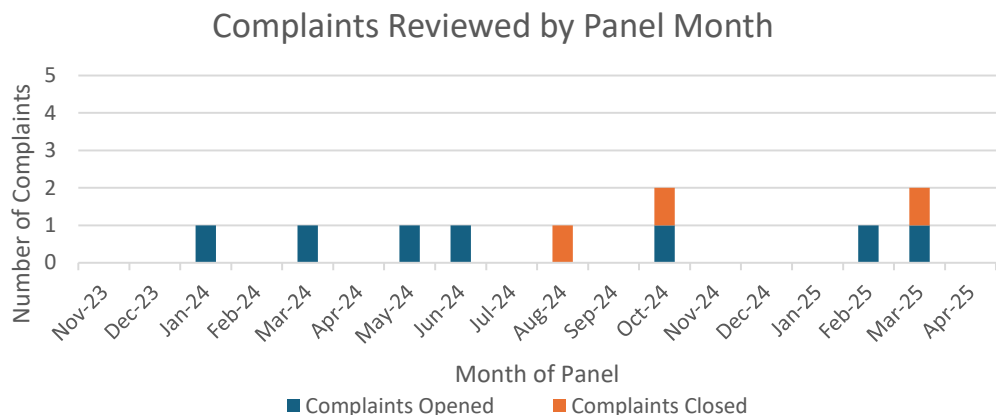
Accepted Documents.

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



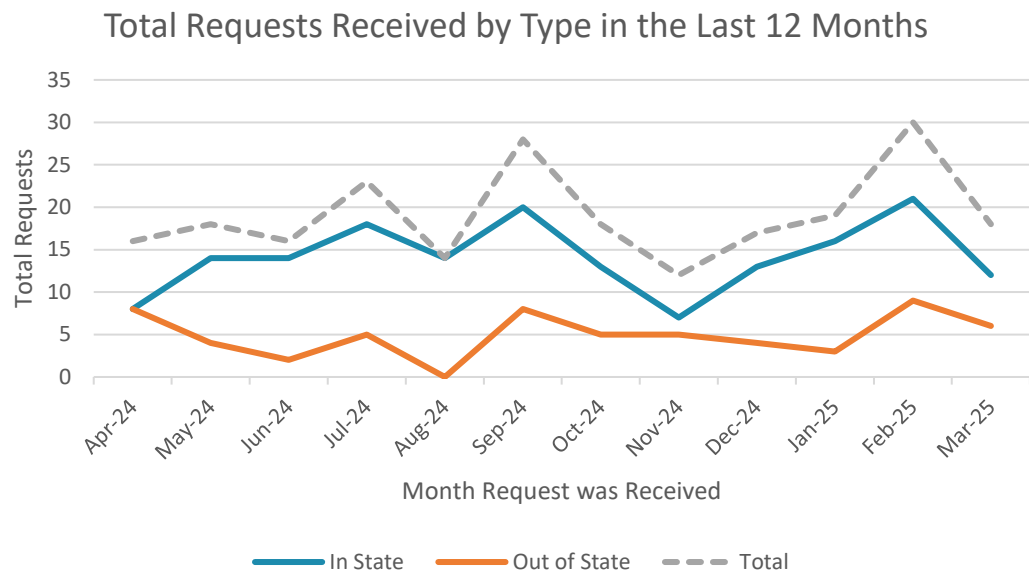
Program Complaints.

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

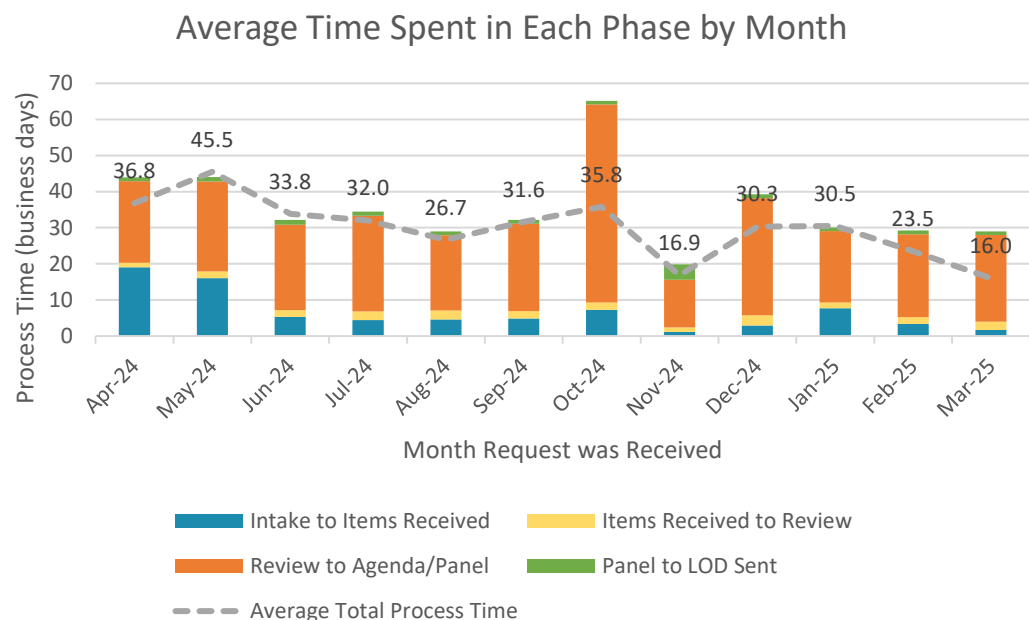


Education Performance Measures

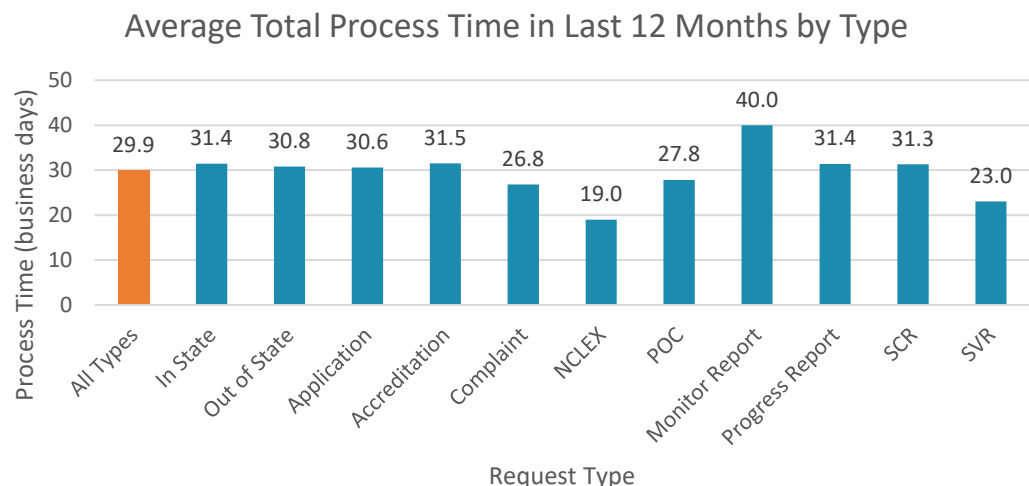
Volume. The total number of requests received in the education inbox by whether they were in state or out of state requests.



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.



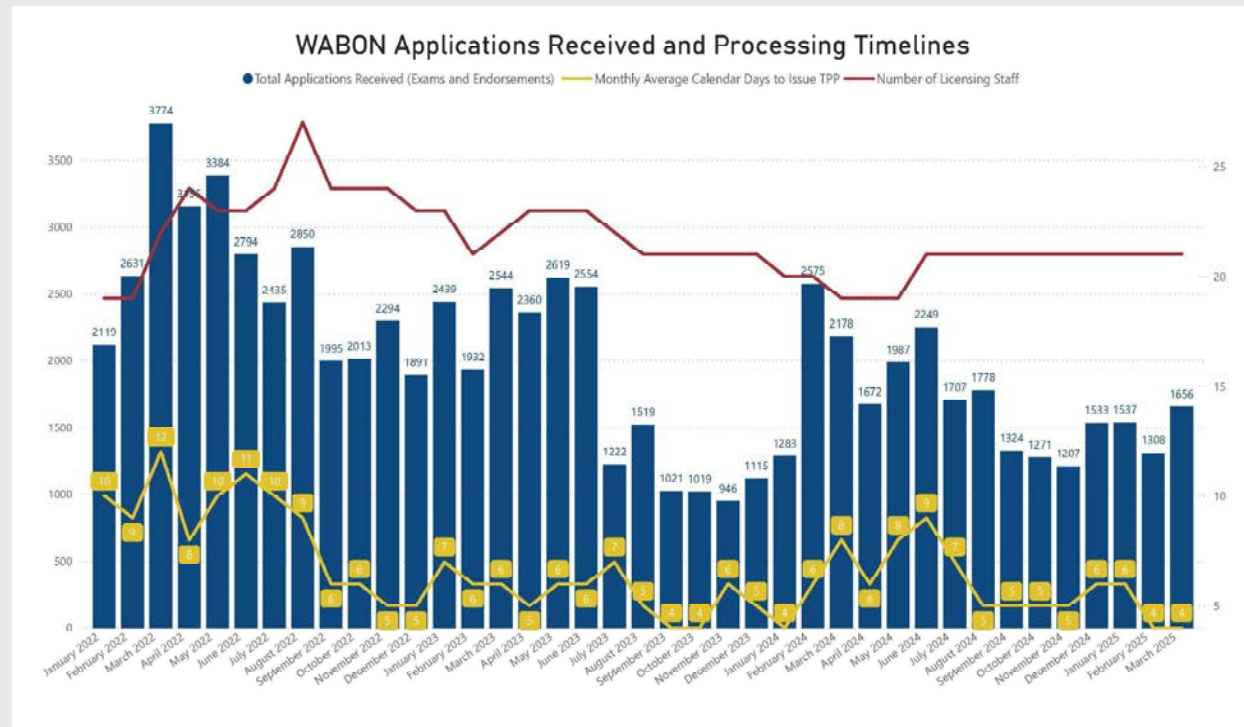
Washington State Board of Nursing (WABON)

Nurse Licensure Timelines

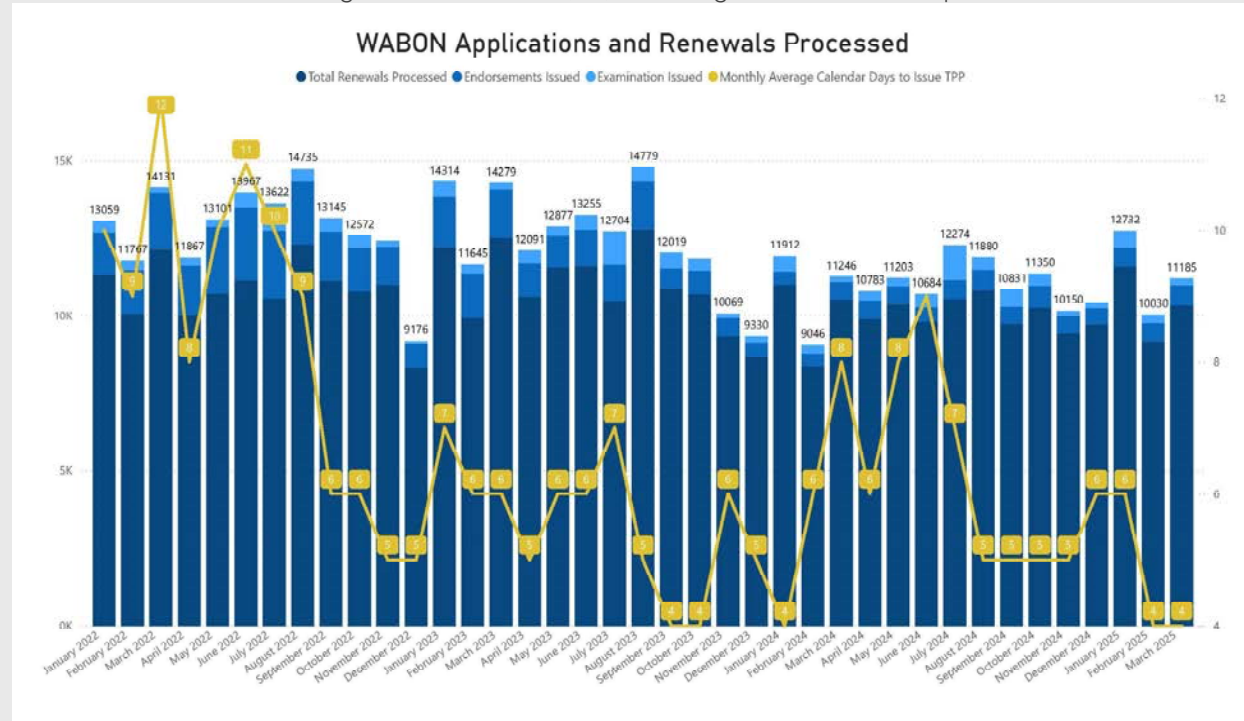
Update: Monday, March 31, 2025

For the month of March 2025, the average processing time to issue a temporary practice permit (TPP) was four days. For the week of Monday, March 31, 2025, the current processing time to issue a TPP is three days (including weekends and holidays).

The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for WABON since January 2022. The WABON received 1,656 new applications during March 2025. Of the applications received, 344 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 March 2025, the WABON issued a total of 886 new nursing licenses. In addition, 10,339 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 process. Applications are omitted from the report since this delay is outside of the WABON's control.

WABON Business Meeting
May 9, 2025



WCN/WABON CHECK IN Meeting
March 27, 2025
Minutes

Present: Alison Bradywood, Sofia Aragon, Bethany Mauden, Frank Kohel

Topics	Discussion	Action Needed
Call to Order	11:30 AM	
1. RFP	<p>Eligibility criteria and content will come out towards the end of July. To include acceptance criteria.</p> <p>DOH with Jonnita and Contracting will be communicating with WCN and WABON.</p> <p>RBA to be incorporated in all contracts per WABON's understanding.</p>	<p>WABON is assisting with establishing on developing this information.</p> <p>WCN and Alison continue to meet with contract (Gina) to meet RBA language with action plan.</p>
2. 1-Year Contract Deliverables	The deadline for revisions by WCN is the first week of April per conversation with Jonnita.	Note: the next quarterly meeting is 4/21 is an opportunity for further discussion
3. Draft Deliverables	As noted on WCN deliverables – WABON are not pre-reviewing.	WABON to send WCN reviews on the final version of the deliverables.
4. Rules Review - is there a document or link to website that describes purpose and goal of rule reviews?	RCW 43.70.441 statute discussed the purpose and goal of rules reviews. All rules to get a five-year-review in phases.	Education to be in Phase 2, to be confirmed the move from Phase 3.
5. Other	Leadership Retreat – timeline pending on when that will occur, possible June 13.	Pending invitees.
Next Meeting – April 24, 2025		

Adjourned: 11:50 AM

DOH/WCN/WABON QUARTERLY MEETING

Monday, April 21, 2025

Minutes

Present: Sofia Aragon, Tracy Rude, Alison Bradywood, Jonnita Thompson, Dawn Morell, Bethany Mauden, Patricia Moulton Burwell, Theresa Berry, Fawzi Belal, Frank Kohel, Brenda Little, Sheryl Hilt, Melissa Hutchinson

Guest: Lonney Gregory, Adrian Carter – Carter Development Group

Topics	Discussion	Action Needed
Call to Order	1:00 PM	
Welcome and Introductions	Jonnita welcomed the committee to the meeting and the group introduced themselves.	
RFP (Request for Proposal) Update - Alison Bradywood	<p>Alison discussed the sequencing toward the RFP which needs to body of work. The RFP will contain a CPAR, body of work and is expected to make more progress in late spring.</p> <p>Sofia requested an RFP example for clarity and to be cognizant of the timeline. Jonnita commented the RFP could take up to six months or more. Some delays me be due to the State Budget and end-of-year fiscal/contracting.</p> <p>Sofia asked for clarification regarding the state budget – only affect would relate to the contracting side (staffing).</p>	Jonnita to review a DES RFP that can be shared from DES's website with general resources and will send it to the group.
Contract Update - Alison Bradywood/Sofia Aragon	<p>Sofia – WABON sent the contract to WCN and presented a PowerPoint on proposed deliverables with acceptance criteria.</p> <p>Level loading across the RCW was recommended.</p> <p>1.1 – State of the Nursing Workforce Report</p>	To be further discussed at the upcoming

Topics	Discussion	Action Needed
	1.2 – Nursing Workforce Research 2.1 – Diversity – BIPOC Nurse and Health Care Partners 2.2 – CNEWS on DEI 2.3 – Nurse Faculty Mentorship 3.1 – Advanced Practice Nursing Clinical Placement report 4.1 – Nurse Retention and Burnout Study 4.2 – Nursing Leadership and Incivility Workshop 6.1 – WCN Website and Social Media	WCN/WABON Meeting on April 24.
Carter Group - Sofia Aragon Introduction of Guest, Overview, Next Steps, Q&A	Sofia introduced the Carter Development Group who will be facilitating the relationships between DOH/WABON/WCN. Climate survey is forthcoming post feedback. The survey to be sent to relevant staff members from WCN, WCN, DOH.	Alison and Sofia will be providing feedback regarding the climate survey.
Deliverables Feedback Summary	Reviewers were not present. WABON holding payment, pending reviewers response to revised deliverable for 4.4.	
Recap Action Items - Jonnita Thompson	Carter group and Brenda Little to be invited to the WCN/WABON Monthly Meeting.	Frank to forward invitation.
Next Meeting	July 28, 2025 at 1:00-3:00pm	



WCN/WABON CHECK IN Meeting
April 24, 2025
Minutes

Present: Alison Bradywood, Sofia Aragon, Bethany Mauden, Frank Kohel,
Guests: Melissa Hutchinson, Brenda Little, Dawn Morrell, Lonney Gregory - Carter Group

Topics	Discussion	Action Needed
Call to Order – 11:30 AM		
1. 1-Year Contract Deliverables	<p>Continued discussion regarding contract deliverables for 1 year contract from the quarterly DOH/WCN/WABON meeting.</p> <p>CNEWS Deliverable – Sofia was not aware that WABON had been discussing their deliverable with CNEWS, Alison apologized for not letting Sofia know she had received help from CNEWS for future work.</p> <p>6.1 – WCN website updates and social media re grant activities Alison asked WCN to show impact of effectiveness in order to meet the statute. Alison requests a trend over time. Brenda expressed concern in the tools available are not able to effectively able to meet this request.</p> <p>6.2 – WCN website updates and social media re K-12 outreach</p> <p>6.3 – Teen Nursing Academy</p> <p>7.1 – Quarterly Communications with DOH/WABON</p>	<p>WCN to evaluate the deliverables toward the time limitations of the contract.</p>
2. Deliverable 4.4	<p>Sofia asked for clarification on holding payment for the 4.4 deliverable. Alison explained the procedure and contact provisions.</p>	<p>Bethany has reached out to reviewers to request updated feedback.</p>

3. Other	Additional meeting scheduled for Monday, April 28, 2025.	
Next Meeting – May 29, 2025		

Adjourned: 12:45 PM

DRAFT



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

NCSBN

Interstate Commission of Nurse Licensure Compact Administrators Midyear Meeting

March 10, 2025

Alison Bradywood (Washington NLC Administrator)

NCSBN Midyear Meeting

March 11-13, 2025

Alison Bradywood (delegate), Dawn Morrell (delegate), Lori Underwood (Awards), Gerianne Babbo (Model Rules)

PURPOSE:

Facilitate discussions and decision-making on future NLC initiatives regarding licensure, regulation, and issues facing the compact.

The NCSBN Midyear Meeting includes the business of NCSBN, leadership and education. Members gather to discuss and decide NCSBN's future initiatives regarding licensure, regulation and issues facing nursing. This meeting is only open to NCSBN U.S. Members, Associate Members and Exam User Members.

OUTCOME:

[Agenda - 2025 NCSBN Midyear Meeting](#)

- Robust discussion on addiction and treatment via alternative to discipline programs.
- Review of Model Act and Rules with tabletop discussion and feedback.
- [2024 National Nursing Workforce Survey](#)
- Extensive networking opportunities across state boards of nursing

RECOMMENDATION:

Continue to participate with the NCSBN midyear and annual meeting offerings to understand best practices in nursing regulation and network across state lines.



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

Alabama Office of Apprenticeship
Nursing Apprenticeship Model
 April 6-8, 2025
 Alison Bradywood

PURPOSE:

Discuss programmatic structure for apprenticeship development across rural/urban settings. Continue to build upon learnings from the Washington LPN apprenticeship program and understand best practices across the country to address barriers, enhancing student entry into nursing.

OUTCOME:

Hear successes/challenges from educators, employers, and students to share recommendations for program attributes possible in Washington.

RECOMMENDATION:

Share Alabama Office of Apprenticeship learnings with WABON at May 2025 meeting.

Monday, April 7	Mobile and Montgomery
7:45 am—8:30 am	Travel to Mobile Infirmary
8:30 am-10:00 am	Mobile Infirmary and Coastal Alabama Community College Visit
10:15 am – 12:45 pm	Travel: Mobile to Montgomery
12:45-2:00	Lunch
2:15-2:45	Travel
3:00-4:00	Alabama Board of Nursing Visit
4:00-4:30	Travel
4:30-5:00	Meet Alabama Secretary of Workforce, Greg Reed Alabama Department of Workforce
5:00-6:30	Hotel Check-In
6:30-7:00	Travel to Dinner
7:00-8:30	Dinner with Auburn University and East Alabama Medical Center
8:30-9:00	Travel back to hotels
Tuesday, April 8	Central Alabama and Birmingham
9:15-9:30 am	Travel to Troy University
9:30 am-11:00 am	Troy University, Lurleen B Wallace Community College, and Baptist Medical Center Troy University – Montgomery Campus
11:00-12:15	Travel
12:30-2:00	Lunch and Coosa Valley Medical Center and Central Alabama Community College Visit

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

Title:	Effect of Military Status on Credentials	Number:	B31.03
Reference:	RCW 43.70.270 - License moratorium for persons in the service—Rules U.S. Code Service Members Civil Relief Act (50 U.S.C. 501-593) RCW 18.79.240 - Construction WAC-246-12-500 - Who can obtain a military status or military-related status credential WAC 246-12-510 - How to obtain a military status credential		
Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	B31.02 – May 12, 2023 B31.01 - February 2016		
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

The purpose of this procedure is to provide an overview of the process used by the Washington State Board of Nursing (Board) when a request is received by Board licensing staff from a member of the United States military to have their nursing license placed into “active military status.”

PROCEDURE:

Licensing staff receives a request from an active-duty member of the United States military as defined in WAC 246-12-500 to change their credential status in Washington State to “active military” status.

- I. Licensing staff changes the license status to “active military” status in the licensing database when a service member provides a copy of their service orders to the Board.
 - A. Each proceeding year after the status has been changed to “active military,” a renewal notice is sent to the credential holders in “active military” status.
 - 1. The credential holder must send current military service orders to Board each year to update the expiration date in the licensing system.
 - B. Renewal fees are waived for credential holders in “active military” status.
 - C. The credential expires if the credential holder does not submit current orders by each renewal expiration date.
 - D. A credential holder in “active military” status can send orders to renew any time before they have been expired for one year. Late fees are waived.
- II. Military service members have a six-month period to update their credential back to “active” status after they are discharged from military service.
 - A. The “active military” credential status is changed back to “active” status when:
 - 1. A copy of discharge papers (DD214) is provided by the credential holder and the renewal fee for the current renewal cycle is paid to the Board.
 - 2. Previous renewal fees and late renewal fees are not charged to the credential holder returning to “active” status from “active military” status.
 - 3. A copy of communication from command stating the credential holder must return to “active” status.
 - B. Standard Board procedures for renewal cycle payment and continuing competency apply after the first post-discharge status update.
 - C. The credential expires if the credential holder does not renew within six months after discharge.
 - 1. The regular renewal process applies, including penalties, if the credential holder asks to renew the credential after expiration. The date represented by six months after discharge is the expiration date for purposes of determining the penalty or reactivation process.

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

Title:	Social Security Numbers	Number:	B38.03
Reference:	RCW 26.23.150 Recording of Social Security Numbers - Compliance with Federal Requirement - Restricted Disclosure RCW 26.23.120 Information and Records - Confidentiality - Disclosure - Adjudicative Proceedings - Rules - Penalties Office of the Inspector General Social Security Administration - Fraud, Waste, or Abuse Reporting Website 42 U.S.C. 666 Requirement of Statutorily Prescribed Procedures to Improve Effectiveness of Child Support Enforcement		
Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	B38.02 – May 12, 2023 B38.01 – September 13, 2019		
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

The purpose of this procedure is to establish uniform processes for individuals applying for an advanced practice nurse practitioner (ARNP), registered nurse (RN), licensed practical nurse (LPN), and nursing technician (NTEC) credential, who do not submit or refuse to submit a social security number (SSN) at the time of application or renewal. The procedure includes a process for accepting limited or temporary waiver of a SSN under specific circumstances.

BACKGROUND:

An applicant for professional licensure must provide the licensing agency with the applicant's SSN as required by federal and state laws and regulations: ([RCW 26.23.150](#) and [42 U.S.C. 666](#)). The purpose of the requirement is to increase the effectiveness of child support enforcement.

PROCEDURE:

I. Credential Application Intake Process without a Social Security Number

- A. Licensing staff generate and send an email with the Declaration of No Social Security Number Form to an applicant who does not provide a Social Security Number (SSN) or the Declaration of No Social Security Number Form within their application.
- B. Licensing staff review the complete applications to ensure either a SSN or Declaration of No Social Security Number Form is included in the application.
- C. Upon review, if the applicant does not have a SSN and submits the Declaration of No Social Security Number Form, licensing intake staff:
 1. Add a warning to the pending credential stating "Do not renew without SSN" to the licensing database system.
 2. Send a work order to the licensing lead requesting the SSN warning be added to the credential and the SSN workflow step be waived by licensing database system administrators.
 3. Complete the initial intake workflow step.
 4. Forward the file to the licensing background staff for the next step in the licensing process.
- D. If the applicant does not provide either a SSN or the Declaration of No Social Security Number Form, the Washington State Board of Nursing (Board) issues a Notice of Decision (NOD) letter to the applicant, denying the issuance of the credential. The NOD requires signatures from the licensing supervisor and the legal staff attorney. The application process will not be completed if the credential holder:
 1. Fails to complete and submit to Board the Declaration of No Social Security Number Form or
 2. Refuses to provide a SSN to the Board.

II. Credential Renewal Process without a SSN

- A. If a nursing credential does not have an associated SSN in the licensing database system when the renewal is due, a renewal notice is sent to the credential holder with a "Do Not Renew without SSN" notice attached.
- B. The credential holder is not eligible for online renewal without a SSN. The credential holder must renew through mail or in-person at the Department of Health (DOH).
 1. Renewal by Mail:
 - a) DOH Revenue Office sends the receipt of renewal payment, with all supporting documentation, to the Board Licensing Unit staff for review and manual processing.
 - b) Licensing staff reviews documentation to determine if the credential holder obtained a SSN or submitted the Declaration of No Social Security Number Form.

- c) Licensing staff sends a deficiency email to the nurse if the nurse does not submit either proof of a SSN or the Declaration of No Social Security Number Form.
- 2. Renewal In-Person:
 - a) DOH Customer Service front counter staff will determine if the credential holder obtained a SSN or if the credential holder needs to submit a Declaration of No Social Security Number Form.
 - b) The DOH Customer Service staff will send the cash slip to the DOH Revenue Office and provide the credential holder with a verification of renewal if the credential holder meets all requirements for renewal.
 - c) Licensing staff renews the credential after receiving all required documents and proof of renewal from the DOH Revenue Office.
 - d) The following steps occur when a credential holder provides a SSN:
 - (1) Licensing staff will update the SSN in the licensing database system and send a work order to a Licensing Lead to remove the SSN warning.
 - (2) The Licensing Lead removes the SSN warning and any associated warnings of no SSN within the licensing database system.
 - e) The credential renewal process will not be completed if the credential holder:
 - (1) Fails to complete the Declaration of No Social Security Number Form; or
 - (2) Refuses to provide a SSN to the NCQAC.

III. Response to a Potential Misuse of a SSN Process

- A. Licensing staff identify the possible misuse of a SSN (Example: An applicant or credential holder provides an incorrect, invalid, or duplicate SSN).
- B. Individuals with a duplicate SSN will be sent a “Duplicate SSN email” to confirm accuracy of the data entered into the licensing system database.
- C. Licensing staff send the documentation to the licensing supervisor for review and determination of action.
- D. The licensing supervisor determines if an intentional effort has been made to provide fraudulent documentation.
- E. Individuals who provide a duplicate SSN may be referred to the Board Complaint Unit and/or the Social Security Administration. The credential holder’s SSN will not be modified until the verification process is completed.

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

Title:	Nursing Program Approval Process	Number:	E01.05
Reference:	RCW 18.79.100 - Commission—Officers—Meetings RCW 18.79.110 - Commission—Duties and powers—Rules—Successor to boards RCW 18.79.150 - Schools and programs—Requirements—Approval WAC 246-840-030 - Initial licensure for registered nurses and practical nurses—Out-of-state traditional nursing education program approved by another United States nursing board WAC 246-840-045 - Initial licensure for registered nurses and practical nurses who graduate from an international school of nursing WAC 246-840-090 - Licensure for nurses by interstate endorsement WAC 246-840-340 - Initial ARNP requirements WAC 246-840-342 - Licensure for ARNP applicants by interstate endorsement WAC 246-840-344 - Licensure for ARNP applicants educated and licensed outside the United States WAC 246-840-410 - Application requirements for ARNP prescriptive authority WAC 246-840-500 - Philosophy governing approval of nursing education programs		
Author:	Gerianne Babbo, Ed. D, MN, RN Director, Education Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	E01.04 – May 12, 2023 E01.03 - March 9, 2018 E01.02 - January 13, 2012 E01.01 - November 14, 2008		
Approved:			
	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

The Washington State Board of Nursing (Board) established the nursing program approval panel (NPAP) to further its mission to protect the public, to promote efficiency, and to assure a fair process.

The Board appoints the Nursing Program Approval Panel (NPAP), delegating to it the administration of the nursing education program evaluation process, evaluation of the educational preparation for the licensing of nurses, the decision-making function, and the resolution of nursing education program complaints.

The Board sets minimum standards for nursing education programs including LPN, RN, APRN, Post-licensure, Graduate Nursing and Refresher programs to assure that persons applying or renewing for licensure are prepared for the safe practice of nursing. To this end, NPAP provides criteria for the development, evaluation, and improvement of new and established nursing education and refresher programs.

The Board delegated authority to NPAP is applicable in [WACs 246-840-500](#) to [WAC 246-840-571](#) and [WAC 246-840-030](#), [WAC 246-840-045](#), [WAC 246-840-090](#), [WAC 246-840-340](#), [WAC 246-840-342](#), [WAC 246-840-344](#), and [WAC 246-840-410](#) and includes the following:

- A. Review of nursing education programs to determine initial and on-going approval status;
- B. Initiation of surveys and complaint investigations to determine compliance with education rules;
- C. Decision-making regarding appropriate actions and sanctions for nursing education programs as allowed by law;
- D. Review of out-of-state nursing distance learning programs to determine approval and compliance with Board education rules;
- E. Decision-making about the educational preparation of a person applying for nursing licensure or renewal of a nursing license.

PROCEDURE:

Nursing Education Programs:

- I. Nursing programs submit to the Board for NPAP review, the following as indicated in [WAC 246-840-500](#) through [WAC 246-840-571](#):
 - A. Application for new in-state programs ([WAC 246-840-510](#));
 - B. Applications, documents, letters and reports submitted to a national nursing accreditation agency ([WAC 246-840-511](#)) ([WAC 246-840-556](#)) ;
 - 1. NPAP may accept accreditation by a recognized national accreditation body as evidence of compliance provided conditions set out in [WAC 246-840-511](#) and [WAC 246-840-556](#) are met. All forms and reports exchanged, sent, or received between the nursing education program and the national accreditation body shall be submitted to NPAP within 30 days.

2. The Board recognizes the following nursing accrediting bodies:
 - a) Accreditation Commission for the Education of Nurses (ACEN)
 - b) Commission on Collegiate Nursing Education (CCNE)
 - c) Commission for Nursing Education Accreditation (CNEA)
- C. Systematic evaluation plan ([WAC 246-840-512](#));
- D. Substantive change requests ([WAC 246-840-554](#));
- E. Application for innovation project or program ([WAC 246-840-553](#));
- F. Application for LPN, RN, APRN, and Refresher courses ([WAC 246-840-563](#), [WAC 246-840-564](#), [WAC 246-840-566](#), [WAC 246-840-567](#), [WAC 246-840-568](#));
- G. Application for International Nursing Education program ([WAC 246-840-549](#), [WAC 246-840-551](#), and [WAC 246-840-552](#));
- H. The Board nursing education site visit or complaint report;
- I. Application from Out-of-state nursing education programs requesting practice experience in Washington State ([WAC 246-840-571](#)); and
- J. Annual report data summary and analysis.
- K. The Board Education Unit staff reviews the submitted information. Additional questions may be submitted to the applying programs requesting clarifying information.
- II. The Board Education Unit staff places the application, previous applicable Board letters and any additional supporting documents in an NPAP packet folder for that specific nursing education program.
- III. The program application or complaint is placed on the next available NPAP agenda for review.
- IV. The Board Education Unit staff assigns the application/documents to an NPAP member for review.
- V. The entire NPAP packet is provided to the reviewing panel members for review.
- VI. Complaints regarding nursing education programs will be reviewed by NPAP for decision-making.
- VII. The NPAP discusses each agenda item with documents provided to determine the actions to be taken, which may include:
 - A. Accept documents;
 - B. Approve documents/application;
 - C. Defer a decision on the documents/application;
 - D. Require a Plan of Correction;
 1. If the NPAP determines that an approved nursing program is not currently maintaining standards required for approval, the NPAP shall provide written

notice specifying the deficiencies and shall designate the period of time in which the deficiencies must be corrected.

- E. Deny documents/application;
 - F. Change the approval status of the program to conditional approval.
 - 1. The program's approval shall be withdrawn if the deficiencies are not corrected within the specified time.
 - G. A conditionally approved program shall be reviewed at the end of the designated time period and may result in:
 - 1. Restoration of full approval;
 - 2. Continuation of conditional approval for a specified time period; or
 - 3. Withdrawal of approval.
- VIII. Within 30 days of the NPAP decision, the Board shall provide written notice to the institution regarding the NPAP decision.
- IX. The Board Education Unit staff member may make a site visit as directed by NPAP for the following:
- A. Complaints alleging violations of [WAC 246-840-510](#) through [WAC 246-840-571](#);
 - B. Denial, withdrawal, or change of program accreditation status by a Board-recognized accreditation agency;
 - C. Failure to obtain NPAP approval for changes that require approval;
 - D. Providing false or misleading information to students or the public regarding the nursing program ([WAC 246-840-516](#));
 - E. Violation of Board rules or policies;
 - F. Inability to secure or retain a qualified director or faculty which results in substandard supervision and teaching of students ([WAC 246-840-516](#), [WAC 246-840-517](#), [WAC 246-840-523](#));
 - G. Noncompliance with the program's stated purpose, objectives, policies, and curriculum resulting in unsatisfactory student achievement ([WAC 246-840-514](#), [WAC 246-840-519](#));
 - H. Failure to provide sufficient clinical and practice experiences ([WAC 246-840-531](#));
 - I. Faculty-student ratio in direct patient care greater than 1:10 for pre-licensure and 1:6 for APRN ([WAC 246-840-532](#)); or
 - J. Failure to maintain an average NCLEX examination annual passing rate of 80% ([WAC 246-840-558](#)):
 - 1. of first-time test takers for one year, the program must complete an assessment of the problem;
 - 2. of first time writers for two (2) consecutive years, an assessment of the possible contributing factors and submit a plan of correction. The Board may place the program on conditional approval status.

3. of first-time writers for three (3) consecutive years, the program must complete an assessment of possible contributing factors, submit a plan of correction, and the Board may conduct a site visit.
4. of first-time writers for four (4) out of five (5) consecutive years, the Board shall continue the program on conditional approval, require a full evaluation site visit, and may withdraw program approval following the site visit.

Review of Educational Qualification for Nurse Licensure:

- I. The Board licensing staff forwards the nurse licensure application and education supporting documentation to Board education staff for review to determine academic equivalency to Washington State requirements.
- II. If the Board education staff determines that the educational preparation is not equivalent to Washington requirements, the application and supporting documentation may be referred to NPAP.
- III. NPAP reviews the application material and supporting education documentation including, but not limited to academic transcripts.
- IV. NPAP determines the decision on educational qualification for nurse licensure.
- V. NPAP staff sends written notice to licensing staff regarding the decision of NPAP.
- VI. Licensing staff prepare the application packet and includes NPAP written decision to the discipline unit for processing of a notice of determination.

Appeal:

A nursing education program aggrieved by a decision of NPAP affecting its approval status shall have the right to appeal in accord with chapter [18.79 RCW](#), the Administrative Procedure Act, [34.05 RCW](#), [Chapter 246-11 WAC](#).

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

Title:	Complaints and Actions Related to Nursing Education	Number:	E03.05
Reference:	RCW 34.05 – Administrative Procedures Act RCW 18.79.110 – Commission – Duties and powers – Rules—Successor to boards RCW 18.79.150 – Schools and programs—Requirements—Approval RCW 18.88A.060 – Commission – Powers WAC 246-840-500 through WAC 246-840-571 – Nursing Education Programs		
Author:	Gerianne Babbo, Ed. D, MN, RN Director, Education Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	E03.04 – May 12, 2023 E03.03 - March 9, 2018 E03.02 - July 14, 2017 E03.01 - March 9, 2012		
Approved:			
	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

This procedure clarifies and provides consistent review of complaints submitted to the Washington State Board of Nursing (Board) Education Unit alleging violation of nursing education program rules.

PROCEDURE:

I Complaint Intake

- A. A complaint may be received verbally, in writing, or by electronic means. The Complaint Intake HELMS staff member:
 - 1. Enters complaint into HELMS within three (3) days from date received in office.
 - 2. If Complaint Intake HELMS staff member is not available, intake is forwarded to discipline unit for complaint intake.
 - 3. Documents the date received, complainant name, and nature of complaint in HELMS;
 - 4. Sets “present for assessment date” according to the next Nursing Program Approval Panel (Panel) meeting;
- B. The Director of Nursing Education (DNE) or designee reviews initial complaints on nursing education and training programs. If the allegation relates to a violation of the Nurse Practice Act ([RCW 18.79](#), [WAC 246-840](#)) or Uniform Disciplinary Act ([RCW 18.130](#)), the complaint is referred to the Board Discipline Complaint Intake.
- C. If the allegation relates to a potential violation of nursing education program rules, the complaint is referred to the Board Panel. The review to determine if a complaint is opened for investigation may be determined by any Board Panel.

II Assessment of the Complaint

- A. The Panel reviews the complaint and makes an investigative determination, which results in one of the following actions:
 - 1. Open the complaint for a full investigation;
 - 2. Close the complaint because it is below threshold of an investigation;
 - 3. Close the complaint if there is no potential violation;
 - 4. Close the complaint if there is no jurisdiction;
 - 5. Close the complaint as otherwise resolved; or
 - 6. Close the complaint because there is insufficient information.

III Investigation

- A. If the complaint is opened for investigation by a Panel, a nursing education investigator is assigned.

IV Investigative Reports

- A. The investigator completes the investigation and drafts investigative report within 120 days from date assigned to the investigator. The complaint investigator may request an extension due to extenuating circumstances. The DNE makes the determination if the extension is warranted.

- B. The DNE may extend the timeline for investigation of complaints received on nursing programs for good cause or for programs that are scheduled to be surveyed within the next three months. If the program is due for an on-site survey, the complaint may be investigated at that time.
- C. The report includes the following information:
 - 1. Name of nursing program;
 - 2. Program contact information;
 - 3. Complaint number;
 - 4. The original complaint;
 - 5. Date complaint received;
 - 6. Date assigned to complaint investigator;
 - 7. Name of investigator/surveyor;
 - 8. Dates of investigation (initiation date/completion date);
 - 9. History of other complaints or violations, if applicable;
 - 10. Chronology of investigation and findings;
 - 11. Possible violation of rules (identify and list rules);
 - 12. Recommendations; and
 - 13. Appendix of supporting evidence.

V Panel Decisions Related to Investigative Reports

- A. Education staff presents the draft investigative report to the appropriate Panel for review. The Panel decides if any rule violation has occurred and determines the course of action consistent with the authority of the Board.
- B. The Panel decision related to investigative reports includes one of the following program actions:
 - 1. No jurisdiction;
 - 2. No violation of any rule;
 - 3. Insufficient evidence; or
 - 4. Evidence supports violation.

VI Panel Actions Related to Completed Investigations

- A. The Panel authorizes action against a nursing education program in accord with the appropriate rules governing these programs. The Panel may take the following course of action:
 - 1. Letter of Decision;
 - a) There is no violation of rule and there is no action that alters approval status by the Board; or
 - b) There is a violation of rule(s) and statement of deficiencies, which requires a

plan of correction and corrective date by the program.

B. Letter of Determination:

- a) There is a violation(s) of rule and intent to place the program on conditional approval status; or
- b) There is a significant violation(s) of rule and intent to withdraw program approval.

VII Appeal of WABON Decisions

- A. All Letters of Determination affecting a program's approval status shall state the right of a program to appeal a decision by the Board in accordance with the provisions of [chapter 18.79 RCW](#), the Administrative Procedure Act [chapter 34.05 RCW](#), and [chapter 246-11 WAC](#).

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

Title:	Continuing Approval for Nursing Programs in Washington State	Number:	E05.03
Reference:	RCW 18.79.110 - Duties and Powers – Rules RCW 18.79.150 - Schools and Programs-Requirements-Approvals WAC 246-840-554 - Ongoing evaluation and approval		
Author:	Gerianne Babbo, EdD, MN, RN Director, Education Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	E05.02 – May 12, 2023 E05.01 – November 11, 2013		
Approved:			
	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

The Washington State Board of Nursing (Board) has statutory authority to approve nursing education programs in the state of Washington. The Board appointed the Nursing Program Approval Panel (NPAP), delegating to it the administration of the nursing education program evaluation process, the decision-making function, and the resolution of nursing education program complaints.

The NPAP surveys and reevaluates each nursing program for continued approval every eight to ten years. Complaints or violations of educational requirements may require evaluations on a more frequent basis.

The NPAP may accept accreditation by a Board -recognized national nursing accreditation body as evidence of compliance with Washington state standards for nursing education. This document clarifies and provides procedures for the consistent review and the ongoing evaluation and approval of nursing education programs that are accredited by a national nursing accreditation body approved by the United States Department of Education (USDE).

PROCEDURE:

BOARD Action Prior to Accreditation Site Visit:

- I. The NPAP may accept accreditation from a national nursing accreditation body approved by the USDE as evidence of substantial compliance with the standards of nursing education programs. [[WAC 246-840-511](#)]
- II. Nursing programs preparing students for Advanced Practice Registered Nurse (APRN) licensure must maintain accreditation status from a national nursing accreditation body approved by the USDE. The NPAP will deny continuing approval of an APRN nursing program if the program loses its accreditation status. The NPAP may deny the application of initial APRN licensure for graduates of a school that has lost national nursing accreditation [[WAC 246-840-340](#), [WAC 246-840-342](#)].
- III. The NPAP may conduct a review and/or a site visit to a nursing program when the following situations arise (per [WAC 246-840-558](#)):
 - A. Complaints relating to violations of [WAC 246-840-340\(1\)\(b\)](#), [246-840-342\(1\)\(b\)](#) and [WACs 246-840-505 thorough 246-840-571](#).
 - B. Denial, withdrawal, or change of program accreditation status by a national nursing accreditation body approved by the USDE or the institution's academic accreditation agency
 - C. Failure to obtain Board approval for changes that require approval of the Board under [WAC 246-840-554](#).
 - D. Providing false or misleading information to students or the public concerning the nursing program
 - E. Violation of the nursing education rules (WACs)
 - F. Inability to secure a qualified director or faculty, resulting in substandard supervision and teaching of students
 - G. Noncompliance with the program's stated purpose, objectives, policies, and curriculum resulting in unsatisfactory student achievement
 - H. Failure to provide clinical experiences necessary to meet the objectives of the nursing program
 - I. Faculty to student ratio in direct patient care that is greater than 1:10 in undergraduate programs and 1:6 in APRN programs
 - J. Failure to maintain an average NLCEX examination annual first-attempt passing rate of 80 percent.
 - K. Insufficient resources including faculty or program administration [WAC 246-840-557\(7\)](#)

- IV. The Nursing Education Advisor (NEA) reviews all accreditation reports (e.g., self-study, correspondence, progress reports, etc.) received from nursing programs. The NEA assigns the report for review by one NPAP member. The panel member presents findings from the initial review to NPAP. The panel may decide that a site visit by the Education staff is needed. The NPAP may ask the nursing program for additional information based on the initial review of the accreditation self-study.

Accredited Nursing Program Action Prior to and After Accreditation Site Visit:

- I. The nursing program must submit to NPAP a copy of the self-study and interim reports at the time of submittal to the nursing accrediting body [[WAC 246-840-556\(1\)\(a\)](#)]. Electronic versions of documents are to be submitted to the DOH education email. Hard copies of the self-study document are to be sent to the assigned work location of nursing education staff member/s. The nursing program must also submit to the Board all accreditation reports and any interim reports received from the nursing accrediting body within 30 days of receiving the reports. [[WAC 246-840-556\(1\)\(b\)](#)].
- II. The nursing program must file with the Board notice of any change in program accreditation status within 30 days of receipt of notice from the national nursing accreditation body [[WAC 246-840-556\(1\)\(c\)](#)].

Board Action after Accreditation Site Visit:

- I. If the nursing program is not required to have a site visit by Board nursing education staff, they will review the reports from the nursing accrediting bodies. When possible, the education unit staff sends the accreditation report to the NPAP member who initially reviewed the self-evaluative report. The NPAP member makes recommendations to NPAP for action.
- II. The NPAP may grant full approval based upon evidence of accreditation and no violation of nursing education rules. The approval shall not exceed ten years and may be only for the length of the term of the program accreditation [[WAC 246-840-556\(1\)\(f\)](#)].
- III. The NPAP may require an additional report from the nursing program if the program is accredited for less than the maximum accreditation time allowed. [[WAC 246-840-556\(1\)\(g\)](#)].
- IV. A written notification detailing the NPAP action regarding approval and/or request for information is sent to the program nurse administrator, the president, and vice-president within 30 days of the panel decision.

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

Title:	Approval of Student Clinical Learning Experience in Washington for Out-Of-State Nursing Programs	Number: E06.03
Reference:	RCW 18.79.010 – Commission-Duties and powers-Rules-Successor to boards. (Effective until June 30, 2027.) RCW 18.79.050 – “Advanced registered nursing practice” defined-Exceptions. (Effective until June 30, 2027.) RCW 18.79.110 – Commission-Duties and powers-Rules-Successor to boards. (Effective until June 30, 2027.) RCW 18.79.240 – Construction. (Effective until June 30, 2027). RCW 34.05 – Administrative Procedure Act WAC 246-840-342 – Licensure for ARNP applicants by interstate endorsement WAC 246-840-030 – Initial licensure for registered nurses and practical nurses-Out-of-state traditional nursing education program approved by another United States nursing board WAC 246-840-517 – Nurse Administrator qualification requirements in nursing education programs located in Washington state WAC 246-840-500 to WAC 246-840-571 – Nursing Education Programs	
Author:	Gerianne Babbo, Ed. D, MN, RN Director, Education Washington State Board of Nursing (WABON)	
Effective Date:	May 9, 2025	Date for Review: May 9, 2027
Supersedes:	E06.02 – May 12, 2023 E06.01 - January 10, 2013	
Approved:		
	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)	

Purpose:

The Washington State Board of Nursing (Board) has statutory authority in the state of Washington through [RCW 18.79.110](#) to approve and review nursing programs. The Board

protects the health and safety of Washington residents and ensures quality nursing education programs. Licensed practical nurse (LPN), registered nurse (RN) and advanced practice nursing (ARNP) students from out-of-state nursing programs must have clinical placement approval from the Board [[RCW 18.79.240](#)]. Only verified Washington state residents seeking clinical experiences in Washington state are eligible for approval under this procedure.

The Nursing Program Approval Panel (NPAP) has the delegated authority from the Board to approve student clinical learning experiences in the state of Washington for out-of-state nursing programs. This procedure provides direction on the approval process for out-of-state nursing programs seeking to place nursing students in clinical sites in the state of Washington.

Requirements of the Out-Of-State Nursing Program:

- I. A nursing education program located outside of Washington state borders seeking approval to conduct clinical learning experiences in Washington shall meet the following requirements:
 - A. Provide a UBI#.
 - B. Fully approved by the state board of nursing (or designated approval agency) in the state where the nursing education program originates; and
 1. Approved by the Washington Student Achievement Council (WSAC) prior to seeking board approval. The written request and the required supporting documentation to conduct clinical learning experiences in Washington may be submitted to NPAP at the same time an application is submitted to WSAC. The request to conduct clinical learning experiences in Washington cannot be approved until the program is approved by WSAC or
 2. Approval by NC-SARA.
 - C. All approved out-of-state programs for clinical placements are required to submit an annual report to the Board on the forms provided.
 - D. Clinical faculty teaching LPN or RN students in the state of Washington must meet the requirements identified in [WAC 246-840-524](#) and [246-840-526](#). Clinical faculty must be a licensed RN in Washington or has a multistate license. Clinical faculty teaching ARNP students must be licensed as an ARNP in Washington, have a Washington RN or multi-state license and meet the requirements of [WAC 246-840-527](#).
 - E. Clinical preceptors may be used to enhance direct care of patients or clients in clinical learning experience after the student has received clinical and didactic instruction from program faculty. Undergraduate programs may utilize preceptors during the final semester or capstone course. Post-graduate programs may utilize preceptors after the student has received clinical and didactic instruction from program faculty in all basic areas for that course or specific learning experience.
 1. During the precepted experience, the faculty shall confer with each preceptor and student regularly. Minimally, the faculty, preceptor, and student confer concurrently at the beginning, midpoint, and end of the course. Communication can be by phone, face-to-face, or electronically and not by

email. Communication may occur more frequently as required by the clinical experience.

2. Programs utilizing preceptors in the state of Washington shall ensure that preceptor is:

- a) Licensed at or above the level for which the student is preparing;
- b) Experienced in the facility and specialty area; and
- c) Oriented to written course and student learning objectives and documented role expectations of faculty, preceptor, and student prior to the beginning of the student experience. [[WAC 246-840-533](#)]

F. Out-of-state nursing programs that prepare students for ARNP practice must be accredited and maintain accreditation status by a nursing or nursing-related accrediting organization recognized by USDOE or the Council of Higher Education Accreditation (CHEA).

G. Programs are required and must obtain approval for clinical site locations or total number of student placements. Health care providers may deny placement of students at the clinical site at any time. NPAP may only approve clinical placement for Washington state residents.

H. Out-of-state nursing programs are required to notify NPAP of changes in nursing administrators.

PROCEDURE:

- I. The nursing education program located outside of Washington state's borders seeking approval to conduct clinical learning experiences in Washington should initiate the process with NPAP at least three months prior to the anticipated start of the clinical experience in Washington.
- II. The nursing program must submit the following:
 - A. A completed out-of-state Nursing Education Program Approval Application.
 - B. A letter of intent specifically identifying the courses and clinical experience(s) for which the nursing program is seeking approval.
 - C. Description of the type (e.g. direct faculty supervised, preceptorship) and the specific practice area of the proposed clinical learning experiences to be conducted in Washington, including the geographic location, names of proposed clinical facilities, and the anticipated date when the clinical learning experiences will begin if known. If unknown at time of application, program to provide when confirmed. Provide table format, the specific clinical facilities that will be utilized, the number of the students at each clinical facility, the number and names of the program's clinical faculty at each clinical facility, and the number of students of preceptors that will be utilized at each clinical facility. Students must be WA state residents to do clinical in WA state.

- D. A statement as to how these programs and clinical experiences will prepare students for licensure as licensed practical nurses, registered nurses or advanced registered nurse practitioners according to the scope of practice identified in the following rules:
1. LPN and RN ([WAC 246-840-700](#) and [WAC 246-840-705](#)); and
 2. ARNP ([WAC 246-840-300](#));
- E. Identification of the faculty member(s) responsible for the student's clinical learning experience and his or her educational qualifications and WA or nursing multistate state licensure;
- F. If known, letter(s) or affiliation agreement from prospective clinical facilities or settings indicating the facilities' ability to accommodate students;
- G. Identify the contact person at the clinical site and provide telephone and email addresses;
- H. For prelicensure programs, evidence of discussion regarding cooperative planning with directors of existing nursing programs or clinical consortiums for use of potential affiliate agencies and clinical practice settings;
- I. Evidence of College or University institutional accreditation status;
- J. Evidence of the program's current approval/accreditation status by the state board of nursing from the state where the nursing education program originates;
- K. If accredited by a nursing or nursing-related accrediting organization recognized by the USDOE or the CHEA, submit documentation of current accreditation status.
- L. For programs that are not fully accredited (e.g. under review by accrediting body for initial accreditation or conditional accreditation) must submit copies of self-evaluation report(s) and any interim report(s) provided to the accrediting body;
- M. Evidence that the program has been approved by WSAC or NC-SARA;
- N. Evidence of written policies related to the management of clinical learning experiences to be conducted in Washington including:
1. Evidence that faculty is responsible and accountable for managing clinical learning experiences of students. Note: [WAC 246-840-532](#) establishes the maximum faculty to student ratios for clinical and practice setting:
 - a) For pre-licensure LPN and RN programs involving direct care, the ratio is one faculty for 10 students (1:10) and one faculty for 15 (1:15) for observational and precepted experiences.
 - b) For ARNP clinical learning it is one faculty to six students (1:6).
 - c) For graduate nursing education programs (not leading to licensure as ARNP), it is one faculty to 15 students (1:15).
 2. Criteria and rationale for the selection of affiliate agencies or clinical practice settings appropriate for the program of study;
 3. Process for the evaluation of the effectiveness for affiliating agencies/clinical facilities or clinical practice settings and the frequency of evaluation;

4. Written affiliation agreements between the program and agencies/clinical practice settings and the frequency of evaluation; if unknown or unsigned, provide the template used.
5. Total number of practice/clinical experience hours by course and content area.
6. Provide faculty, preceptor, and nursing student handbooks.
7. Provide curricular outlines or scope and sequence for each program (degree) seeking approval.
8. Provide program purpose, outcomes, and policies related to grievance, faculty supervision and preceptors.
9. Provide practice/clinical experiences course syllabi.
10. When clinical preceptors are used:
 - a) Written agreements between the program, clinical preceptor and the affiliating agency, when applicable, delineating the functions and responsibilities of the parties involved;
 - b) Written criteria for the selection of competent clinical preceptors, and verification of qualifications;
 - c) Process for orientation of preceptor to the written course and student learning experience, roles of the faculty, student and preceptor prior to the beginning of the preceptorship and limitation that preceptor may not precept more than two students at a time; and
 - d) Process for the evaluation of student performance in clinical learning experiences, including criteria for the frequency of assessment.

11. Additional information and/or documentation may be requested in order to provide clarity.

- III. NPAP may require the nurse educator advisor (NEA) or consultant to provide consultation or to conduct a site visit of the proposed clinical facilities, depending on the analysis of the written request and the required supporting documentation.
- IV. Programs are notified of NPAP decisions within 30 days of the panel meeting.
- V. Students shall not be enrolled in the clinical learning experience to be conducted in Washington state until the clinical placements are approved by NPAP to provide this experience.
- VI. Renewal of clinical site approval(s) or student placement numbers will coincide with the evaluation of the program's annual report.

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

Title:	Nursing Education Unit Complaint Investigation Procedure	Number:	E07.03
Reference:	None		
Author:	Gerianne Babbo, Ed. D, MN, RN Director, Education Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	E07.02—May 12, 2023 E07.01 – February 20, 2014		
Approved:			
	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

The purpose of this procedure is to outline the complaint receipt and investigation process once a complaint is received by the Nursing Education Unit (NEU).

PROCEDURE:

Complaint Intake:

- I. A complaint may be received verbally, in writing, or by electronic means. NEU staff shall encourage all complainants to file a complaint in writing on the Nursing Program Complaint Form.
- II. If the complainant is not able to complete a written complaint form, the staff member taking the complaint completes and forwards the form to the Education Health Services Consultant (HSC).
- III. The HSC creates an electronic file in the nursing program file which shall include the complaint form; the name of the program identified in the complaint; a complaint number; and date the complaint was received.

- IV. The HSC supports the Nursing Education Consultant to prepare complaint documents for review by the appropriate Nursing Program Approval Panel (NPAP).
- V. The Case Management Team (CMT) receives complaints that require immediate attention when the NPAP is not available to review.

Template for Investigative Report

1. Name of nursing program:
2. Complaint number:
3. Date complaint received:
4. Dates of investigation (initiation date/completion date):
5. Name of investigator(s):
6. Date assigned to complaint investigator:
7. Purpose of Investigation (identify and list Washington Administrative Codes (WACs)
8. Complaint Submission:
9. Documents Reviewed:
10. Interview Reports
11. Chronology of investigation:
12. Findings:
13. Possible violation of rules (identify and list Washington Administrative Codes (WACs):
14. Recommendations:
15. Appendix of supporting evidence

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

Title:	Timely Resolution of SOA/STIDs	Number:	A31.04
Reference:	RCW 18.130.172(3) – Evidence summary and stipulations WAC 246-14-100 – Resolution of a statement of allegations		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services (WHPS) Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	A31.03 – May 12, 2023 A31.02 - January 10, 2014 A31.01 - March 10, 2006		
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

This procedure defines the timeframe to resolve disciplinary cases where the Washington State Board of Nursing (Board) offers a Stipulation to Informal Disposition (STID) to a licensee, but the licensee either does not respond to the Statement of Allegations (SOA) or the resolution of the case by STID has not occurred. This procedure also expedites public protection by pre-approving the use of formal discipline when settlement with a STID within timelines is not successful.

PROCEDURE:

- I. When the Board determines that they can resolve a case with an SOA/STID, legal staff send the documents to the licensee for a response to the SOA within 28 days. Staff advise the licensee that the Board has pre-approved formal charges and the Board shall review the signed STID within 60 days of the date of the licensee's response.
- II. When the licensee does not respond to the SOA within 28 days, or if they have responded and the Board does not accept the signed STID within the additional 60-day deadline, legal staff converts the case to a Statement of Charges (SOC). This pre-authorization of the SOC expedites the process and avoids having to return these cases to the Board for authorization for the SOC.
- III. If the licensee returns the signed STID to the Board during the conversion from SOA to SOC, or at any time prior to the time the SOC is served on the Respondent, legal staff may present the STID and the Board may accept the signed STID to resolve the case without further delay.

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

Title:	ARNP Discipline Hearings	Number:	A37.03
Reference:	RCW 18.130.050(18) – Authority of disciplining authority		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	A37.01 - March 1, 2012 A37.02 – May 13, 2023		
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE STATEMENT:

This procedure explains the credential requirements of the disciplinary hearing panel for all scope of practice Advanced Registered Nurse Practitioner (ARNP) hearings.

PROCEDURE

- I. The Washington State Board of Nursing (Board) hearings officer selects hearing panel participants. Panels may be set according to the need for specific expertise of Board and pro-tem members. All panels require a minimum of three members.
- II. ARNP scope of practice cases always require the expertise of ARNPs.

- A. All hearings regarding ARNP scope of practice cases must have a full Board member ARNP as the panel chair. It is preferred to have a minimum of two ARNP members on the panel.
- B. If two ARNPs are not available for a timely hearing, the executive director may approve using only one ARNP for the hearing.
- C. Additional members may be RN, LPN, or public members.

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

Title:	Investigative Mental and/or Physical Examinations	Number:	A41.04
Reference:	RCW 18.130.050 – Authority of disciplining authority RCW 18.130.095 – Uniform procedural rules RCW 18.130.170 – Capacity of license holder to practice—Hearing—Mental or physical examination—Implied consent. WAC 246-11-080 – Filing and service of documents Procedure A.24 – Approval of Evaluators in Nurse Discipline Cases		
Author:	Catherine Woodard, Director Discipline and Washington Health Professional Services (WHPS) Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	A41.03 – July 14, 2023 A41.02 – September 13, 2013 HPQA 232, 1/11/2005 - August 2, 2012		

Approved:

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

PURPOSE: This procedure establishes a uniform process to order investigative mental and/or physical examinations consistent with the requirements of [RCW 18.130.170](#).

PROCEDURE:

- I. If the assigned staff attorney and reviewing board member (RBM) determine a mental and/or physical examination is appropriate, they make a recommendation to the case disposition panel (CDP). Following CDP approval:

- A. Legal staff contracts with an approved evaluator. (See Procedure A24 *Approval of Evaluators in Nurse Discipline Cases*).
 - B. Unless the respondent has indicated they will not submit to an evaluation or has failed to respond to contacts with legal or investigative staff, legal staff sends a letter to the respondent requesting they complete an examination. The letter contains the identity of the evaluator who will conduct the examination and a consent form acknowledging that the respondent agrees to the examination.
 - C. Once legal staff has received notice from the evaluator of an appointment with the respondent, legal staff will send documents from the case file to the evaluator which are relevant to the examination.
 - D. If the respondent participates in the evaluation, the evaluator sends the completed evaluation report to legal staff, who share it with the RBM.
 - E. The RBM and staff attorney present at CDP for a decision.
- II. If the respondent does not consent to an examination or there has been no contact with the respondent, legal staff prepares the documents in support of the examination, including the Notice of Intent to Order Investigative Mental and/or Physical Examination (NOI) and the Agreed Order for Investigative Mental and/or Physical Examination. These documents must include the elements specified in RCW [18.130.170\(2\)\(a\)](#). The AAG signs the NOI, and legal staff serves the documents and files them with the Adjudicative Clerk's Office (ACO).
- A. If the respondent returns the signed Agreed Order for Investigative Mental and/or Physical Examination consenting to the exam, legal staff follow steps I.C, D, and E above.
 - B. If the respondent fails to sign and return the Agreed Order for Investigative Mental and/or Physical Examination within twenty (20) days of receipt, legal staff notifies the ACO to serve the respondent Findings of Fact, Conclusions of Law, and Order for Mental/Physical Examination. Once the ACO has served the Order, legal staff follow steps I.C, D, and E above.
 - C. If the respondent responds and refutes the NOI, the ACO will schedule a hearing before a panel. If the panel issues an Order for Investigative Mental and/or Physical Examination, legal staff follow steps I.C, D, and E above.
- III. If the respondent fails to make an appointment with the evaluator or fails to meet with the evaluator for the appointment within the required timeframe after the ACO has served the order, legal staff may proceed with a Statement of Charges (SOC) for failure to comply with an order issued by the disciplining authority.

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

Title:	Surrender of Nursing Credentials	Number:	A47.04
Reference:	RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services (WHPs) Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	HPQA 341 - July 14, 2005 A47.01 - August 1, 2012 A47.02 - September 2013 A47.03 - May 12, 2023		
Approved:	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE: This procedure provides for consistent use of surrender of a credential.

PROCEDURE:

- I. The Washington State Board of Nursing (Board) staff recommend and offer surrender of license to resolve discipline cases in limited circumstances.
 - A. The nurse must be at the end of their effective practice.
 - B. The nurse agrees to retire from practice and not to resume practice.
 - C. Surrender, as the only sanction imposed, is enough to protect the public.
- II. Surrender agreements must include the nurse's agreement:
 - A. To cease practice and not return to practice.
 - B. Not to practice on an emergency or volunteer basis in the state of Washington.
- III. Nurses who surrender a credential may not renew, reactivate, or reapply for the credential. The Department of Health will accept and evaluate applications for any other profession as usual.



IV.

Chair Report

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

Title:	Signature Authority Delegation	Number:	H16.04
Reference:	RCW 18.130.050 (10) (17) – Authority of disciplining authority RCW 18.130.095 – Uniform procedural rules		
Author:	Alison Bradywood DNP, MPH, RN, NEA-BC Executive Director Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	H16.03 – May 10, 2024 H16.02 – September 8, 2022 H16.01 – July 14, 2017		

Approved:

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

PURPOSE:

This procedure lists certain decisions for which Washington State Board of Nursing (Board) delegates:

- Full decision-making and
- Decisions where staff is authorized to sign documents after a panel of the Board has approved the action.

PROCEDURE:

The Executive Director will place this item on the Board meeting agenda prior to the end of the biennial fiscal year. The Board will determine which decisions they will delegate to staff and which staff has signature authority to sign on behalf of the Board after a Board or panel decision. The Operations staff completes the forms and sends them to the Board chair for signature.

- For delegation and signature authority of credentialing, disciplinary, compliance, or rule-making activities, use Form A.
- For delegation and signature authority of adjudication processes, use Form B.
- For delegation of final decision-making authority in the adjudication of specific cases, use Form C.

After the Board chair has signed the forms, they are shared with any Department of Health office affected by the delegation:

- Office of Customer Service
- Office of the Assistant Secretary
- Office of Adjudicative Services

Operations staff posts updated Procedure H16 with delegation forms to the Board Procedures SharePoint page. Forms B and Form C must be sent to the Office of Adjudicative Services.

H16.04 Form A: Delegation of Signature Authority (Credentialing, Disciplinary Functions, Compliance and Rules)

On May 9, 2025, the Washington State Board of Nursing (Board) delegated signature authority for each of the documents indicated as follows:

☒ Credentialing

Document	Panel Approval Required?	Board Staff Title(s)
<input checked="" type="checkbox"/> Approval of Routine Credentialing Applications	No	Licensing Leads Licensing Supervisor Asst. Dir. of Licensing Director of Education Executive Director
<input checked="" type="checkbox"/> Notice of Decision – Denial of Credential for failure to meet qualifications under RCW 18.130.055(1)(d)	No	Asst, Dir. of Licensing Discipline Case Manager Executive Director
<input checked="" type="checkbox"/> Notice of Required Mental, Physical, or Psychological Evaluation	Yes	Discipline Case Manager Director of Discipline Executive Director

<input checked="" type="checkbox"/> Approval of Credentialing Related Refunds	No	Licensing Supervisor Asst. Dir. of Licensing Director of Discipline Director of Operations Executive Director
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☒ **Disciplinary**

Document	Panel Approval Required?	Board Staff Title(s)
<input checked="" type="checkbox"/> Citation and Notice (for failure to produce records, documents, or other items)	RBM can authorize	Discipline Case Manager Director of Discipline Executive Director
<input checked="" type="checkbox"/> Declaration for Failure to Answer or Appear	No	Discipline Case Manager Director of Discipline Executive Director
<input checked="" type="checkbox"/> Notice of Determination	Yes	Director of Discipline Discipline Case Manager Executive Director
<input checked="" type="checkbox"/> Notice of Opportunity for Settlement and Hearing	No, as long as panel approves SOC	Discipline Case Manager Executive Director Legal Assistant/Paralegal
<input checked="" type="checkbox"/> Statement of Allegations	Yes	Director of Discipline Discipline Case Manager Executive Director
<input checked="" type="checkbox"/> Statement of Charges	Yes	Director of Discipline Discipline Case Manager Executive Director
<input checked="" type="checkbox"/> Subpoenas	No, as long as panel opened the investigation	Director of Discipline Executive Director

☒ **Rules**

Document	Board Approval Required?	Board Staff Title(s)
<input checked="" type="checkbox"/> CR-101	Yes	Executive Director
<input checked="" type="checkbox"/> CR-102	Yes	Executive Director
<input checked="" type="checkbox"/> CR-103	Yes	Executive Director
<input checked="" type="checkbox"/> CR-105	Yes	Executive Director

☒ **Compliance**

Document	Panel Approval Required?	Board Staff Title(s)
<input checked="" type="checkbox"/> Release from Stipulation to Informal Disposition (STID) when all requirements substantially met	RBM can approve	Executive Director
		Compliance Manager

This delegation shall remain in effect until revoked, terminated, or modified. This delegation shall be reviewed and updated biennially.

Dated this. 9th day of May, 2025

Chair

Alison Bradywood DNP, MPH, RN, NEA-BC
Executive Director

H16.04 Form B: Delegation of Decision- Making

I, _____, Chair of the Washington State Board of Nursing (Board), acting upon authorization of the Board under the authority in RCW 18.130.050(8), (9), and (10), delegate and authorize Health Law Judges (HLJs), designated by the Secretary of Health, to act as the Presiding Officer in adjudicative proceedings. This authorization does not allow HLJs to make a final decision in any adjudicative proceeding, unless expressly authorized below. This authorization does not restrict the Board from authorizing an alternate Presiding Officer, such as an Administrative Law Judge, on a case-by-case basis.

☒ **Review Officer of Adjudicative Services Office:**

☒ Serve as decision-maker in administrative review of Initial Orders on Brief Adjudicative Proceedings (review of initial orders)

☒ **Adjudicative Services** (Delegated to presiding officer serving in the Adjudicative Service Unit):

☒ Serve as decision-maker in Brief Adjudicative Proceedings (Initial Orders) for failure to meet qualifications or license issued in error. WAC 246-11-420.

☒ Consistent with RCW 18.130.400, to serve as the decision-maker in response to an ex parte motion for summary suspension in which the respondent is alleged to have violated RCW 18.130.050 (8) (b) (DSHS actions).

☒ Consistent with RCW 18.130.370, to serve as the decision-maker in response to an ex parte motion for summary suspension or restriction of a license in which the respondent is alleged to have violated RCW 18.130.050(8) (a) (out of state, federal or foreign jurisdiction actions).

☐ Consistent with RCW 18.130.170 (2) (b) to serve as the decision-maker in response to a motion for an investigative mental health or physical health examination.

☒ To serve as the final decision-maker in adjudicative proceedings in which a party is in default for failure to submit a request for adjudicative proceeding. This delegation does not include cases charging a violation of RCW 18.130.180(4) (pertaining to standards of practice or where clinical expertise is necessary).

☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (5) (suspension, revocation, or restriction of the respondent's license to practice a health care profession in any state, federal or foreign jurisdiction).

☒ To serve as the final decision-maker in adjudicative proceedings where the Department has brought a motion for noncompliance under WAC 246-11-700.

☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is charged with violation of RCW 18.130.180 (9) (failure to comply with an order issued by the Board or its predecessor).

- ☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (17). (Conviction of a felony or gross misdemeanor related to the practice of his or her profession)
- ☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (24) (verbal or physical abuse of a client or patient).
- ☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (23) (current misuse or alcohol, controlled substances, or legend drugs).
- ☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (6) (diversion or prescribing controlled substances for oneself).
- ☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.170 (mental health or physical health).
- ☐ To approve or deny proposed settlements (in all cases other than those that pertain to standards of practice or where clinical expertise is necessary) that are filed nine (9) calendar days before the scheduled hearing.
- ☐ To serve as the final decision-maker in proceedings related to reinstatement of a license previously suspended, revoked, or restricted by the board or commission.
- ☐ To serve as the final decision-maker in proceedings related to modification of any disciplinary order previously issued by the board or commission.

This delegation remains in effect until revoked, terminated, or modified. To the extent that this delegation conflicts with prior delegations to presiding officers at the Adjudicative Service Unit, this delegation prevails.

Dated this. 9th day of May, 2025

Chair

**H16.04 Form C: Delegation of Decision- Making
(Case Specific Adjudication)**

On [Click here to enter a date.](#) the Washington State Board of Nursing (Board) delegated signature authority for the following activities:

☐ **Legal Services:**

☐ Brief Adjudicative Proceedings for initial order regarding:

Applicant's Name: [Click here to enter text.](#)

Case Number(s): [Click here to enter text.](#)

Docket Number(s): [Click here to enter text.](#)

☐ **Adjudicative Services**, for the final order regarding:

Applicant's Name: [Click here to enter text.](#)

Case Number(s): [Click here to enter text.](#)

Docket Number(s): [Click here to enter text.](#)

This delegation, under RCW 18.130.050 (10), shall remain in effect until the final order is entered, or until revoked, terminated, or modified by the Board.

Dated this [Choose an item.](#) day of [Choose an item.](#), [Choose an item.](#)

Chair

Out of State Travel July 1, 2025 – June 30, 2026				
Title of Event	Dates	Location	Name(s)	Expenses reimbursed by
Federation of Associations of Regulatory Boards (FARB) Innovation In Regulation Conference https://farb.org/home	July 23-26, 2025	Denver, CO		WABON
FARB Regulatory Law Seminar https://farb.org/home	July 23-26, 2025	Denver, CO		WABON
NCSBN NLC Annual Business Meeting	August 12, 2025	Chicago, IL	ED	NCSBN
NCSBN Annual Meeting https://www.ncsbn.org/events.htm	August 12-15, 2025	Chicago, IL	Board Chair & ED	NCSBN
NCSBN NCLEX Conference https://www.ncsbn.org/events.htm	September 10, 2025	Online		WABON
Council on Licensure, Enforcement and Regulation (CLEAR) Annual Meeting https://clearhq.org/	Sept 15-18, 2025	Chicago, IL		WABON
NADDI Western Regional Conference	October 28-31, 2025	New Orleans, LA		WABON
AMERICAN ACADEMY OF NURSING - Health Policy Conference	October 16 - 18, 2025	Washington, DC		WABON
Tri-Regulator Symposium https://www.ncsbn.org/events.htm	March 2026	TBA		WABON
NLC Midyear Meeting	March 16, 2026	Phoenix, AZ	ED	NCSBN
NCSBN Midyear Meeting	March 17-20, 2026	Phoenix, AZ	Board Chair & ED	NCSBN

NCSBN Committees	Dates	Location	Name(s)	Expenses reimbursed by
NCSBN Board of Nursing Investigator Training (BONIT)			Catherine Woodard	NCSBN
NCSBN Awards Committee			Lori Underwood	NCSBN
NCSBN Finance Committee				NCSBN
NCSBN Model Act in Rules			Gerianne Babbo	NCSBN
Not yet scheduled				
NADDI Western Regional Conference	Not yet scheduled for 2026			WABON
NCSBN APRN Roundtable	Not yet scheduled for 2026			WABON
NCSBN IT Operation Conference	Not yet scheduled for 2026			WABON
National Organization of Alternative Programs (NOAP)	Not yet scheduled for 2026			WABON
National Forum of State Nursing Workforce Centers	Not yet scheduled for 2026			WABON
NCSBN Discipline Case Management Summit	Not yet scheduled for 2026			WABON
NCSBN EO Summit	Not yet scheduled for 2026		ED	NCSBN
NCSBN Leadership and Public Policy	Not yet scheduled for 2026			WABON
International Nurses Society on Addictions	Not yet scheduled for 2026			WABON
NCSBN Scientific Symposium	Not yet scheduled for 2026			WABON
CLEAR Winter Symposium & Midyear Meeting	Not yet scheduled for 2026			WABON
Region 10 Advanced Practice Nurses	Not yet scheduled for 2026			WABON
SMART Training (Trauma Informed Interviewing)		No date scheduled		WMC hosting - no charge
Washington Health Care Association/Idaho Healthcare Association Fall Conference		Not scheduled		WABON



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

2026 WABON Hearing Dates

January 7, 2026, Wednesday
January 23, 2026, Friday
February 2, 2026, Monday
February 19, 2026, Thursday
March 4, 2026, Wednesday
March 27, 2026, Friday
April 13, 2026, Monday
April 29, 2026, Wednesday
May 11, 2026, Monday
May 29, 2026, Friday
June 8, 2026, Monday
June 25, 2026, Thursday
July 17, 2026, Friday
July 29, 2026, Wednesday
August 14, 2026, Friday
August 24, 2026, Monday
September 2, 2026, Wednesday
September 17, 2026, Thursday
October 16, 2026, Friday
October 26, 2026, Monday
November 9, 2026, Monday
November 20, 2026, Friday
December 2, 2026, Wednesday
December 14, 2026, Monday

Board Completions ~ Members



Adam Canary

July 2016 – June 2025



Sharon Ness

August 2017-June 2025

Board Completions ~ Pro Tems Members



Mary Baroni

July 2021 – June 2025

Bianca Reis

August 2021 – June 2025

Tracy Rude

July 2021 – June 2025



V. Executive Director Report

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

This report covers the period of July 1, 2023, through March 31, 2025, twenty-one months into the biennium, with three months remaining. The WABON budget is underspent by just over 14% or \$4.7M and the current revenue balance is **(\$329K)**.

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 March slightly outpaced adjusted projections and YTD revenues are **3.6%**, or just over **\$1M** 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. Indirects were finally run but only through FM16. Rates were slightly below estimates, resulting in a slight reduction in overall expenditure. The remaining months will be run in the coming months.

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 6.4% and 20.6% 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.



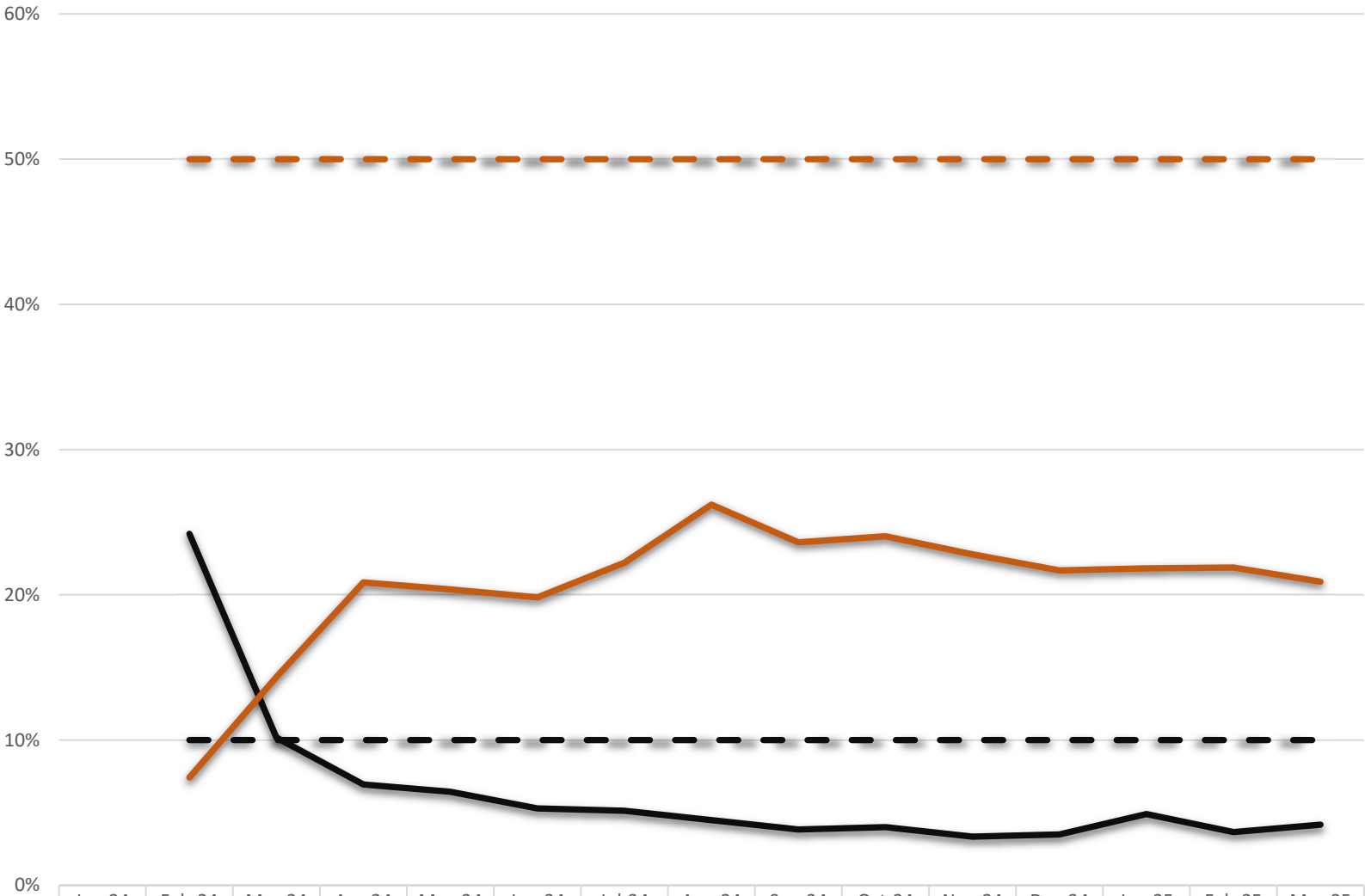
Washington State Board of Nursing
Monthly Expenses for Commission + Staffing, Long Term Care, and Compact Provisos
02G Health Professions Account
 For the period July 1, 2023 through March 31, 2025

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT BTD thru FM18	EXP BTD thru FM18	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	98.87	92.29	78.64	76.71	78.64	78.10	96.49	90.72	5.77	94.02%
Staff Salaries & Benefits	21,796,288	16,798,789	15,816,050	884,693	760,808	884,693	782,413	18,568,175	17,359,271	\$ 1,208,904	93.49%
Commission Salaries	611,112	483,752	414,289	25,472	23,695	25,472	19,313	534,696	457,297	\$ 77,399	85.52%
Goods & Services	890,310	712,061	535,386	32,714	22,077	33,014	7,546	777,789	565,009	\$ 212,780	72.64%
Rent	1,059,195	803,210	414,805	42,870	20,873	42,870	18,891	888,950	454,569	\$ 434,381	51.14%
Attorney General (AG)	1,705,439	1,353,939	1,090,867	70,300	0	70,300	160,565	1,494,539	1,251,432	\$ 243,107	83.73%
Travel	140,664	111,159	98,555	5,901	4,780	5,901	1,259	122,961	104,594	\$ 18,367	85.06%
Equipment	154,134	154,134	135,083	0	890	0	1,857	154,134	137,831	\$ 16,303	89.42%
IT Support & Software Licenses	496,238	373,172	346,403	20,611	36,496	20,611	15,661	414,394	398,561	\$ 15,833	96.18%
TOTAL DIRECT	\$ 26,853,380	\$ 20,790,216	\$ 18,851,439	\$ 1,082,561	\$ 869,620	\$ 1,082,861	\$ 1,007,506	\$ 22,955,638	\$ 20,728,564	\$ 2,227,074	90.30%
SERVICE UNITS:											
FBI Background Checks (TA090)	\$ 767,864	\$ 695,152	\$ 685,200	\$ 14,542	\$ 25,465	\$ 14,542	\$ 28,472	\$ 724,236	\$ 739,137	\$ (14,901)	102.06%
Office of Professional Standards (TA020)	\$ 571,764	\$ 450,821	\$ 276,223	\$ 24,032	\$ 15,025	\$ 24,032	\$ 14,326	\$ 498,885	\$ 305,573	\$ 193,312	61.25%
Adjudication Clerk (TA010)	\$ 346,400	\$ 273,150	\$ 90,331	\$ 14,601	\$ 3,447	\$ 14,699	\$ 3,836	\$ 302,450	\$ 97,615	\$ 204,835	32.27%
HP Investigations (TA040, 070, 100)	\$ 81,092	\$ 71,237	\$ 36,702	\$ 3,387	\$ 1,956	\$ 3,380	\$ 1,787	\$ 78,004	\$ 40,444	\$ 37,560	51.85%
Legal Services (TA140, 150, 210)	\$ 44,864	\$ 42,877	\$ 31,750	\$ 669	\$ 1,448	\$ 538	\$ 1,489	\$ 44,084	\$ 34,687	\$ 9,397	78.68%
Call Center (TA030)	\$ 58,038	\$ 48,590	\$ 54,800	\$ 1,896	\$ 2,823	\$ 1,896	\$ 2,870	\$ 52,382	\$ 60,493	\$ (8,111)	115.48%
Public Disclosure (TA180)	\$ 504,940	\$ 394,596	\$ 292,657	\$ 21,920	\$ 9,718	\$ 21,935	\$ 18,697	\$ 438,451	\$ 321,073	\$ 117,378	73.23%
Revenue Reconciliation (TA200)	\$ 126,343	\$ 114,857	\$ 127,819	\$ 2,294	\$ 6,926	\$ 2,294	\$ 6,712	\$ 119,445	\$ 141,457	\$ (22,012)	118.43%
Online Healthcare Provider Lic - Staff (TA130)	\$ 507,012	\$ 400,116	\$ 271,219	\$ 21,379	\$ 2,769	\$ 21,379	\$ 5,982	\$ 442,874	\$ 279,970	\$ 162,904	63.22%
Online Healthcare Provider Lic - Contract (TE8000)	\$ 289,734	\$ 142,850	\$ 71,425	\$ 146,884	\$ -	\$ -	\$ -	\$ 289,734	\$ 71,425	\$ 218,309	0.00%
Suicide Assessment Study (TA120)	\$ 30,927	\$ 24,387	\$ -	\$ 1,308	\$ -	\$ 1,308	\$ -	\$ 27,003	\$ -	\$ 27,003	0.00%
TOTAL SERVICE UNITS	\$ 3,328,978	\$ 2,658,633	\$ 1,938,127	\$ 252,912	\$ 69,577	\$ 106,003	\$ 84,171	\$ 3,017,548	\$ 2,091,875	\$ 925,673	69.32%
INDIRECT CHARGES:											
Agency Indirects	\$ 5,071,253	\$ 3,935,992	\$ 3,390,931	\$ 225,167	\$ 154,028	\$ 200,344	\$ 193,786	\$ 4,361,502	\$ 3,738,746	\$ 622,757	85.72%
HSQA Division Indirects	\$ 3,389,052	\$ 2,630,135	\$ 1,812,395	\$ 150,524	\$ 82,368	\$ 133,923	\$ 95,740	\$ 2,914,582	\$ 1,990,503	\$ 924,079	68.29%
TOTAL INDIRECTS	\$ 8,460,306	\$ 6,566,127	\$ 5,203,326	\$ 375,691	\$ 236,396	\$ 334,266	\$ 289,526	\$ 7,276,084	\$ 5,729,248	\$ 1,546,836	78.74%
GRAND TOTAL	\$ 38,642,664	\$ 30,014,976	\$ 25,992,892	\$ 1,711,164	\$ 1,175,593	\$ 1,523,130	\$ 1,381,203	\$ 33,249,270	\$ 28,549,687	\$ 4,699,583	85.87%

NURSING REVENUE

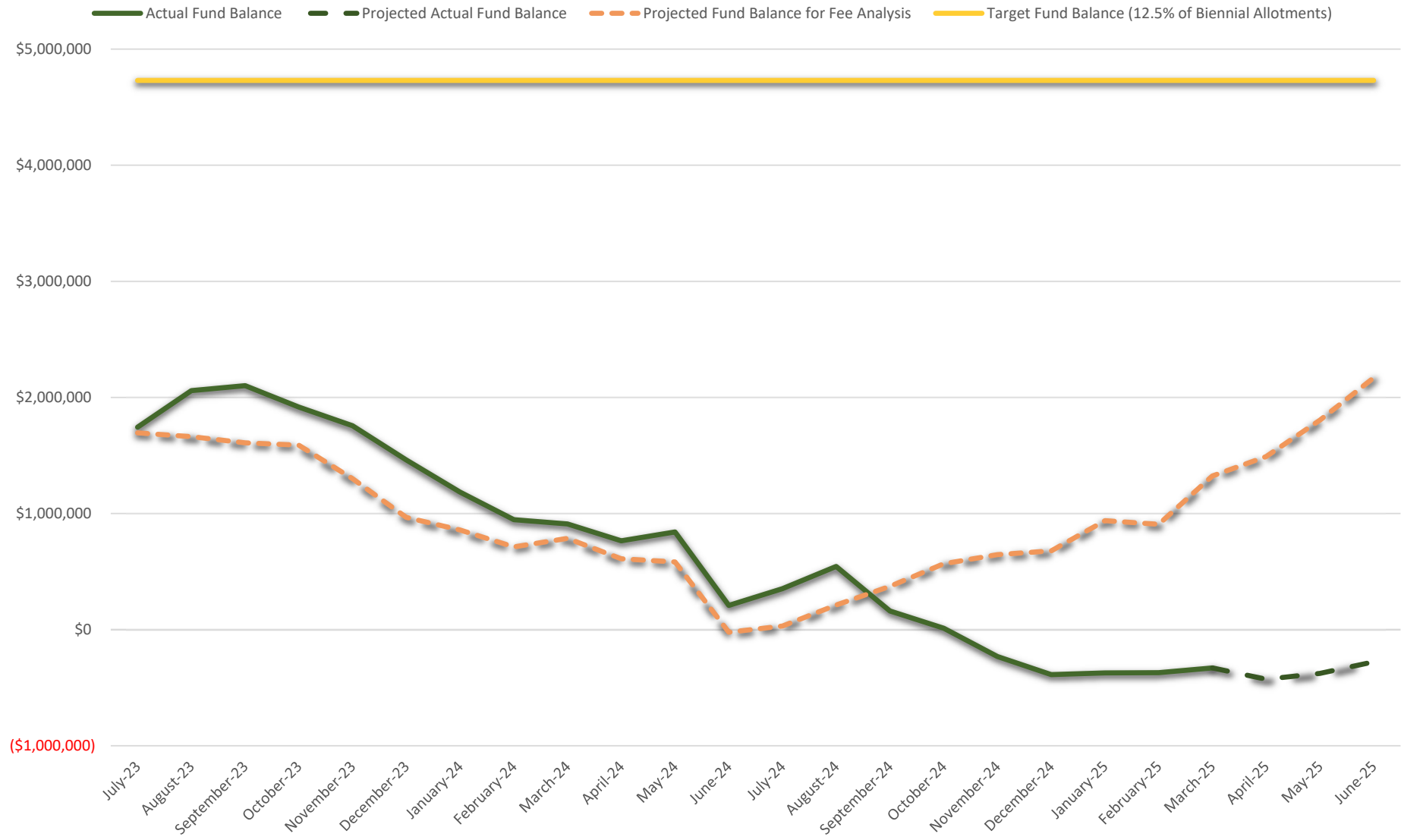
BEGINNING REVENUE BALANCE	\$ 1,659,304
21-23 REVENUE TO-DATE	\$ 27,340,768
21-23 HELMS ASSESS. TO-DATE	\$ 779,532
21-23 EXPENDITURES TO-DATE	\$ 28,549,687
ENDING REVENUE BALANCE	\$ (329,147)

MSL Conversion/Issuance Rates

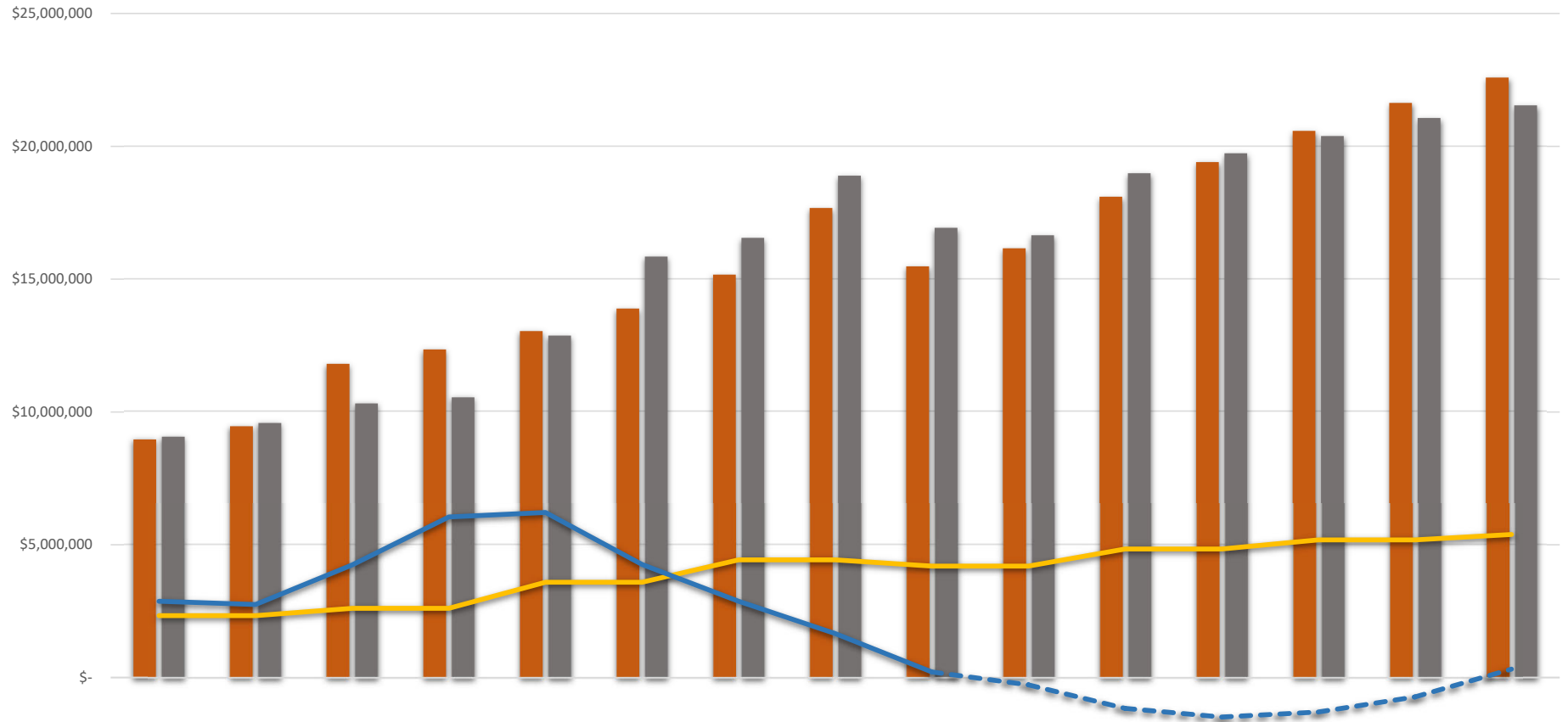


	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Target Conversion Rate (10%)		10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Conversion Rate		24.2%	10.2%	6.9%	6.4%	5.3%	5.1%	4.5%	3.8%	4.0%	3.3%	3.5%	4.9%	3.7%	4.2%
MSL Issuance Rate		7.4%	14.3%	20.9%	20.4%	19.8%	22.2%	26.2%	23.6%	24.0%	22.8%	21.7%	21.8%	21.9%	20.9%
Target MSL Issuance Rate (50%)		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

23-25 WABON Fund Balance Through FM21 + 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	16,163,892	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	16,933,144	16,650,466	18,986,709	19,738,902	20,390,032	21,070,501	21,544,182
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	4,197,951	4,197,951	4,840,701	4,840,701	5,182,567	5,182,567	5,386,046
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	210,510	(276,064)	(1,158,138)	(1,487,519)	(1,295,822)	(728,529)	319,277

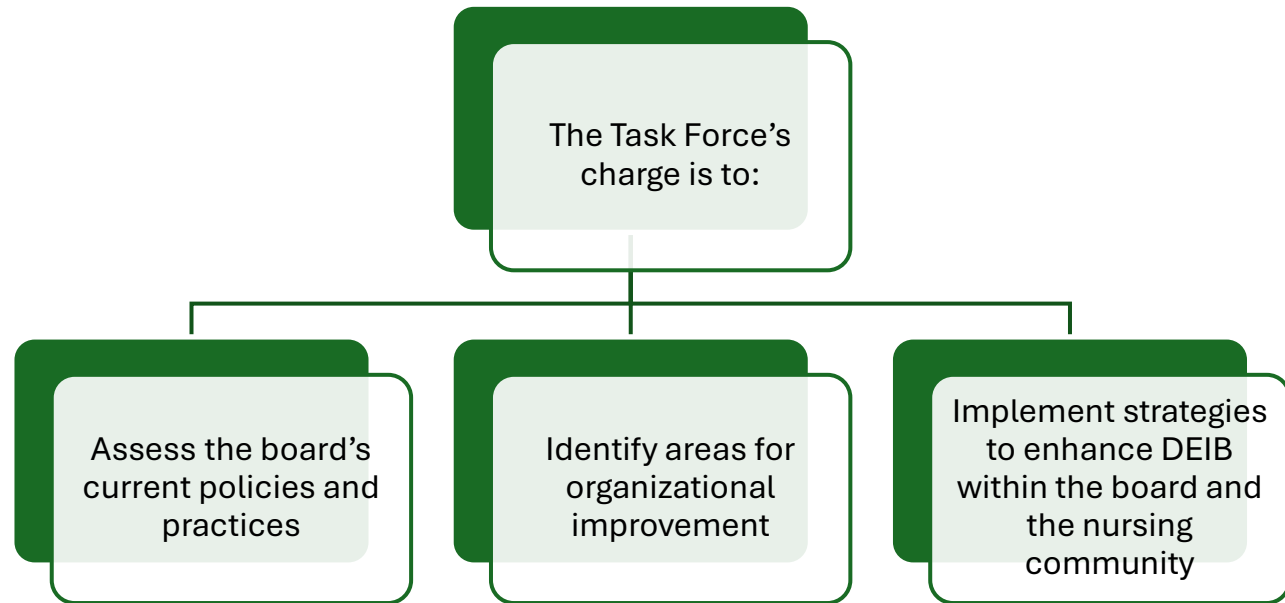


DEIB STRATEGIC PLAN UPDATE

May 9, 2025

WABON Business Meeting
May 9, 2025

DEIB Task Force



Board Members

- ❖ Jacob Garcia
- ❖ MaiKia Moua
- ❖ Norma Perez
- ❖ Heleena Hufnagel

Staff

- ❖ Alison Bradywood
- ❖ Anthony Partridge
- ❖ Jessilyn Dagum
- ❖ Reuben Argel
- ❖ Sandra Graham
- ❖ Eunice Muriu
- ❖ Marlin Galiano
- ❖ Lohitvenkatesh Oswal

Strategic Focus



**Policy Development
and Integration**



**Community and
Stakeholder Engagement**

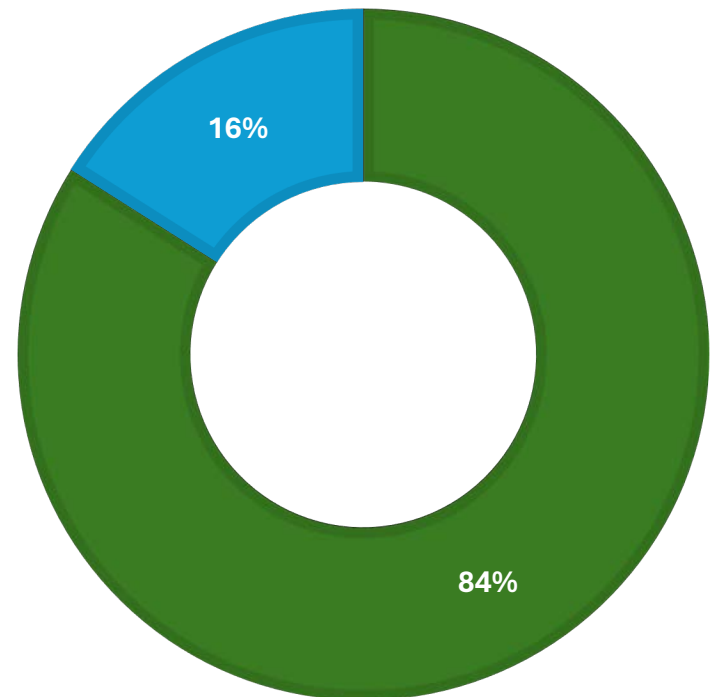


**Data, Research,
and Evaluation**

2024-25 DEIB Work Plan

■ Completed ■ In Progress ■ Planned

Status	Count
Completed	21
In progress	4
Grand Total	25



Direct Expenditure

- \$17,000 for DEIB Task Force meetings (2024-2025)
- Supports structured planning, engagement, and accountability

Embedded Work

- Many DEIB efforts are not stand-alone initiatives
- This work is foundational and embedded into our daily operations

Next Steps

- Continue to operationalize DEIB principles and concepts throughout our processes
- Develop diverse partnerships and engage with the community
- Prioritize progress towards meaningful goals

Questions?

Website Analytics Report – WABON

Quarter 1 of 2025

Executive Summary

In the first quarter of 2025, the Washington State Board of Nursing (WABON) website received a total of 181,551 users with an average engagement time of 1 minute and 53 seconds. The majority of users arrived at the website through organic search (58.2%), followed by direct traffic (38.5%), and then referral (9.0%). The top visited pages were the Verify or Check License Status page, the Home page, and the Apply for a License page.

Introduction

This report includes an overview of the WABON website performance during Q1 2024, including sources of traffic, top-performing pages, session details, and more.

Methodology

Data in this report was collected through Google Analytics, and includes all website traffic during the first quarter of 2024, from January 1st, 2025 through March 31st, 2025. Comparisons were made using data from Q4 of 2024, from the time period October 1st, 2024 through December 31st, 2024.

Results

Key Findings

1. **Total Visits:** The WABON website had 320,978 total sessions during Q1 of 2025, which is a decrease of 10.6% from the previous period, Q4 of 2024.
2. **Engagement Rate:** Of these 320,978 sessions in Q1 of 2025, 206,223 were considered “engaged sessions”, meaning that the sessions lasted longer than 10 seconds, or the user visited 2 or more pages during their session. The website therefore had an engagement rate of 64.25%, an increase of 3.0% from the previous period.
3. **Active Visitors:** The WABON website had 181,551 active users during Q1 of 2025. This is a decrease of 24.23% from the previous period, Q4 of 2024.
4. **New Visitors:** The WABON website had 164,261 new visitors during Q1 of 2025. This is a decrease of 25.6% from the previous period, Q4 of 2024.
5. **Page views:** The website recorded 679,633 total page views during the Q1 of 2025, representing a decrease of 19.2% from the previous period.
6. **Bounce Rate:** The website had a bounce rate of 35.8% during Q1 of 2024, a decrease of 5.0% from the previous period. Bounce rate indicates the number of sessions that were not engaged sessions.

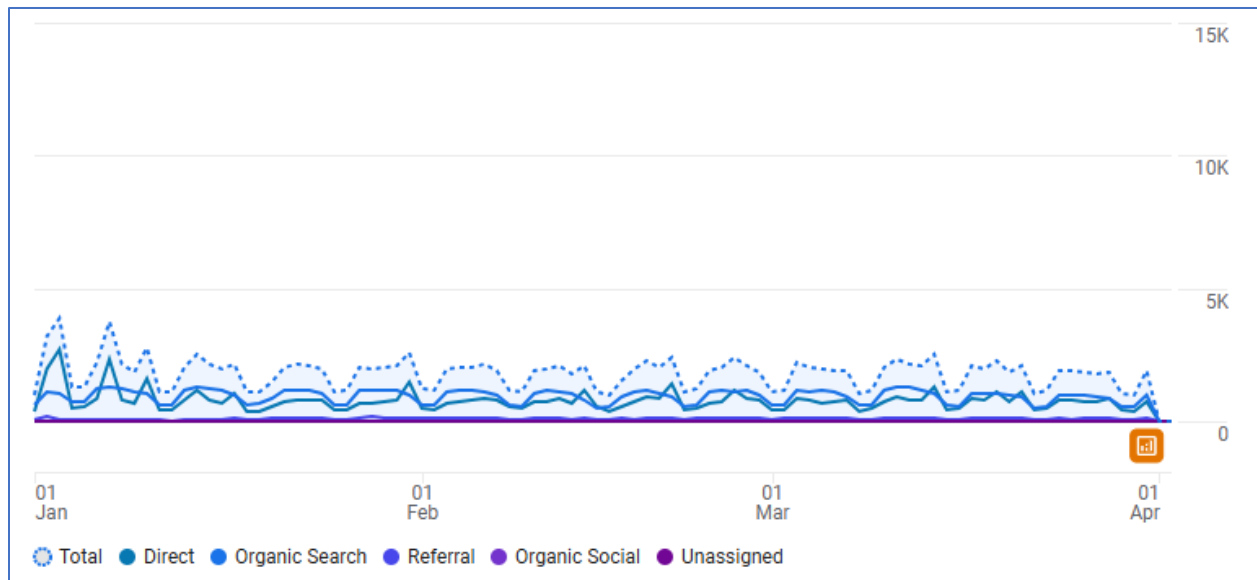


Figure 1. New Users by Traffic Source Over Time in Q1 of 2025

Pages

The most popular pages on the website during the period were:

1. **Verify a License:** 128,190 page views, an increase from the period before.
2. **Home:** 71,614 page views, a decrease of 20.6% from the previous quarter.
3. **Apply for a License:** 51,991 page views, an increase of 55.5% from the period before.
3. **Renew or Reactivate License:** 50,055 page views, a decrease of 33.7% from the period before.
4. **Washington State Nurse Licensing:** 24,801 page views, an increase of 75.6% from the period before.

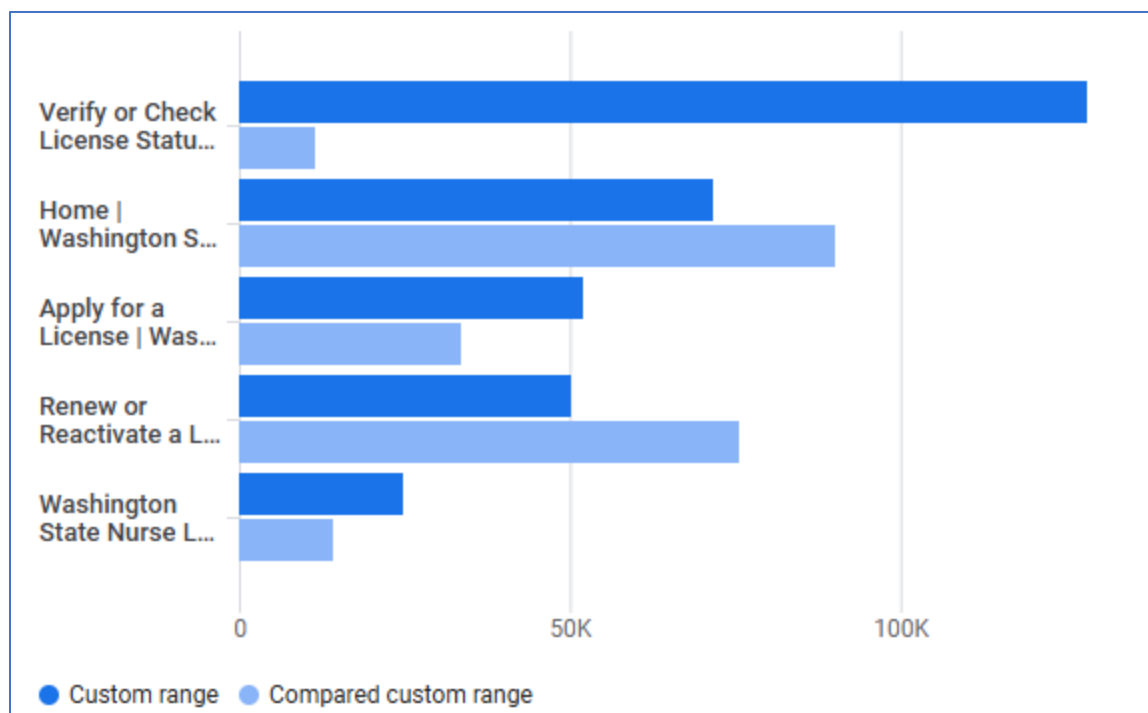


Figure 2. Total Views of Top Pages during Q1 of 2025 compared to Q4 of 2024

Traffic Sources

The majority of traffic during Q1 of 2025 came from the following sources:

1. **Organic Search:** 187,000 visits, an increase of 10.9% from the period before. This accounted for 58.2% of all sessions.
2. **Direct:** 104,000 visits, a decrease of 36.6% from the period before. This accounted for 32.5% of all sessions.
3. **Referral:** 29,000 visits, an increase of 21.2% from the period before. This accounted for 9.0% of all sessions.

Figure 3. Total Users by Source of Traffic During Q1 of 2025 Compared to Q4 2024

Users and User Behavior

During the previous quarter of 2024, WABON website users were most commonly from the following countries:

1. **United States:** 181,551 users, a decrease of 24.2% from the period prior.
2. **Canada:** 3,169 users, a decrease of 4.8% from the period prior.
3. **Philippines:** 1,049 users, an increase of 9.2% from the period prior.

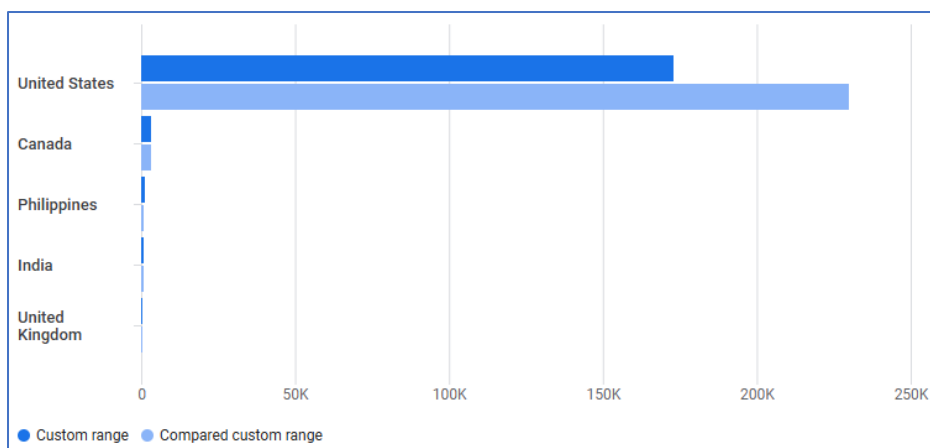


Figure 4. Total Users by Country During Q1 of 2025 Compared to Q4 2024

Users were most commonly from the following cities:

1. **Seattle:** 48,888 users, an increase of 7.2% from the period prior.
2. **San Jose:** 4,833 users, a decrease of 55.2% from the period prior.
3. **Tacoma:** 4,355 users, an increase of 2.0% from the period prior.

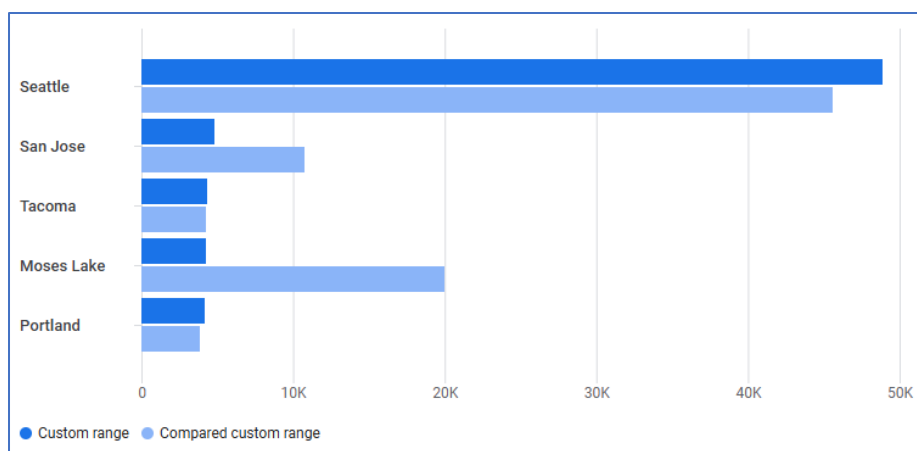


Figure 5. Total Users by City During Q1 of 2025 Compared to Q4 2024

User behavior on the website during Q1 of 2025 was as follows:

1. **Average Engagement Time:** The average engagement time was 1 minute and 53 seconds, an increase of 34.6% from Q4 of 2024.
2. **Pages per Session:** The average number of pages viewed during a user's session was 3.74 pages, an increase of 6.6% from Q4 of 2024.

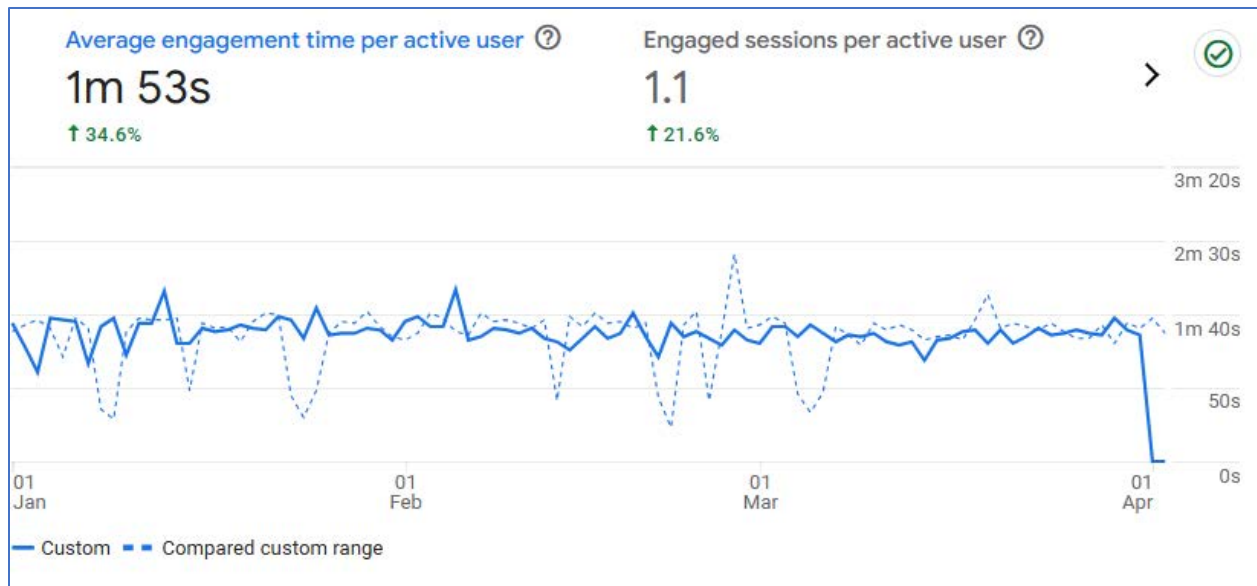


Figure 6. Average Engagement Time in Q1 of 2025 Compared to Q4

Users visited the website by using the following devices in the previous quarter of 2024:

1. **Desktop:** 114,657 users used a desktop to access the website, a decrease of 33.5% since the previous quarter. This accounted for 62.4% of all users.
2. **Mobile:** 67,564 users used a mobile device to access the website, an increase of 3.7% since the previous quarter. This accounted for 36.8% of all users.
3. **Tablet:** 1,624 users used a tablet to access the website, an increase of 4.3% since the previous quarter. This accounted for 0.9% of all users.

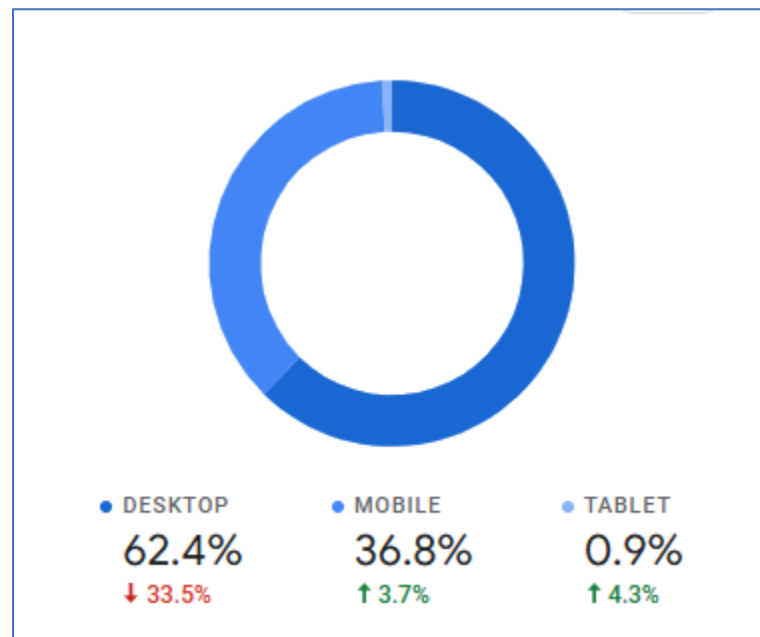


Figure 7. Breakdown of Total Users by Operating Device During Q1 of 2025

Conclusions

Similar to last quarter, we again saw decreases in most measures, with declines in the number of users and the total number of pages viewed in Q1 of 2025 as compared to Q4 of 2024.

We saw decreases in page views, sessions started, and the number of visitors. Engagement rate and average engagement time again increased however, so users who came to the website were more likely to engage with the website and spent slightly more time on the website. This means that even though less users are visiting the website, those that do engage more time than they had been last quarter. The Apply for a License webpage saw a sizable increase in the number of visitors as well, climbing 55% from the period prior.

GovDelivery Performance: Bulletin Report Analytics

Compiled April 21st, 2025

Data Range: January 1st, 2025 through March 31st, 2025

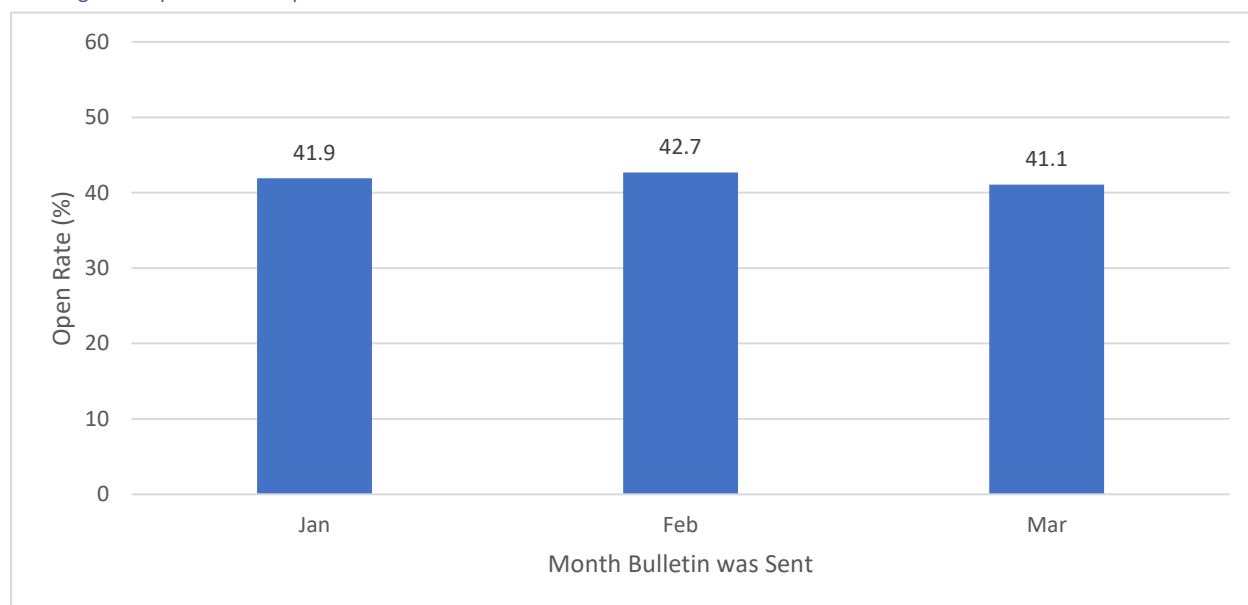
Summary

Data is collected by GovDelivery on all bulletins sent out. This report compiles some of that data from the date range: January 1st, 2025 through March 31st, 2025. The data shows that email open rate was the highest in February, and the highest for the Legislation and Rules category. Meetings and Hearing Announcements had the highest number of total opens, and the bulletin “Credentialing Freeze in February, Apply or Renew in January!” had the most total opens.

Highest Viewed Bulletins

Bulletin Subject	Total Opens
Credentialing Freeze in February, Apply or Renew in January!	253,009
February Credentialing Freeze - licensing and credentialing systems will be unavailable	251,188
Update on HELMS - Go-Live Timeline	231,199
CR-103 Permanent Rule Announcement	67,321
Join the Board!	65,705

Average Unique Email Open Rate

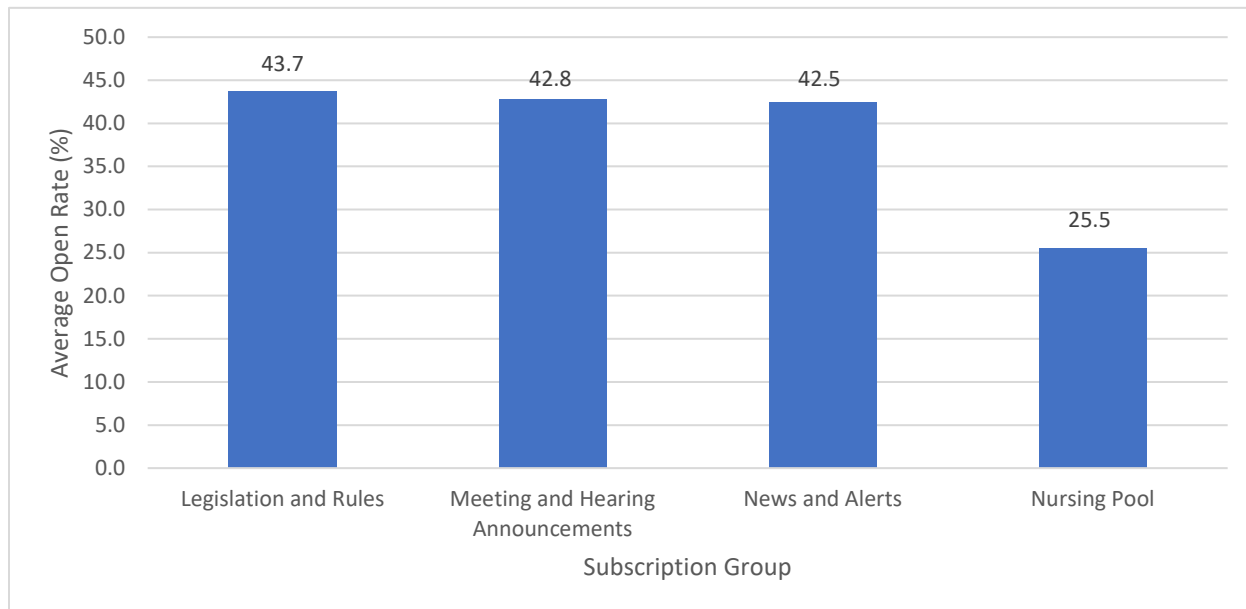


Total Opens by Month and Subscription Group

Subscription Group	October	November	December	All Quarter
Legislation and Rules	253,223	256,541	119,962	629,726
Meeting and Hearing Announcements	1,146,441	537,312	395,543	2,079,296
News and Alerts	383,660	493,052	351,725	1,228,437

Nursing Pool	4,517	2,260		6,777
Trainings, Conferences, and Events				
Grand Total	1,787,841	1,289,165	867,230	3,944,236

Average Unique Email Open Rate by Subscription Group in the Last Quarter





WHPS Post-Completion Survey Results

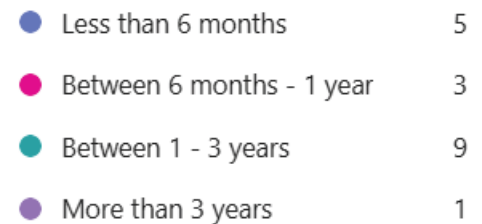
May 2025



With the help of pro-tem board member and former WHPS graduate Allison Wood, WHPS and WRAMP staff developed a short, anonymous survey and sent it to 100 WHPS participants who successfully completed the program between January 2023 and December 2024. The survey's purpose was to obtain information focused on areas of established support and potential improvement for future participants. We received 18 responses, all with thoughtful comments from the participants. A sampling of those comments is included below.

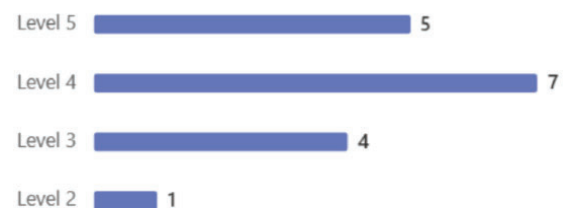
Question #1: How long has it been since you completed WHPS?

Exactly half of the 18 responders indicated that they had completed WHPS within the past one to three years. Eight finished the program less than one year ago. The outlier is most likely an individual who completed the program multiple times.

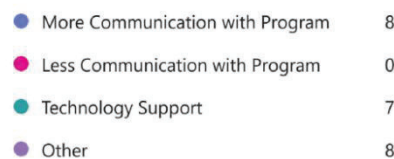


Question # 2: Overall, rate your experience with the WHPS program as a whole.

The average rating was 3.8, with 66.7% at 4 or above on a five-point scale.



Question #3: Thinking back to when you first entered the program, is there anything that could have better supported your experience? Please choose all that apply. If you have additional thoughts on this, please use the space provided in the "Other" option.

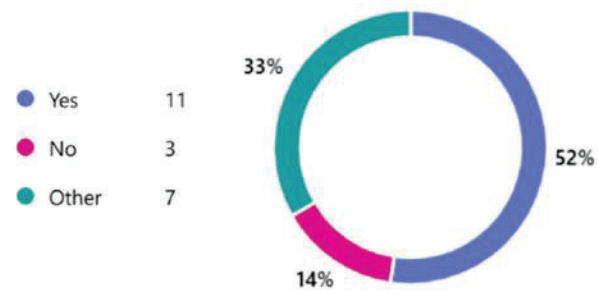


Responses overwhelmingly indicate that more initial communication and increased technical support would be beneficial. To improve this, WHPS implemented a mentoring program in 2024 to pair experienced participants with nurses new to the program. Most recently, WHPS began a partnership with students from the UW School of Nursing on a work project to redesign the WHPS participant handbook with visuals to make it more user friendly and to highlight the impact of the recovery curve.

The experience was very lonely in the beginning, and it would have been helpful to have had a mentor that was already in the program.

There's so much fear and anxiety in this stage coupled with the mind and body in repair mode from separation of substance it's not ever gonna feel good. There's enough support in my opinion but it was just a bad and tenuous period of time for me. Everyone's experience is different of course. I knew I needed to be there, I wanted the oversight and the help even if it was difficult. I knew I needed that. My observation of peers in the program was that not everyone felt that being in the program was warranted and that definitely affected their experience.

Question #4: During the transition period prior to completing the program, did the support and/or resources provided help set you up for success in maintaining recovery and sobriety after exiting the program? If you have additional thoughts on this, please use the space provided in the “Other” option.

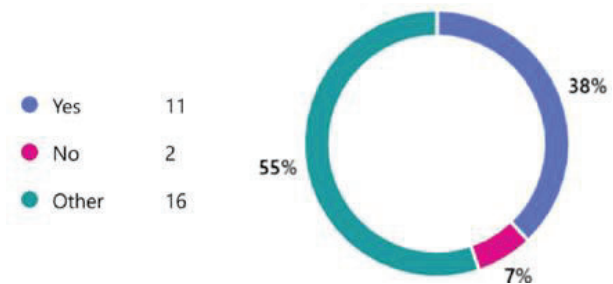


Some nurses said that by this time in their sobriety they had their own support system or program in place, and a common theme was the helpfulness of both WHPS-sponsored Peer Support Group (PSG) and sober support meetings. Participants saw the transition and graduation applications as stressful. For participants who do not shift to a transitional contract, the shift from “full monitoring” to “no monitoring” was a huge change that they felt did not set them up for success.

I already had my support system in place when I started WHPS. The weekly meetings with facilitator were extremely supportive.

Participants who have an incidence of non-compliance are not given a transition contract...I don't think it's setting a participant up for success to go from full monitoring to graduation with zero monitoring. Every participant should be given a transition contract. Transition contracts could also include weekly check-ins for long detection testing.

Question #5: Thinking back to when you completed the program, is there anything that stands out that you feel is important to mention? If yes, please use the space provided in the “Other” option to share. (i.e. How much impact did your case manager have on your success? What are your thoughts on Sober Support meetings, PSG attendance, etc.?)



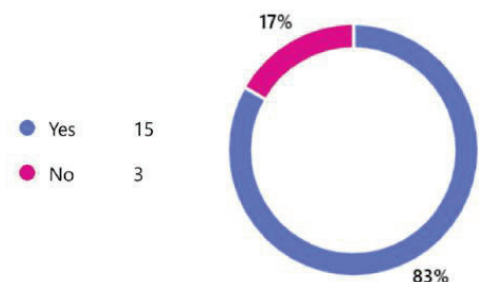
Comments included meeting frequency, case manager support, the fairness of program requirements, and the overall structure of the program. Many also expressed a desire for more personalized support and a more flexible approach for those who have shown long-term compliance.

I understand that people sometimes try to play the system but there are also legitimate excuses....We are not all criminals nor do we try to play the system. It should be more personalized based on compliance and communication.

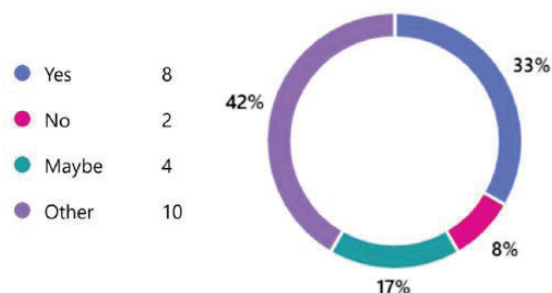
Boy, WHPs was hard on me initially! But I needed that. I had completely lost my way and couldn't Make a good decision to save my life! I needed to be told what to do. WHPs held me accountable.

Question #6: Do you feel participating in the program did more for you than “just” allow you to keep your license?

More than 80% of participants felt the program was beneficial for more than license retention. This was a yes/no question but perhaps for future data collection there should be an option to allow expanded explanations of participant answers.



Question #7: Do you feel that more nursing presence would support the WHPS experience? (i.e. Having a nurse as a case manager, or in a support role?) Please use the space provided in the “Other” option to share any thoughts on this.



Participants felt that a nurse's perspective could provide more understanding and empathy in the program, but opinions varied on whether case managers need to be nurses. Some noted concerns about the program's perceived punitive nature. The overall lack of clarity about the program's voluntary option was also mentioned.

A non-nurse case manager doesn't know the challenges of being a nurse. More nurses working in the program seems basic but that's not how it works. And bringing in a person whose background is in law enforcement into the top position reeks of discipline, not recovery.

I do not think a nurse in case manager role is necessary. None of my case managers/peer group facilitators were nurses and they were extremely effective and excelled in their roles.

Nurses understand the daily struggles we face. Addiction in health care isn't always black and white.

I think the characteristics of the individual matters more than the initials after their name. I'd take a firm, but supportive and caring non-nurse case manager than a nurse case manager that lacks these characteristics.

Question #8: Please provide any information you feel would be helpful in improving the experience for future participants.

A sampling of the responses...

I would not have been able to get my license back without this program. AA or NA are great, but it would be nice to have a meeting geared toward medical professionals as well. I am forever grateful for WHPS.

I'm lucky that I wanted to be sober and did what it took to get and stay sober. I think there are ways to help healthcare workers struggling but the current structure is not the way.

Overall, WHPS provides guidance and support in maintaining licenses and remaining in the field of practice. It also provides support in the early stages of recovery. However, WHPS is an institution that has to adhere to general recommendations...participants should not be thinking that if they are compliant with WHPS guidelines, they are in recovery.

It would be helpful to have a discussion of what happens after relapse. So many nurses in WHPS go through relapse and are terrified to let the case managers know, because they have no idea what will happen next - will they be reported to the board, will they lose their license, will they lose their job... I wish these discussions happened prior to relapse with hopes that nurses self-report, rather than waiting to be caught out of fear of unknown.

The structure is needed and understandable, however there can still be success with softness, meaning I don't always think the program meets people where they are. Overall, I think the program helped me to continue a life of sobriety and continue to work doing something that is truly meaningful to me.

Please know that the hard boundaries were so necessary for me to succeed. WHPs provided that. Again, the program taught me how to start following rules again. Living life on life's terms.

OPERATION NIGHTINGALE

Recent FBI List

Open complaints on nurses who attended newest fraudulent schools

01

LPN Cases

Open complaints on nurses who attended fraudulent LPN schools based on newest FBI info

03

PTP Suspension

If new unprofessional conduct and aware the nurse went to fraudulent school – loss of privilege in WA

05

02

Revisit Closed Complaints

Using recent FBI lists, identify previously closed cases and open complaint

Flags on License

Flag any nurse applying for licensure from newest FBI lists; forward as exception application

04

06

Share with PSOR

Share the complaint information with the nurse's home state for potential action



VI.

Subcommittee

Report

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

Title:	Advisory Opinion Procedure	Number:	F03.06
Reference:	34.05 RCW Administrative Procedure Act WAC 246-840-800 Scope of Practice-Advisory Opinions Tribal Public Health: Washington State Department of Health		
Author:	Deborah Carlson, MSN, BSEd, PMC, CPM, RN Director of Nursing Practice Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	Date for Review:	May 9, 2027
Supersedes:	F03.05 - Advisory Opinion Procedure F01.02 Development, Rescinding and Archiving Interpretive Statements, F03.04 - Nursing Practice Advisory Opinions, Interpretive Statements, Policy Statements, and Declaratory Orders, July 10, 2015 F03.03 - Nursing Practice Advisory Opinions, Interpretive Statements, Policy Statements, and Declaratory Orders F03.02 - Request for Interpretive Statement, Consistent Standards of Practice Sub-Committee Responsibilities and Actions, May 11, 2012 F03.01 - Advisory Opinions, Policy Statements, and Declaratory Orders, May 11, 2012		
Approved:			
	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

This procedure describes the process of adopting and rescinding a nursing scope of practice advisory opinion. The Washington State Board of Nursing (Board) has authority to issue advisory opinions in response to questions from advanced registered nurse practitioners (ARNPs), registered nurses (RNs), licensed practical nurses (LPNs), nurse technicians (NTs), and nursing assistants-registered/nursing assistants-certified (NA-R/NA-C) concerning the authority of various categories of nursing practitioners to perform particular acts ([RCW 18.79.110](#)). The Board may issue or decline to issue an advisory opinion.

DEFINITIONS:

- Advisory Opinion – “A written opinion in response to questions concerning the authority of various categories of nursing practitioners to perform particular acts” [RCW 18.79.110](#).
- Lead Author – Staff member appointed to provide overall coordination and develop a draft advisory opinion for the Board’s review and approval.

PROCEDURE:

I. Advisory Opinion Request Process

- A.** The requestor may submit an Advisory Opinion Request for a response from the Board. Requests may come from Board staff, Board subcommittees, nurses, professional organizations, tribes, public or private agencies, or other partners and interested parties.
1. The Director of Advanced Practice (or appointed lead author) provides overall coordination of requests for ARNP scope of practice Advisory Opinions.
 2. The Director of Nursing Practice (or appointed lead author) provides overall coordination of requests for RN, LPN, NT, and NA-R/NA-C scope of practice Advisory Opinions.
 3. The lead author:
 - a) Instructs the requestor to submit the [WABON Nursing Practice Advisory Opinion Request Form](#).
 - b) Reviews the written [WABON Nursing Practice Advisory Opinion Request Form](#) to determine completeness and clarity.
 - c) Saves the [WABON Nursing Practice Advisory Opinion Request Form](#) and related documents in the appropriate SharePoint Subcommittee folder.
 - d) Notifies the requestor of receipt of the request and asks for additional information and clarification if needed.
 - e) Conducts additional review, synthesis, and analysis specific to the request (as appropriate).
 - f) The author saves the summary in the appropriate SharePoint Subcommittee Folder.
 - g) The author submits the request to the appropriate Subcommittee to initiate the Board Advisory Opinion Request process:
 - i. Advanced Practice Subcommittee (APSC); or
 - ii. Consistent Standards of Practice Subcommittee (CSPSC)
 - h) The Subcommittee makes recommendations to the Board considering the following:
 - i. Questions or controversy related to nursing scope of practice.

- ii. Changes in technology related to the nursing scope of practice.
 - iii. Legislation or regulatory changes related to nursing scope of practice.
 - iv. Practice safety concerns or issues.
4. The Board approves, rejects, and/or asks for further clarification.
 5. The lead author notifies the requestor of action taken based on direction from the Board.
 6. Processing begins upon submission, allowing for prompt responses based on priority levels and resource allocation.

B. Communication Plan

1. The lead author collaborates with the Communications Team to develop a communication plan once the request to develop an Advisory Opinion is approved by the Board.
2. Partners/Interested Party Participation:
The Lead author:
 - a) Identifies and creates a list of internal and external partners/interested parties, and Subject Matter Experts (SME) in coordination with administrative staff.
 - b) Facilitates communication with partners, interested parties subcommittee meetings, workshops, and informal methods (such as emails), and other opportunities for participation.
 - c) Follows the Washington State Department Consultation and Collaboration Procedure to communicate with tribal public health partners.
 - d) Follows the Local Health Jurisdiction (LHJ) policies and procedures to communicate with LHJs: [Local Health Jurisdiction Engagement](#).
3. Advisory Opinion Workshops
 - a) Interested Party Workshops may be held to allow participation from the public, key partners, and interested parties to provide input, suggestions, and concerns. See the [Interested Parties Analysis Instructions.docx](#) for guidelines.
 - b) See the [WABON New Rulemaking-Project Scoping Form](#) as a guide to outline the request's scope and communication strategy.
 - c) The author schedules a minimum of two virtual Advisory Opinion workshops in coordination with assigned staff.
 - d) The author or assigned staff will create an [Advisory Opinion Workshop Workbook](#) to include draft proposed language and record questions, comments, or suggestions.
 - e) The author and assigned staff work together to develop the Advisory Opinion Workshop PowerPoint presentation using the [WABON PowerPoint Template](#) to include:
 - i. Overview of the purpose and process of Advisory Opinions.

- ii. Background of the Advisory Opinion request.
- f) The author and assigned staff will present draft proposed language and record questions, comments, and/or suggestions.
- g) The author and assigned staff will present information and respond to questions, comments, and suggestions during the Advisory Opinion Workshops. Staff will also provide technical assistance.
- h) A debrief meeting with the policy and communication team occurs after the workshop (30 minutes).
- 4. Once the Board approves the Advisory Opinion the author distributes the approved statement according to established communication policies and procedures:
 - a) Remove the “draft” watermark and save the document in the SharePoint Subcommittee folder:
 - b) Send the final document to the Communications Specialist to send out on the GovDel distribution list and post on the appropriate Board website.
 - c) Send the final document to the assigned Administrative Assistant to post on the Advisory Opinion Tracking system in the SharePoint Guidance Document Library.
 - d) Send the final document to the requestor and key partners and interested parties.

II. Advisory Opinion Drafting Process

- A. Once approval is obtained by the Board to develop an advisory opinion, the lead author initiates drafting of the advisory opinion using the [Advisory Opinion Template](#) and “Draft” watermark, using [Plain Talk Readability Standards](#), including the following components:
 - 1. Background and description of the request.
 - 2. Legal analysis applicable to the scope of practice subject.
 - 3. Existing literature and/or evidence-based research applicable to the scope of practice subject.
 - 4. Information on Scope and Standards of Practice issued by the appropriate nationally recognized professional organizations.
 - 5. Decision-making framework for determining whether a specific task, intervention, or activity is within the nursing scope of practice.
 - 6. Requirements, recommendations, and conclusions.
- B. The Author reviews the advisory opinion request and conducts research using the best available evidence-based practices.
- C. The author initiates an internal review process with the following participants using SharePoint - See the [F03.06 attachment WABON AO Process - Flow Chart.pptx](#) that includes review points.
 - 1. Executive Director
 - 2. Assigned staff or subject matter expert (SME)
 - 3. Assistant Director of Policy
 - 4. Assistant Attorney General
 - 5. Assigned Subcommittee Legal Counsel
 - 6. Nursing Practice Director

- D. The author saves the draft and related documents on the SharePoint Subcommittee folder.
- E. The author tracks, edits, makes suggestions, or comments and saves in the SharePoint Subcommittee Folder. Other staff will make any recommended changes using the document in SharePoint.
- F. The author consults with the subcommittee's assigned legal counsel and/or AAG, as necessary.
- G. Final Review:
 - 1. The author initiates a final review by the Board's Executive Director, assigned staff or SME, Assistant Director of Policy, and subcommittee staff attorney, and other assigned Practice staff prior to sending the final draft to the AAG.
- H. The author completes edits and adds the final draft of the Advisory Opinion to the agenda and packet of the appropriate subcommittee.
- I. The subcommittee accepts or makes edits to the draft:
 - 1. The author makes recommended edits (substantial edits may require additional research, partner and interested party input, taskforce or workgroup participation, and AAG review).
- J. The subcommittee reaches a consensus that the draft is ready for the Board's consideration:
 - 1. The author processes the request for the Board's approval.
- K. The Board approves, amends, or rejects the opinion:
 - 1. The author follows up as instructed by the Board.
 - 2. The author notifies the requestor of action(s) taken.

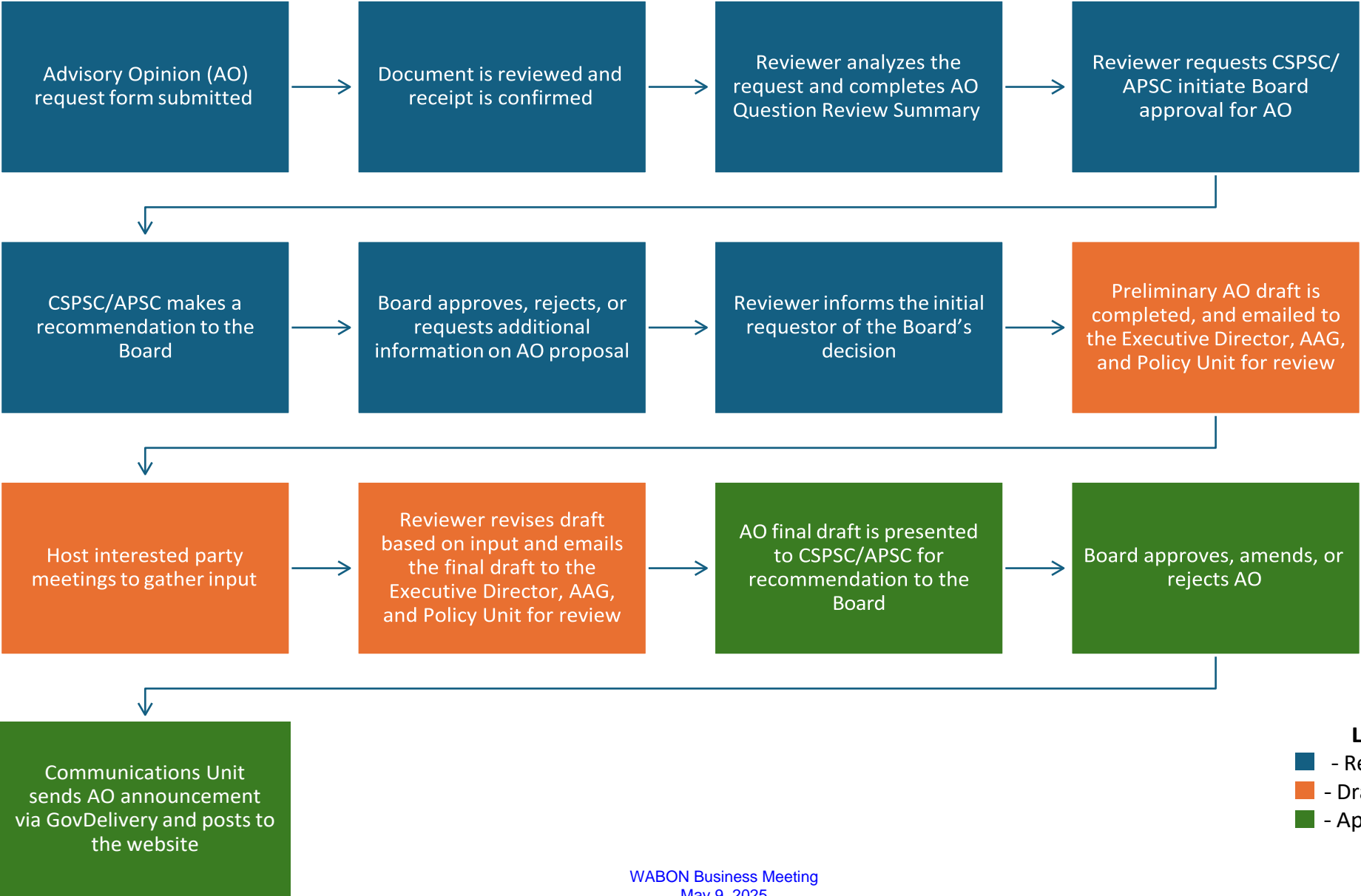
III. Document Tracking System and Public Communication

- A. The final approved Advisory Opinions and working documents will be maintained on the Board's Nursing Practice SharePoint Library site.
- B. The final approved Advisory Opinions will be posted to the Washington State Board of Nursing (WABON) website.

IV. Reviewing, Rescinding, and Archiving Process

- A. The appropriate subcommittee reviews advisory opinions at least every five years, or more often as appropriate, and makes recommendations to the Board.
- B. The author follows the drafting, subcommittee, approval, and communication processes, outlined in this procedure.
- C. Rescinded Advisory Opinions and related documents will be saved in an Archive Folder on SharePoint.

Advisory Opinion (AO) Process – RCW 18.79.110



- Legend**
- Review Process
 - Drafting Process
 - Approval Process

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

An advisory opinion adopted by the Nursing Care Quality Assurance Commission (NCQAC) is an official opinion about safe nursing practice (WAC 246-840-800). The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and require different expectations to assure their patients' safety and decrease risk.

<i>Title:</i>	Nursing Telehealth Practice: Registered Nurse, Licensed Practical Nurse, Nursing Technician, and Nursing Assistant	<i>Number:</i> NCAO 25.00
<i>References:</i>	See References and Resources (Page 5-6)	
<i>Contact:</i>	Deborah Carlson, MSN, RN, Director of Nursing Practice	
<i>Phone:</i>	360-236-4703	
<i>Email:</i>	NursingPractice@doh.wa.gov AdvancedPractice@doh.wa.gov	
<i>Effective Date:</i>	March 12, 2021	
<i>Supersedes:</i>	Telehealth/Telenursing for Nurses (Undated)	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission (NCQAC)	

Conclusion Statement

The appropriately trained and competent registered nurse (RN), licensed practical nurse (LPN), nursing technician (NT), and nursing assistant-certified/nursing assisted-registered (NA-C/NA-R) may perform telehealth nursing care using telehealth technologies within their legal scope of practice, regulatory requirements, and practice standards. The individual must be credentialed in Washington State to provide telehealth nursing services to individuals/patients located in Washington unless a qualified exception applies. The individual providing telehealth services to patients located in other states, U.S. territories, or countries must comply with licensing, practice requirements, and laws and rules for that jurisdiction. The laws and rules do not prohibit the practice of telehealth nursing in any setting. Regardless of the setting, using telehealth as a tool, does not expand scope of practice. The Nursing Care Quality Assurance Commission (NCQAC) recommends using the [Nursing Scope of Practice Decision Tree](#) to determine if an activity is within the individual nurse's scope of practice.

This advisory opinion is intended as a broad statement on nursing telehealth practice and is not meant to encompass all practice settings, related laws and rules, or address state or federal proclamations/waivers issued that temporarily waive some regulatory requirements on telehealth services.

Background and Analysis

Telehealth nursing is the use of telehealth technology and nursing knowledge by remotely connecting nurses and other health care practitioners with individuals/patients to deliver health care services, health-related education, public health, and health administration. Telehealth is different from telemedicine in that it refers to a broader scope of remote health care services than telemedicine. Types of telehealth include:

- Telemedicine (Synchronous Telehealth).
- Asynchronous Telehealth (Store-and-Forward).
- Remote Patient Monitoring (RPM).
- mHealth (Mobile Health).

The RN or LPN may function as the primary clinical provider within their legal and individual scope of practice. The nurse, NT, and NA-C/NA-R may function as the [telepresenter](#) at the home site, assisting and facilitating clinical visits and presenting the patient/individual to a health care practitioner at a distant site.

Examples of practice settings (but not limited to) using telehealth services include practitioner networks, insurance companies, call centers, hospitals, ambulatory clinics, outpatient facilities, academic settings, prisons, schools, treatment centers, home health, hospice, and long-term care facilities.

The nursing statutes and regulations permit the RN to delegate nursing tasks defined in the nursing laws and rules in community-based and in-home care settings. [RCW 18.79](#), [WAC 246-840](#), [RCW 18.88A](#), [WAC 246-841](#).

Telemedicine Training Requirement

[RCW 43.70.495](#) requires licensed, registered or certified health care professional (excluding physicians or osteopathic physicians) providing clinical services through telemedicine to complete telemedicine training. [RCW 70.41.020](#) defines telemedicine as, “The delivery of health care services using interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. It does not include the use of audio-only telephone, facsimile, or email.” The training must include information on current state and federal law, liability, informed consent, and other criteria outlined by the [Washington State Telehealth Collaborative](#). Alternative training offered by an employer continuing education courses or training developed by a health care professional board or commission must include similar components of the telemedicine training developed by the [Washington State Telehealth Collaborative](#). The health care provider must sign and retain an attestation of completion. The NCQAC is not requiring the nurse to send the attestation to the commission unless requested. See the NCQAC’s [Frequently Asked Questions](#) about Telemedicine Training for additional guidance. The nurse, NT, or NA-R/NAC acting in the role of the [telepresenter](#) is not required to take the training.

Recommendations

The RN, LPN, and NT may provide telehealth services within their legal scope of practice and competencies. ([18.79 RCW](#) and [WAC 246-840](#)). The NA-C/NA-R ([RCW 18.88A](#) and [WAC 246-841](#)) or other assistive personnel, such as the medical assistant ([Chapter 18.360 RCW](#) and [Chapter 246-827 WAC](#)), certified home care aide ([Chapter 18.88B RCW](#) and [Chapter 246-980 WAC](#)), may function under the direction, supervision, or delegation within their scope of practice and legal requirements.

Principles of Telehealth Nursing Practice

The following broadly describe the principles of telehealth nursing services to guide individual practice:

Principle 1: Therapeutic Nurse-Patient Relationship

A therapeutic nurse-patient relationship is formed when a nurse provides care to a patient using telehealth technologies. Nurses are accountable for establishing and maintaining the therapeutic nurse-patient relationship. The relationship is established and maintained by the nurse's use of their professional nursing knowledge and skill, caring attitudes, and behaviors. The relationship is based on trust and respect.

Principle 2: Standards of Care

Providing telehealth nursing care consists of obtaining information about, and providing information to, patients/individuals or other health care professionals using the nursing process, critical thinking skills, and evidence-based practice to plan effective care. Nurses may use standardized interview tools, computer-based protocols/standing orders, algorithms, or other decision support tools. The nurse must follow the same standard of care in telehealth care as in face-to-face care. The nurse must be competent to safely perform telehealth services and follow standard nursing processes. A facility's policies may restrict telehealth nursing in some settings or require additional training and competency. It is essential to know agency policies and practices for using telehealth technology. The RN may assess, interpret, and analyze patient data from remote telehealth sites and determine its action.

Principle 3: Nursing Judgment

The nurse must use nursing judgment in all aspects of care and consider what aspects care can be provided safely using telehealth technology. The use of telehealth technologies may not be appropriate in some circumstances.

Principle 4: Direction, Supervision, and Delegation

The nurse must follow all laws and rules related to direction and supervision of LPNs and the direction, supervision and/or delegation to the NA-C/NA-R or other [assistive personnel](#). Examples of other credentialed assistive personnel include the medical assistant, certified home care aide), and non-credentialed individuals in public and private school settings (grades kindergarten-twelve) [Chapter 28A.210 RCW](#). Assistive personnel may function under the direction, supervision, or delegation of the nurse within their scope of practice and legal requirements.

Principle 5: Documentation

Documentation should be the same and no less than for in-person care. The [WAC 246-840-700\(3\)](#) outlines the nursing rules that apply to documentation requiring the nurse to document on essential client records, the nursing care provided, and the patient's response to that care. The nurse should observe their workplace policies protocols, and quality assurance mechanisms for proper telehealth documentation and workflows. The nurse should contact the insurance provider, Centers for Medicare, Medicaid Services, or the Health Care Authority (HCA) for reimbursement questions.

Principle 6: Roles and Responsibilities

Nurses retain accountability for recognizing whether they have the knowledge, skill, and judgment to meet the needs of the patient. Nurses must consult with appropriate healthcare professionals as appropriate. As with other forms of practice, nurses in telehealth nursing practice may experience ethical and moral dilemmas. Using information and telehealth technologies to provide care require advanced communication skills and competencies that overcome the inherent barriers to assessment posing unique challenges and risks. Nurses may function in the role of [telepresenter](#) or the clinical provider within their legal and individual scope of practice. It is not within the scope of the NA-C/NA-R to function in the role as the clinical provider but may function in the role of [telepresenter](#).

Principle 7: Consent, Privacy and Confidentiality

Nursing telehealth practice is subject to the same state and federal statutes and rules concerning consent, confidentiality and privacy as are all other types of nursing care.

Principle 8: Licensure Considerations

The RN, LPN, NT, or NA-C/NA-R must be licensed in Washington state to provide care to patients/individuals located in Washington State. While employers monitor and may assist nurses in obtaining nursing licensure, nurses have the professional responsibility and accountability of ensuring they are appropriately licensed to practice. The individual providing telehealth services to patients located in other states, U.S. territories, or countries must comply with licensing, practice requirements, and laws and rules for that jurisdiction. [RCW 18.79.240](#) defines exceptions that might apply. [RCW 43.70.117 Health Care Professionals Licensed in another state or United States Territory or the District of Columbia - In-State Practice on a Limited Basis - Requirements - Limitations](#) allows in-state practice on a limited voluntary (uncompensated) basis up to thirty days per calendar year. [Chapter 70.15 RCW](#) allows exceptions in emergencies ([Healthcare Providers Emergency Volunteers Practice Act Information and Resources](#)).

Principle 9: Professional Ethical and Liability Considerations

It is important that health care practitioners recognize that the legal risks performing telehealth services may be higher because of the risk of error. With the growth in nursing telehealth practice comes important practice, ethical, and liability issues that need to be considered. The use of information and telehealth technologies in patient care can increase liability risks to the nurse. Some strategies for risk reduction include establishing and maintaining therapeutic nurse-patient relationships, exploring the patient's situation and reason for seeking help, and ensuring

information and telecommunication systems and data transmission are secure. Nurses should consult with their employer, professional associations, and/or legal counsel about whether to purchase malpractice insurance.

Principle 10: Competencies

Nursing telehealth practice requires competence, expertise and knowledge beyond that which is obtained in a basic nursing program. Nurses providing telehealth practice care must possess current and in-depth knowledge in the clinical area(s) relevant to the role and specialty area. Nurses providing telemedicine must meet the telemedicine training requirement. While the Telemedicine Training Requirement is only required when providing clinical services through telemedicine, the commission recommends completion of the training or alternative training if performing any type of telehealth services. The nurse should use the [Scope of Practice Decision Tree](#) to determine if activities are within the nurse's legal and individual practice scope.

Conclusion

Telehealth nursing services do not expand the scope of nursing practice or change the scope and process required for nursing delegation. The nurse, NT, or other assistive personnel performing telehealth nursing services must have the required education and training to ensure competency related to its use to deliver nursing care. The nurse, NT, and other assistive personnel must comply with the state and federal laws, rules and standards of practice. Institutional policies and procedures should outline safety standards, potential hazards, operating procedures, and documentation. The nurse, NT, or other assistive personnel who provide telehealth nursing services must have a Washington license if required by law. The nurse is responsible and accountable for the quality of nursing care using telehealth nursing services to clients, just like face-to-face care. The nurse must use nursing judgment to consider whether using telehealth services is safe for the patient.

References and Resources

State Laws and Rules

[RCW 18.79 Nursing Care](#)

[WAC 246-840 Practical and Registered Nursing](#)

[RCW 18.88A Nursing Assistants](#)

[RCW18.88B Home Care Aides](#)

[WAC 246-980 Home Care Aide](#)

[RCW 28A.210 Schools \(K-12\) Health Screening and Requirements](#)

[RCW 70.02 Medical Records Health Care Information Access and Disclosure](#)

[RCW 43.70.117 Health Care Professionals Licensed in another state or United States Territory or the District of Columbia - In-State Practice on a Limited Basis - Requirements - Limitations](#)

[RCW 69.51A.030 Medical Cannabis and Telemedicine](#)

[RCW 70.15 Uniform Emergency Volunteer Health Practitioners Act](#)

[RCW 43.70.495 Telemedicine Training for Health Care Professionals](#)

[RCW 70.41.020 Hospital Licensing and Regulation - Definitions \(Telemedicine\)](#)
[RCW 48.43.735 Reimbursement of Health Care Services Provided through Telemedicine or Store and Forward Technology](#)
[RCW 74.09.658 Home Health – Delivered through Telemedicine](#)
[WAC 182-551-2125 Home Health Services - Telemedicine](#)
[WAC 182-531-1730 Health Care Authority Physician-Related Services](#)
[WAC 246-335-610 Hospice Definitions \(Telehealth and Telemedicine\)](#)
[WAC 246-915-187 Physical Therapists and Physical Therapy Assistants Definition \(Telehealth\)](#)
[WAC 246-847-176 Occupational Therapists - Telehealth](#)
[Title 74 Public Assistance RCW 74.09.010 Definitions](#)

Federal Laws and Rules

[Federal Education and Privacy Act \(FERPA\)](#)
[Health Care Accountability and Portability Act \(HIPAA\)](#)
[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
[U.S. Code of Federal Regulations, Title 38.17](#)

Other Guidance Documents and Resources

[American Academy of Ambulatory Care Nursing: Telehealth Nursing Scope of Practice](#)
[American Health Information Management Association: Telemedicine Toolkit](#)
[American Telemedicine Association Practice Guidelines](#)
[Centers for Medicare and Medicaid Services: Telemedicine](#)
[Health Resources and Services Administration \(HRSA\): Telehealth Resources and Guidance](#)
[National Association of School Nurses: The Role of School Nursing in Telehealth](#)
[National Council of State Boards of Nursing Telehealth Position Statement](#)
[Online Journal of Issues in Nursing: Nurses Advancing Telehealth Services in the Era of Reform](#)
[Washington State Department of Social and Health Services Telehealth Guidebook](#)
[Washington State Nurses Association Telemedicine Risk Management Statement \(2018\)](#)

DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
ASSURANCE COMMISSION

PROCEDURE

Title:	Summary Actions	Number:	A46.054
Reference:	RCW 34.05.479 - Emergency adjudicative proceedings ÷ RCW 34.05.422 - Rate changes, licenses ÷ RCW 18.130.370 - Prohibition on practicing in another state—Prohibited from practicing in this state until proceedings of appropriate disciplining authority are completed ÷ RCW 18.130.050(7) - Authority of disciplining authority WAC 246-11-300 through 350 – Summary proceedings		
Author:	Catherine Woodard, Director Discipline and Washington Health Professional Services (WHPS) Nursing Care Quality Assurance Commission Washington State Board of Nursing (WABON)		
Effective Date:	July 14, 2023 May or July-May 9, 2025	May or July-May 9, 2027	July 14, 2025
Supersedes:	HPQA 212, November 01, 2007; HPQA 253; May 02, 2005; & HPQA 256, December 1, 2006 & ÷ August 1, 2012 A-46.03 - September 13, 2013 A46.04 – July 14, 2023		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Dawn Morrell, BSN, RN Chair Nursing Care Quality Assurance Commission (NCQAC) Washington State Board of Nursing (WABON)		

PURPOSE: This procedure describes the steps required for the ~~Nursing Care Quality Assurance Commission (NCQAC)~~ [to Washington State Board of Nursing \(Board\)](#) to take summary action. Summary actions may address issues of imminent danger, when a license holder is prohibited

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from practicing nursing in another state for conduct that would be unprofessional in Washington, or when there is a DSHS final finding of abuse or neglect of a vulnerable person.

PROCEDURE

- I. Case management staff performing complaint intake and assessment tasks identify cases of imminent danger, prohibited practice in another state, or DSHS final findings.
- II. The ~~c~~Case ~~m~~Management ~~t~~Team (CMT) will review reports and authorize investigations for possible summary action.
 - A. In the event of out-of-state prohibition (e.g., revocation, suspension, or surrender), ~~the~~CMT may recommend summary action if:
 1. The other state's prohibition was not based solely upon discipline issued by ~~Washington~~Washington.
 2. ~~NCQAC~~The Board has not already considered the out-of-state action. For example, the disciplining authority had information about the conduct resulting in the out-of-state action and either credentialed the applicant or closed the complaint.
 3. The out-of-state prohibition was based on a finding of unprofessional conduct that is substantially equivalent to unprofessional conduct defined in RCW 18.130.180. Factors to consider substantial equivalence include similar statutory/rule language or elements.
- III. In the event of a DSHS final finding, CMT may recommend summary action unless ~~the Board~~NCQAC has already considered the underlying conduct that led to the finding and either closed the complaint or taken disciplinary action.
- IV. After investigation, CDP determines whether to authorize summary action.
- V. For imminent danger summary actions only:
 - A. The case manager drafts a "hot topic" announcement. Legal staff review the announcement before the executive director sends it to the HSQA hot topic distribution list. See Procedure J25 Disciplinary News Releases and Hot Topic Messages.
 - B. Legal staff ~~prepares~~prepare a draft press release and coordinates with ~~NCQAC-Board~~ communications ~~and DOH communications staff~~ for finalization and distribution. See Procedure J25.
- VI. Once CDP authorizes summary action, legal staff ~~prepares~~ the initiating documents, including the motion, declaration and exhibits, Statement of Charges (SOC), proposed summary order, hearing rights notice, and answer form. Legal staff also coordinate with the Attorney General's Office (AGO) to review and sign the motion and SOC.
- VI. Legal staff ~~submits~~submit the initiating documents to the Adjudicative Clerk's Office (ACO).

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VII. In an imminent danger case, the ACO schedules the panel to consider the motion. The Board ~~NCQAC~~ delegates summary motions involving out-of-state action and DSHS findings to the health law judge. See Procedure H16, *Signature Delegation*.

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VIII. ACO notifies legal staff of the outcome.

A. If the motion for summary action is granted, legal staff serve the summary order packet. A copy of the summary order packet may be personally delivered to the respondent at the same time it is served by mail.

B. If the summary action is not approved, legal staff serve the SOC and follow the usual formal disciplinary process.

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DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING NURSING CARE QUALITY
ASSURANCE COMMISSION
PROCEDURE

Title:	Case Status Correspondence	Number:	A48.0 43
Reference:	RCW 18.130.085 - Communication with complainant RCW 18.130.095 (1)(a) - Uniform procedural rules RCW 43.70.075 - Identity of whistleblower protected—Remedy for retaliatory action—Definitions—Rules-		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services (WHPS) Nursing Care Quality Assurance Commission Washington State Board of Nursing (WABON)		
Effective Date:	May 12, 2023 May or July May 9, 2025	Date for Review:	May 12, 2015 May or July May 9, 2027
Supersedes:	HPQA 203 - July 1, 2005 A48.01 - August 1, 2012 A48.02 - September 13, 2013 A48.03 – May 13, 2023		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Dawn Morrell, BSN, RN Chair Nursing Care Quality Assurance Commission		

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PURPOSE STATEMENT:

This procedure describes the process used for routine disciplinary case status correspondence. There are five major decision points when ~~Nursing Care Quality Assurance Commission (NCQAC)~~[Washington State Board of Nursing \(Board\)](#) staff send case status correspondence. These include:

[Page](#) 1 of 2

- When the ~~c~~Case ~~m~~Management ~~t~~Team (CMT) closes the case without investigation.
- When CMT authorizes an investigation.
- When the ~~c~~Case ~~d~~Disposition ~~p~~Panel (CDP) closes a case without legal action after investigation.
- When legal staff issue a statement of charges or when ~~NCQAC~~the Board closes a case after taking action (stipulation to informal disposition or order issued).
- When a respondent has fully complied with all terms and conditions of a stipulation to informal disposition.

PROCEDURE:

- I. Case status correspondence must contain the respondent's name, case number(s), and the key elements described in this procedure. In case status correspondence, staff will never provide the respondent's address to the complainant, nor will staff provide the complainant's identity to the respondent.
- II. Staff do not send documents with case status correspondence. That process is managed by the Public Disclosure and Records Center. Correspondence describes the process for obtaining public disclosure.
 - A. If CMT closes the case without investigation, staff send letters to the respondent and to the complainant.
 1. The letter to the respondent describes the nature of the complaint and the reason for closure. It also informs the respondent of their right to submit a written statement.
 2. The letter to the complainant describes the reason CMT closed the case without investigation. The letter informs them of their one opportunity to request reconsideration of the disciplinary authority's decision if they provide new information about the original complaint within 30 days of receiving the closure letter.
 - B. If CMT authorizes an investigation, staff send letters to the respondent and complainant.
 1. The letter to the respondent informs them they are the subject of an investigation, unless the letter is withheld because notification would impede an effective investigation. The letter includes the investigator's name and contact information, and the general nature of the complaint.
 2. The letter to the complainant informs them that the Board~~NCQAC~~ authorized an investigation into the conduct of the nurse who is the subject of the complaint. The letter includes the investigator's name and contact information. ~~Attached to the letter is the whistleblower waiver related to confidentiality and instructions for returning the form.~~
 2. -
 - C. If the case is closed without action after an investigation, staff send letters to the respondent and to the complainant.
 1. Each letter describes the reason ~~NCQAC~~the Board closed the case without action.
 2. The letter to the complainant informs them of their one opportunity to request reconsideration of the disciplinary authority's decision if they provide new

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information about the original complaint within 30 days of receiving the closure letter.

- | D. When ~~NCQAC~~the Board closes a case after they took action (stipulation to informal disposition or order issued), staff send a letter to the complainant. It describes the action ~~NCQAC~~the Board took against the respondent's license and advises the complainant they may obtain additional information, including copies of disciplinary documents, through Provider Credential Search.

DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
ASSURANCE COMMISSION

PROCEDURE

Title:	Notice of Required Evaluation of Applicants with Possible Substance Use Disorder	Number:	A53.032
Reference:	RCW 18.130.055 - Authority of disciplining authority—Denial of applications		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission Washington State Board of Nursing (WABON)		
Effective Date:	May 12, 2023 May or July May 9, 2025	Date for Review:	May or July May 9, 2027 May 12, 2025
Supersedes:	A53.01 – May 8, 2015 A53.02 – May 12, 2023 A53.01 - May 8, 2015		
Approved:	Yvonne Slater, BSN, BSPA, MHA, RN, Dawn Morrell, BSN, RN Chair Nursing Care Quality Assurance Commission		

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PURPOSE STATEMENT:

Some applicants have a history of substance use disorder (SUD), or drug or alcohol related convictions. Without an evaluation, it is difficult for the ~~Nursing Care Quality Assurance Commission (NCQAC)~~[Washington State Board of Nursing \(Board\)](#) to determine whether they should immediately grant the license, deny it, or make an SUD monitoring contract a requirement of granting the license. Both the length of time since substance use or a conviction, as well as the current progress of recovery from SUD, are relevant to the licensing decision.

This procedure protects the public by authorizing an evaluation before ~~NCQAC~~[the Board](#) grants a license. There is risk to the public when ~~the Board~~[NCQAC](#) issues a license to a person who then fails to follow through with any Washington Health Professional Services (WHPS)

[Page](#) 1 of 2

recommendations. The licensee is in active status until ~~the Board~~ NCQAC can take disciplinary action and potentially suspend the license.

When an evaluation reveals that the applicant has had years of sobriety and monitoring, they may not be appropriate for a WHPS monitoring contract. For applicants whose SUD is in remission, who do not pose a danger to the public, and who would not benefit from WHPS monitoring, ~~NCQAC~~ the Board may grant the license without further action.

PROCEDURE

- I. If an applicant has a history of substance use, or drug/alcohol convictions within the past five years, licensing staff submits the application to the ~~c~~Case ~~m~~Management ~~t~~Team (CMT) as an exception application. See Procedure B30 Exception Applications.
- II. ~~The Board~~ NCQAC uses the Notice of Required Evaluation (NRE) process when:
 - A. CMT determines that a substance use evaluation is necessary before the panel can make a decision to grant a license, and;
 - B. WHPS monitoring, if indicated, will adequately protect the public.
- III. ~~The Board~~ NCQAC pre-authorizes a Notice of Decision (NOD) denial if the completed substance use evaluation is not received within 30 days of service of the NRE. CMT also pre-authorizes issuing an Agreement to Practice with Conditions (APUC) if WHPS receives the evaluation and determines that monitoring is appropriate.
- IV. Legal staff serves the NRE letter to the respondent with a copy to WHPS. The letter includes contact information for the WHPS program, ~~instructions for obtaining the evaluation and~~, criteria for the evaluation, ~~and contact information for WHPS~~. The evaluator submits the report to WHPS, who evaluates the report and determines if the applicant needs a monitoring contract.
- V. If WHPS does not receive the evaluation and there has been no contact from the applicant, ~~the Board~~ NCQAC denies the application. However, if the applicant contacts WHPS or legal staff and is in the process of scheduling an evaluation or waiting for the evaluation report, they may grant a 30-day extension.
- VI. If WHPS receives the evaluation and determines that a contract is appropriate, and indicated, NCQAC grants the application after with the condition that the applicant enters into a WHPS contract, the Board issues an NOD and APUC granting the application for licensure. and complete the WHPS contract.
- VII. If WHPS ~~received~~ receives the evaluation and WHPS determines no contract is needed, they return the file to ~~Legal~~ legal for further action.

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DEPARTMENT OF HEALTH
~~NURSING CARE QUALITY ASSURANCE COMMISSION~~ **WASHINGTON STATE**
BOARD OF NURSING
PROCEDURE

Title:	Nurse License Verification	Number:	B36.02 4
Reference:	Washington State Department of Health Provider Credential Search National Council State Boards of Nursing - Nursys® Quick Confirm License Verification		
Contact Author	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Nursing Care Quality Assurance Commission Washington State Board of Nursing (WABON)		
Effective Date:	May 12, 202 5 ³	Date for Review:	May 12, 202 5 ³
Supersedes:	B36.021 – May 12, 2023 Not Applicable		
Approved	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

The purpose of this procedure is to provide information for the verification of licensure through primary source verification systems.

PROCEDURE:

- I. The ~~Nursing Care Quality Assurance Commission (NCQAC)~~ [Washington State Board of Nursing's \(Board\) Licensing Unit](#) ~~prints~~ [issues](#) a paper copy of the nursing license ~~as a courtesy in the following situations~~ [when requested by the nurse through the online HELMS Portal, along with submission of the required fee listed in WAC 246-840-990.](#)
 - ~~A. Upon issuance of the initial Washington State license.~~
 - ~~B. When the license is renewed into a different status (such as "inactive," "retired active," "active military," or "active").~~

H. — The ~~Board-commission~~ discourages photocopying or printing of licenses due to the potential misuse of the paper copy of the license. The Department of Health’s Provider Credential Search should be used by all healthcare providers, facilities, employers, and the public to verify Washington state licensure status (active, pending, closed, suspended, denied, etc.), ~~since this information is always current.~~ The National Council of State Boards of Nursing (NCSBN) provides primary source verification of all nurse licenses in all US jurisdictions to the public. The NCSBN website also indicates whether a nursing license is a “single state” or “multistate” license. The paper license status becomes stagnant upon print date and does not provide up-to-date verification of licensure.

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III.II. The NCQAC-Board encourages the use of primary source verification to verify all nursing licenses directly from the following database systems:

- A. Washington State Department of Health’s Provider Credential Search website.
- B. National Council of State Boards of Nursing’s (NCSBN) Nursys® Quick Confirm License Verification website.

IV.III. Employers, agencies, or institutions should define the mechanism for licensure verification in their facility. NCQAC-The Board encourages institutions use NCSBN’s Nursys® E-Notify free notification service. This service provides automated license status updates from participating states for institutions.

V.IV. The NCQAC-Board’s licensing system automatically updates the Washington State Department of Health’s Provider Credential Search and NCSBN’s databases on a daily basis.



STUDENT ENGAGEMENT PROGRAM SUMMER 2025

Washington State Board of Nursing (WABON)
Washington State Department of Health

WABON Business Meeting
May 9, 2025

Spring/Summer 2025 Updates

- **DNP Student** from UW (4/1 - 6/13/2025)

Rosie Buyeka

- Rural Health Initiative Project
- Education Survey of Deans & Directors

- **BSN Students** from UW (8 weeks)

Kenya Brimmer

Kaitlyn L Alexander

Pierre Bagel

Olivia R Puente

Kathryn A Hoppins

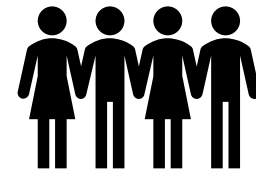
Seth Gililland

- Revision of WHPS New Participant Handbook to reflect on evidence-based practices & a person-centered approach

- **BSN Student** from Gonzaga (5/1 – 11/30/2025)

Katie Farley

- Research support



Questions?
Contact
Heather.Hamilton@doh.wa.gov



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Performance Measures & the Research Unit

May Business Meeting 2025

Performance Measure Process

1

Monthly Data
Collection

2

Performance
Report and
Quarterly Score
Card

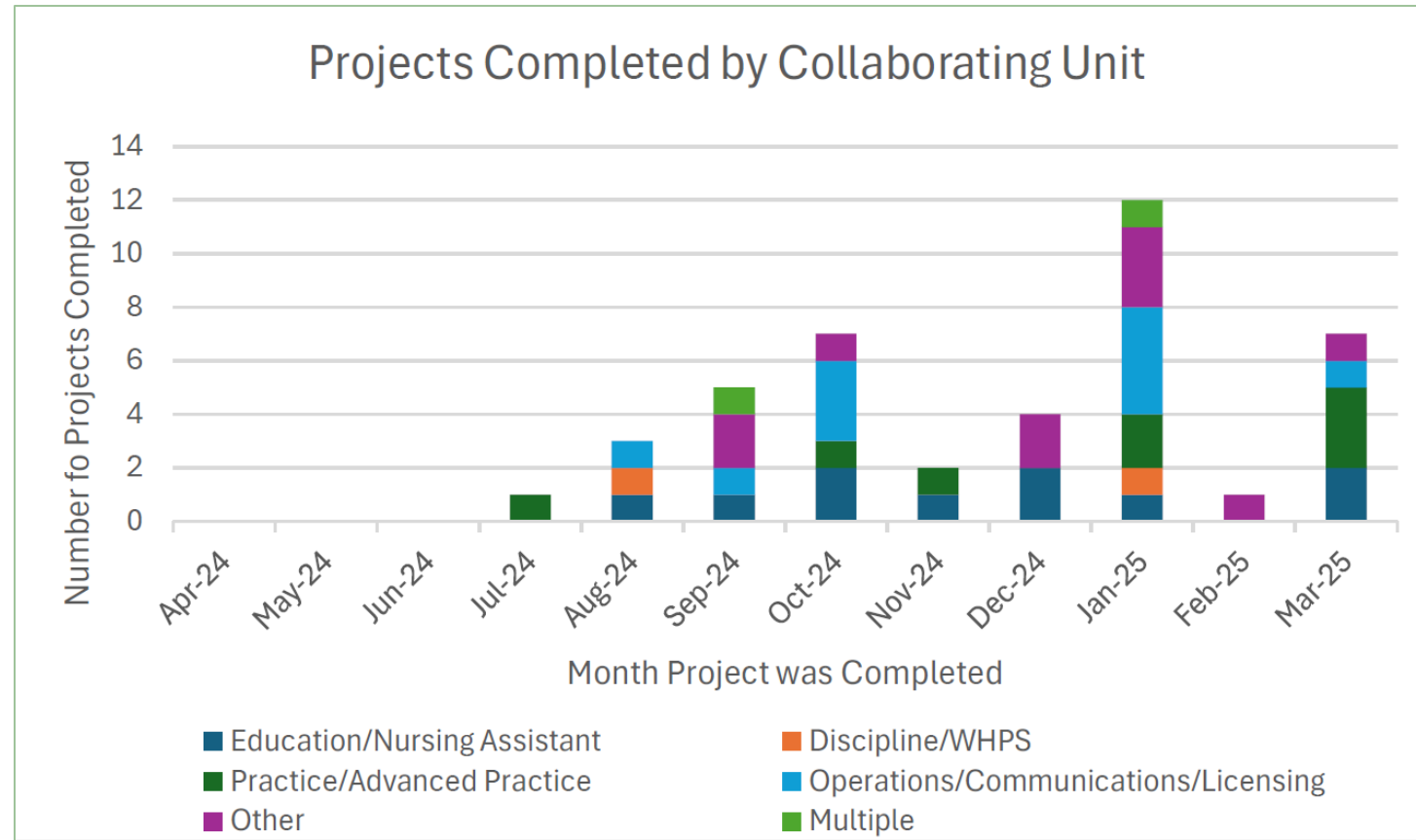
3

Annual Report and
Presentation

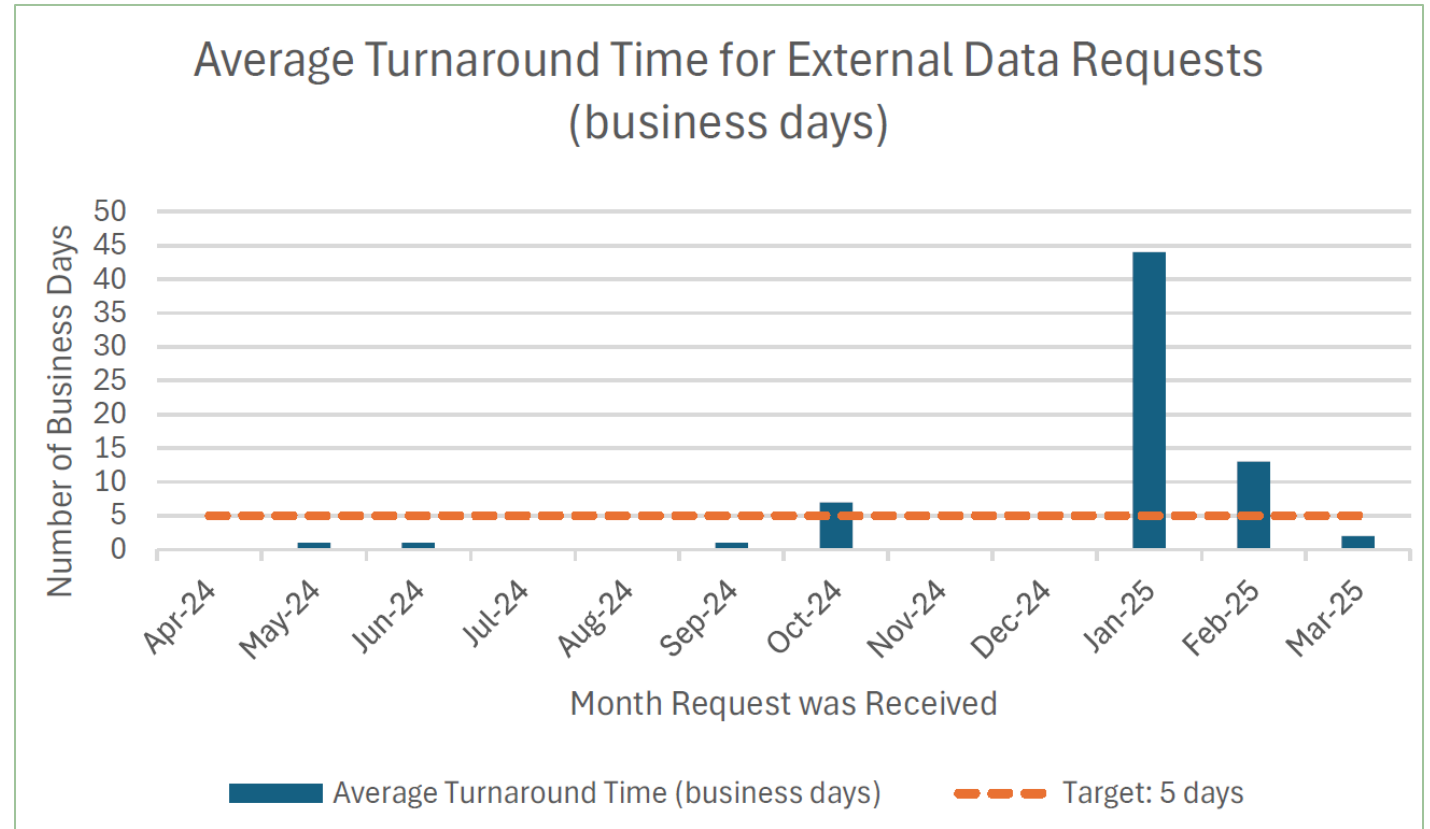
Monthly

- ☐ Collect Performance Measure Data
- ☐ Compile in Performance Measure Workbook

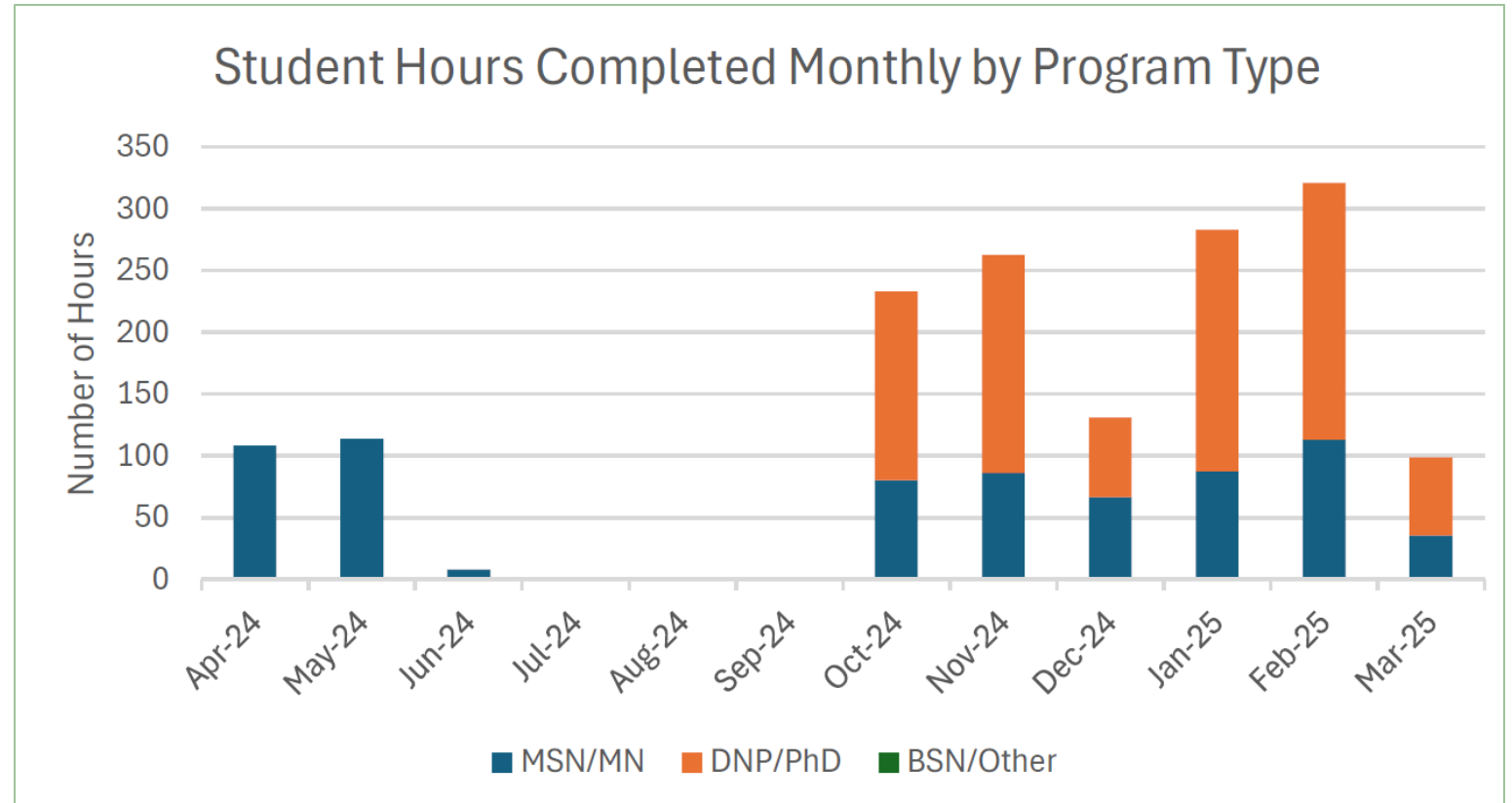
Volume



Turnaround Time



Customer Satisfaction



Quarterly

- ☐ Create Performance Measure Report using Report tab in Workbook
- ☐ Complete Quarterly Score Card
- ☐ Share Report and Score Card with Executive Director
- ☐ (Optional) If performance is below goals, create and implement plan to address

Quarterly Score Card Instructions

1. Quarterly Score Card (ALL)				Spring	2025
Goals		Was the goal met?	Did we do it well?	Is anyone better off?	Is it still relevant?
Volume	Projects Completed	Yes	Yes	Yes	Yes
Turn Around Time	Turnaround Time for External Requests	No	Yes	Yes	Yes
Customer Satisfaction	Student Hours	Yes	Yes	Yes	Yes
2. If any goals were not met, fill in the next TWO sections.					
Turnaround Time for External Requests	Write a few sentences about what factors may have contributed to not meeting this goal:	Data requested was not yet ready for distribution at the time the requests were made, and required multi-unit collaboration to consolidate.			
	Write a few sentences about what factors may have contributed to not meeting this goal:				
3. Intervention Plan					
Turnaround Time for External Requests	What intervention/mediation methods will you use to support your performance measure:	Developed new Microsoft Form for External Data Requests that is posted on our website. This form now contains information on the purpose of External Data Requests, with details on what kind of data is available to be requested. This should help customers more easily request data and should limit the requests of unavailable data.			
	What intervention/mediation methods will you use to support your performance measure:				
4. Reflection & Planning (ALL)					
Goal	Reflection Notes				
Projects Completed	This quarter, Research completed projects for all represented WABON units, showing that we have been able to meet our goal of supporting all units in WABON.				
Turnaround Time for External Requests	Our turnaround time for external data requests has increased due to the unavailability of the datasets requested, so we should increase the availability of data to allow for quicker turnaround times in the future.				
Student Hours	We have seen a sizeable increase in the amount of student hours completed over the last two months in particular, and student engagement seems to be going well.				

WABON Business Meeting
May 9, 2025

Quarterly Score Card – Summary of Goals

1. Quarterly Score Card (ALL)				Spring	2025
Goals		Was the goal met?	Did we do it well?	Is anyone better off?	Is it still relevant?
Volume	Projects Completed	Yes	Yes	Yes	Yes
Turn Around Time	Turnaround Time for External Requests	No	Yes	Yes	Yes
Customer Satisfaction	Student Hours	Yes	Yes	Yes	Yes

Quarterly Score Card – Goals Not Met

2. If any goals were not met, fill in the next TWO sections.		
Turnaround Time for External Requests	Write a few sentences about what factors may have contributed to not meeting this goal:	Data requested was not yet ready for distribution at the time the requests were made, and required multi-unit collaboration to consolidate.
3. Intervention Plan		
Turnaround Time for External Requests	<i>What intervention/mediation methods will you use to support your performance measure:</i>	Developed new Microsoft Form for External Data Requests that is posted on our website. This form now contains information on the purpose of External Data Requests, with details on what kind of data is available to be requested. This should help customers more easily request data and should limit the requests of unavailable data.

Quarterly Score Card - Reflection

4. Reflection & Planning (ALL)	
Goal	Reflection Notes
Projects Completed	This quarter, Research completed projects for all represented WABON units, showing that we have been able to meet our goal of supporting all units in WABON.
Turnaround Time for External Requests	Our turnaround time for external data requests has increased due to the unavailability of the datasets requested, so we should increase the availability of data to allow for quicker turnaround times in the future.
Student Hours	We have seen a sizeable increase in the amount of student hours completed over the last two months in particular, and student engagement seems to be going well.

Annually

- ☐ Create Performance Measure Report using Report tab in Workbook
- ☐ Complete Performance Measure Annual Report
- ☐ Present Annual Report Findings to the Board

Research Unit

Q2 2024 – Q1 2025



In the last 12 months, we have made tremendous leaps and bounds in defining, implementing, and standardizing performance measures across the Research unit and WABON as a whole. Last July saw the first monthly performance report for the Research unit including our three measures for volume, turnaround time, and satisfaction.

We have been working continuously to improve the way these measures are collected, visualized, and presented for Research and for WABON.

Strategies & Activities to Accomplish Result



1. Began tracking the number of projects completed by collaborating units in July of 2024.
2. Launched new External Data Request form in January of 2025 to increase access to requests for external researchers.
3. Revamped our student engagement hours log to increase accessibility of data and standardize data collection methods.

Future Improvements



1. In the next 12 months, we are hoping to revamp our performance measures to better reflect the work completed by the research unit as a whole.
2. We are looking to collect data on the projects completed for more unit types including subunits, such as Rules and Policy or SUDRP.
3. We are also exploring adding a new form for faculty clinical advisors, placement coordinators, or students to submit their interest in participating in student engagement.

Research Unit

Volume – Collaborative Projects

42	Collaborative Projects Completed
100%	Percent of Unit/Subunit Groups Collaborated with (Goal: 75%)
Yes	Goal was met.

Why is this Measure Relevant?

- Units and subunits are grouped into Education/Nursing Assistant, Practice/Advanced Practice, Discipline/WHPS, Operations/Communications/Licensing, and Other, with the goal of engaging all groups with at least one collaborative project per year.

Turn Around Time – External Data Requests

8.6	Average Business Days to Turn Around External Data Requests
78%	External Data Requests Completed within 5 Business Days (Goal: 75%)
Yes	Goal was met.

Why is this Measure Relevant?

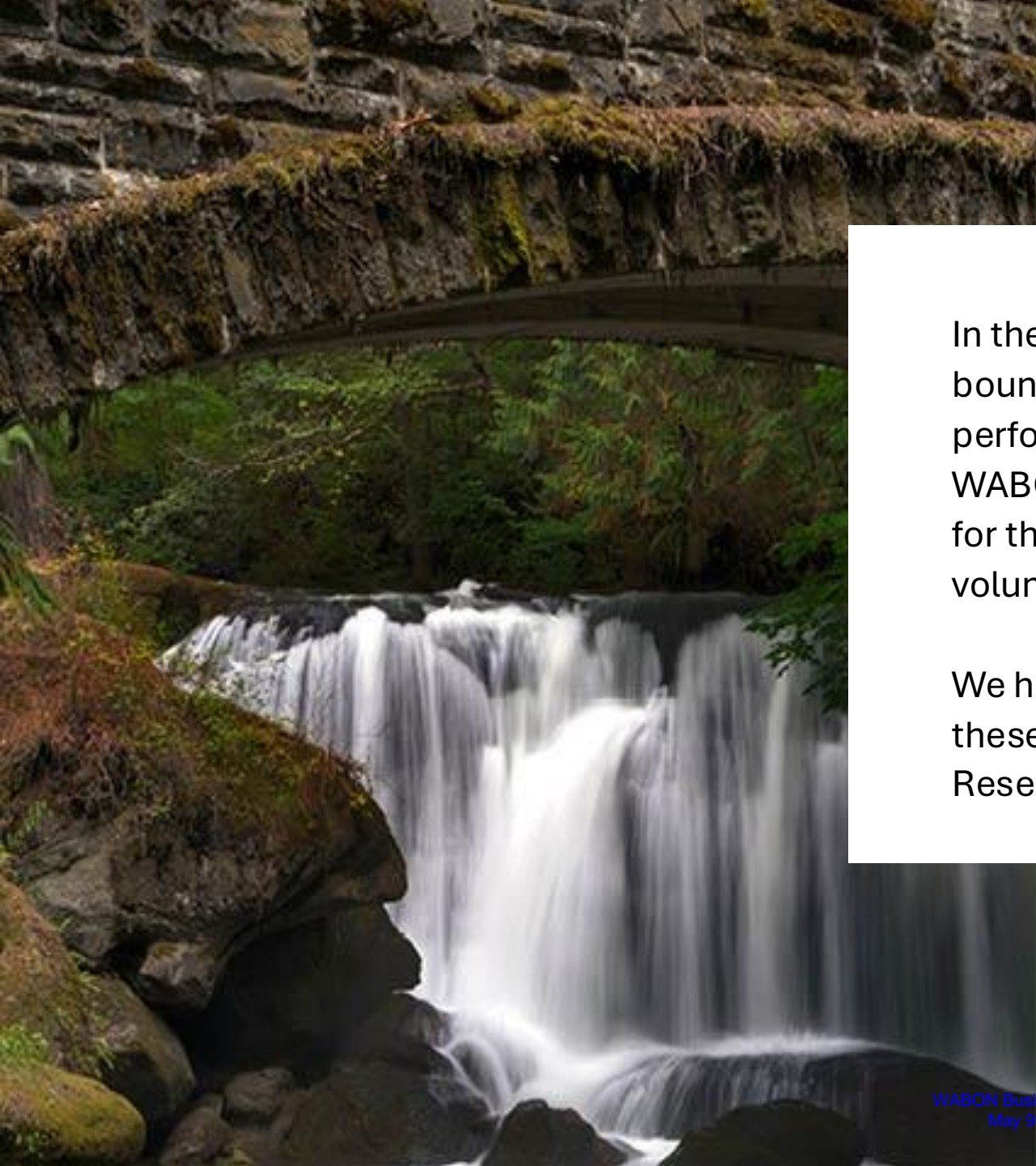
- This measure reflects our efficiency and reliability of providing data to external nursing researchers in a timely manner.

Customer Satisfaction – Student Engagement

1,560	Student Hours Completed
75%	Months Had Students Completing Hours. (Goal: 75%)
Yes	Goal was met.

Why is this Measure Relevant?

- Students constitute an important group of clients that we serve to improve their understanding of nursing regulation while also benefiting from continued student participation that contributes to the Board's mission.



In the last 12 months, we have made tremendous leaps and bounds in defining, implementing, and standardizing performance measures across the Research unit and WABON. Last July saw the first monthly performance report for the Research unit including our three measures for volume, turnaround time, and satisfaction.

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2

Launched new External Data Request form in January of 2025 to increase access to requests for external researchers

3

Revamped our student engagement hours log to increase accessibility of data and standardize data collection

Future Improvements

Revamp
performance
measures

Add data on
sub-units

New student
engagement
forms

Our Measures

Volume – Collaborative Projects

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Yes	Goal was met.
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Why is this relevant?	Students constitute a major group of clients that we serve to improve their understanding of nursing regulation while also benefiting from continued student participation that contributes to the Board's mission.

Business Meeting Annual Presentation Schedule

Month	Presenting Unit(s)
January	Education
March	Discipline, Legal, WHPS
May	Research
July	Practice, Advanced Practice
September	Nursing Assistant Training and Testing
November	Licensing

Questions and Feedback



IX.

Education

Report



Nursing Assistant Education Updates

Reuben Argel, MBA, BSN, RN **Program Director**

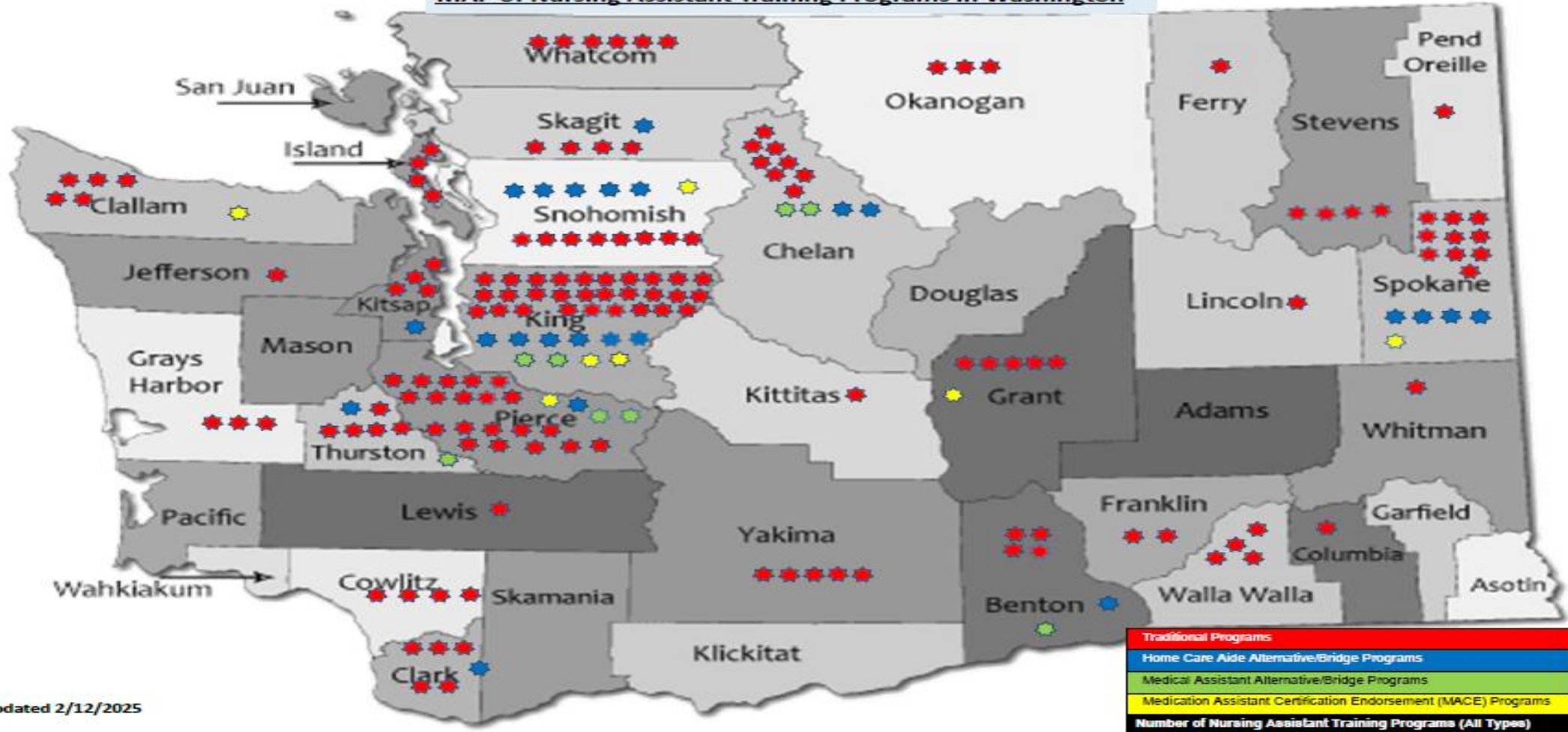
Christine Tran, BA **Program Specialist**

Muskan Priya, BSN, RN **SCHOLAR Intern**

www.nursing.wa.gov

Approved Nursing Assistant Certification Programs in Washington State

MAP of Nursing Assistant Training Programs in Washington



Updated 2/12/2025

Nursing Assistant Certified Skills Exam Pilot

Refined the evaluation tool and other testing materials based on pilot program feedback.

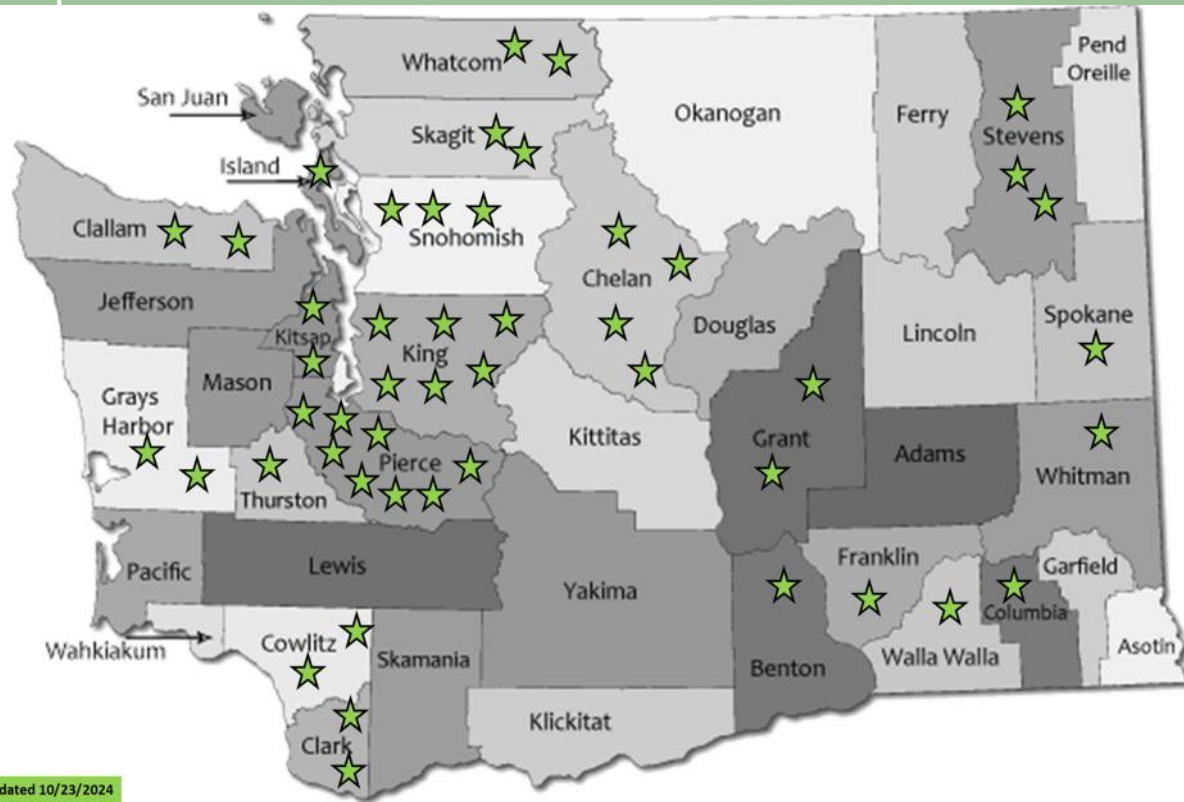
In February 2025, we sent out a survey to gather input on the updated process

Surveyed programs not currently participating to understand barriers or hesitations

SELECTED FOR PROJECT PRESENTATION

-(REGIONAL) The Seattle Nursing Research Consortium Conference on 04/28/25

-(NATIONAL) The 2025 National Forum of State Nursing Workforce Centers Conference on 06/03/25 in Philadelphia, PA.



Updated 10/23/2024

Pilot Program Survey Results: 31 Responses

On a scale of 1 to 5, where 1 represents "poor" and 5 represents "great," how satisfied are you with the Nursing Assistant Certified (NAC) skills exam pilot process?

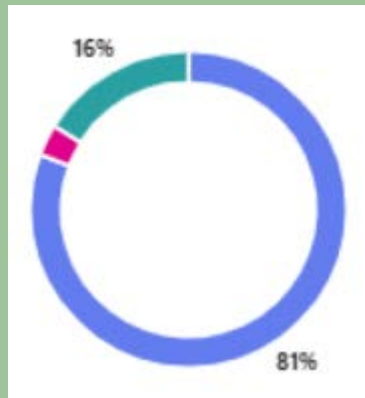


On a scale of 1-5, where 1 represents "poor" and 5 represents "great," how satisfied are you with the RN Evaluator training provided by WABON?



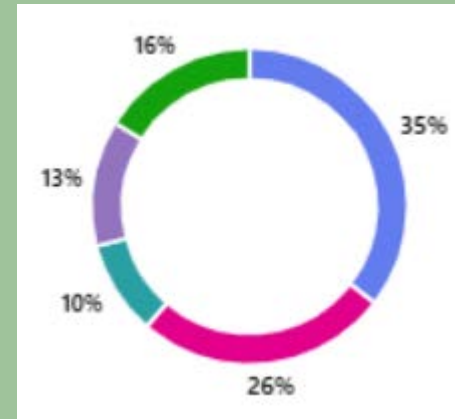
Survey Results Continued...

Did the skills exam pilot help simplify your students' credentialing process?



Yes	25
No	1
Unknown	5

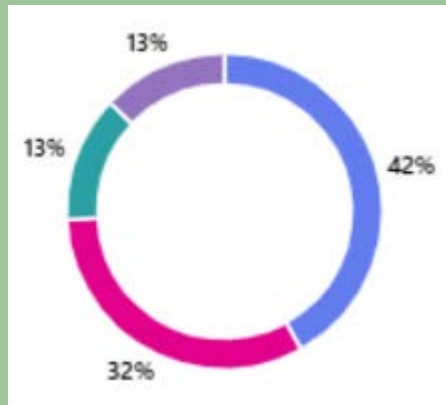
Have you noticed fewer questions from students about next steps after graduation, or a reduction in calls/emails from former students?



Yes, significantly fewer questions/contacts	11
Yes, somewhat fewer questions/contacts	8
No change in the number of questions/contacts	3
No, actually seeing more questions/contacts	4
Not sure	5

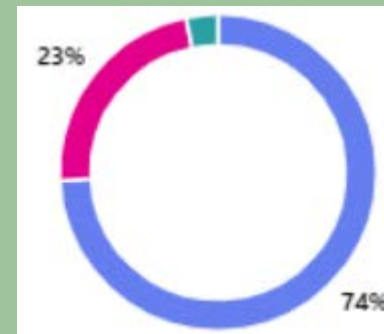
Survey Results Continued...

How easy was it to implement the NAC skills exam pilot process into your NAC training program?



Very easy	13
Somewhat easy	10
Neutral	4
Somewhat difficult	4
Very difficult	0

How would you rate your support you've received from WABON staff with information on the NAC skills exam pilot process?



Excellent	23
Good	7
Neutral	1
Poor	0
Very poor	0

What positive outcomes have you observed from the NAC skills exam pilot process?

With the path to credentialing made more linear and "step-by-step", it's been easier to explain the process to students. It's also easier to inform them of expectations and what they should be doing. There's less questions and complaints to staff because we're now in more control over the information (results) flow to our INF students instead of waiting for the interim step of WABON receiving, grading, and distributing test results.

Higher pass rate as students are better prepared.

Much more clarity for my students about testing expectations, less anxiety, easier to take exam, higher credential rate.

Students have gotten their licenses within two weeks! It's amazing how simplifying that process is helpful and then also implementing that we assist the student signing up for their license and Credentia accounts.

Would you like to provide feedback or challenges your program has experienced with the NAC skills exam pilot?

I don't like the date issue with saying they haven't completed the class until they have done their skills testing and the order in which they need to take the exams (skills first, then the written exam).

The timing of fitting in four testing attempts for students.

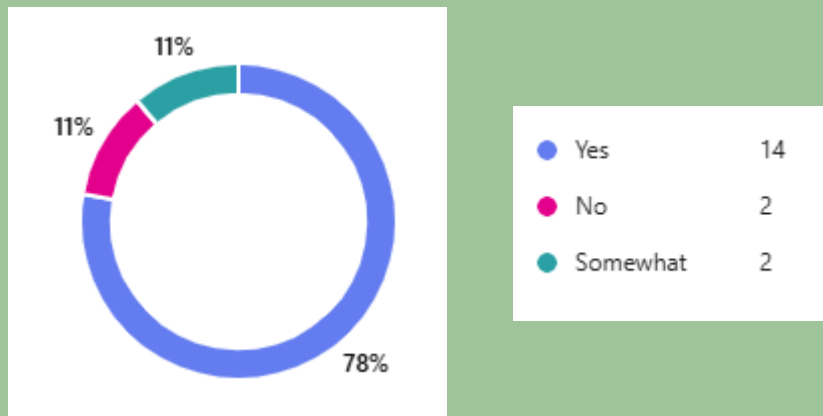
The only thing that is a little uncertain is having the skills exam date be the end date for the program

Form has small boxes and is hard to record handwritten documentation

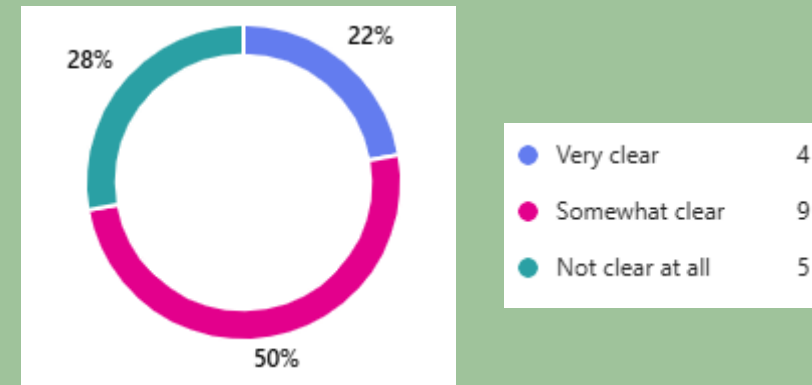
Other program's students are not taught the same way our students are for the test (regarding Regional test candidates)

Survey Gathering Feedback from Non-Participating Programs: 18 Responses

Before receiving this survey, were you aware WABON had a new NAC skills exam pilot process?



How would you describe your understanding of the process goals and Benefits for the NAC skills exam pilot.



What is the main reason/barrier on why you are hesitant to try out the skills exam pilot?

I only test students once a year, since we are a high school program. I need the process to be seamless one time around. I didn't think it was worth me piloting, since I won't be testing students until May.

I like having the boundary of having the state grade the exam. I also do not want the added responsibility of grading the exams.

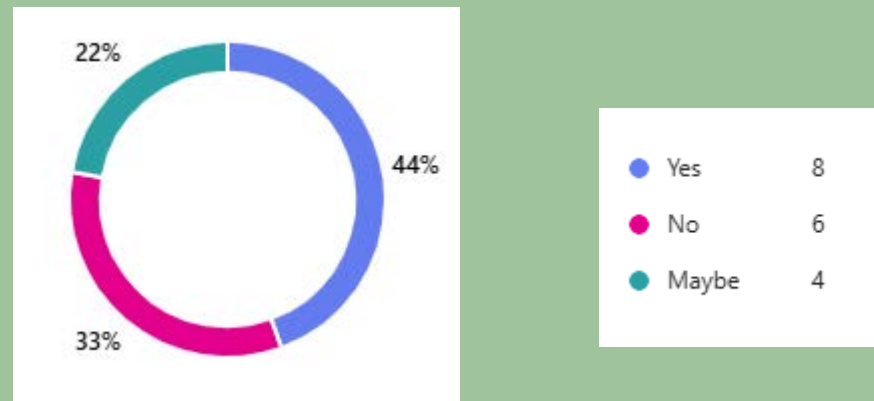
There were too many other changes in the near future to the NAC Training program requirements at the time of implementing the skills exam pilot program.

I haven't taken the time to research it. I need to listen to the recordings.

I would be concerned with a conflict of interest or programs being impartial. It would take the integrity of the program which I believe is built into Nursing programs. As, RN's only take a written exam.

Survey Continued...

Before receiving this survey, were you aware WABON had a new NAC skills exam pilot process?



NAC Skills Exam Data: Nov 20th 2024-Feb 2025

Programs:	Test Takers	Passed	Pass Rate
Pilot Programs	575	505	88%
Non-Pilot Programs	1663	1435	86%

Pilot Program Participation – Context & Progress:

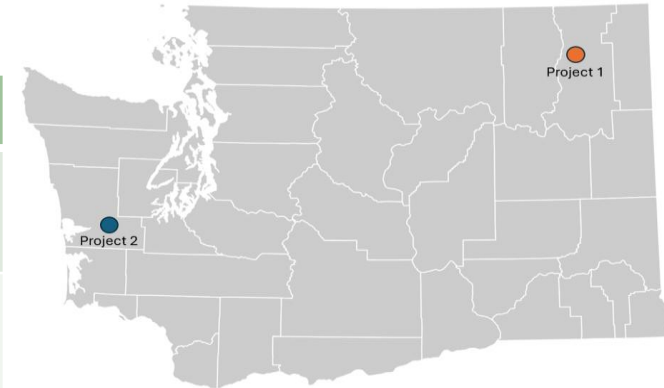
- Current pilot data reflects **only the first quarter** since launch.
- Few Programs began testing under the pilot immediately (most waited until January or February 2025).
- **Early results are promising**, even though the sample size for quarter one is small.
- As of now, over **50%** of programs have joined the skills exam pilot.
- Participation continues to increase each month.

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



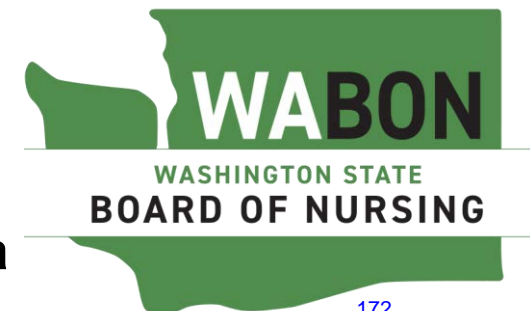
3. ISSUE: High School NA-Cs are not being hired by healthcare facilities!

FACTORS: LNI rule confusion/misinterpretation. Perception on hiring students.

ACTION: Public Meeting (via Zoom) on 05/14/25, 3pm - 430pm.

4. Project was selected for Presentation at the June 2025

National Forum of State Nursing Workforce Centers Conference in Philadelphia



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 costs which will be partially passed on to students.
3. Only Adult Family Homes 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 programs, and original specialty curriculum group members.
2. Zoom meetings were held on 02/20/25 and 03/27/25.
3. Advisory group provided recommendations. The board is holding public rule workshops to solicit input from interested parties. 04/11/25, 04/17/25

Nursing Assistant Language Support Project

Project Investigator: Sandra Gonzalez Graham, MSN Ed, RN

SCHOLAR Intern: Muskan Priya, BSN, RN

Background/ Purpose

Background:

- **Gap in information and local data needs:**
 - Limited information on multilingual NAC students in WA
 - Surveys can help gather critical and current information about multilingual population
- **Need for support amount multilingual NAC students and instructors:**
 - NAC students face challenges in language comprehension, test-taking, and clinical communication
 - Instructors challenged with adapting curriculum or targeted support to students

Purpose:

- The purpose is to support our multilingual community in becoming NAs through a process that honors all languages and encourages English language learning.
- The information will be used to develop standards and strategies for NA programs to assist their students from the time of enrollment up to the time of credentialing.

Survey Process

First Survey: Students

- Surveys created on Google forms
- Emails sent to previous NA students from October 2023 – June 2024
 - About 1,200 emails were sent out
 - About 400 surveys were answered
- Questions format: likert scale to multiple choice to select all that apply

Second Survey: Students

- Phone calls made to students who gave consent
 - About 200 students answered
 - 20% of students from total of 200 were contacted

Third Survey: Program Directors/Instructors

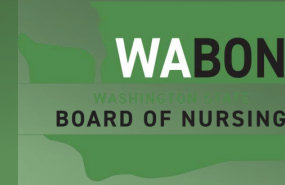
- Surveys created on Google forms
- All Program Directors/Instructor contacted via email
- Question format: likert scale to multiple choice to select all that apply
- *Waiting on results of survey*

Highlights

- Communicating with NA students about their experience
- Interest from the Community of Instructors



Findings



Washington State Board of Nursing
4/24/2025

Top Languages:

- English only: 59% (378)
- Swahili: 9% (60)
- Spanish: 7% (46)
- Amharic : 3% (17)

- Top programs

Next Steps

- Meet with Program Directors and Instructors share finding and get feedback
- Meet with the Community Stakeholders to share findings and get feedback.
- Form action groups or advisory.
- Address the needs of multilingual students/instructors
- Create a plan to implement changes for multilingual students/instructors

MENTORING OUR FUTURE LEADERS



RUTH RONO, RN DNP INTERN (FALL 2024 AND SPRING 2025)

UNIVERSITY OF WASHINGTON – SEATTLE DNP CLASS OF 2025

PROJECT: Facilitating Accelerated Skills Testing and Reduction in Time for Credentialing for NA-C



MUSKAN PRIYA, RN, DOH SCHOLARS IN NURSING INTERN (SPRING 2025)

UNIVERSITY OF WASHINGTON – BOTHELL MN CLASS OF 2026

PROJECT: Support for NA Students and Staff Teaching Nursing Assistant Content with Language Diversity Needs



MJ HUEBNER, HEALTHCARE ADMINISTRATION INTERN (SPRING 2025)

UNIVERSITY OF WASHINGTON – TACOMA BA HEALTHCARE LEADERSHIP CLASS OF 2025

PROJECT: Updating the WABON NA-C Handbook, NA Skills Testing Project, Language Project

****ALWAYS WELCOMING INTERNS TO WORK ON OUR PROJECT****

SPREADING OUR PASSION TO OUR COMMUNITY!



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



Skills Testing Pilot Technical Assistance Visit at Big Bend Community College
(Far Left) Katherine Christian, RN
Program Director
(Far Right) Sandra Graham, RN (WABON)



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

QUESTIONS??

NA Education Team

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



X.

Legislation and Rules Update



LEGISLATIVE UPDATE

2025 Regular Session
May 9, 2025

WABON Business Meeting
May 9, 2025

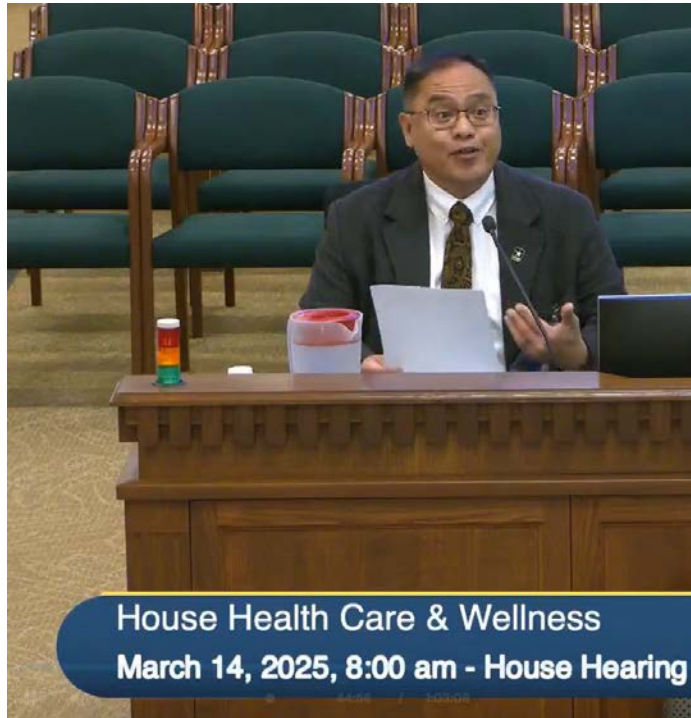
Official End of Session April 27, 2025





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

WABON in Action



Legislative Analysis

Proposed Legislation

- 1,856 total bills introduced
 - 805 Senate Bills
 - 1,051 House Bills

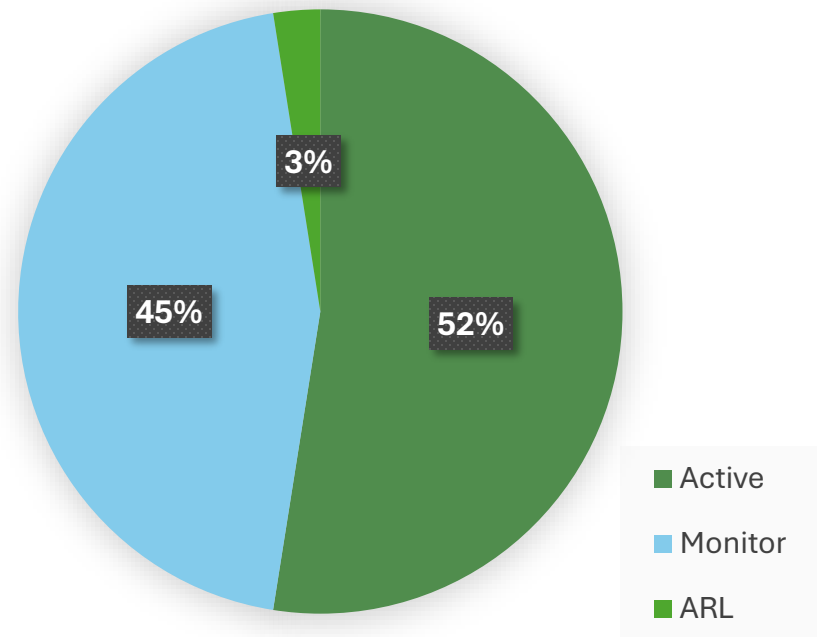
During Session

- 2 WABON Request Bills
- 42 Active
- 36 Monitor

End of Session

- WABON Request Bill (SB 5051)
- 6 Active
- 13 Monitor

Bills Analyzed & Tracked





Senate Bill

5051



Batting 1000!



Passed the legislature unanimously [49-0 & 98-0]

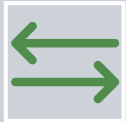


Signed by Governor Ferguson on April 4, 2025



Becomes effective July 1, 2026

Consolidating Regulatory Authority for NAs



Transfers NA discipline and credentialing authority from DOH to WABON



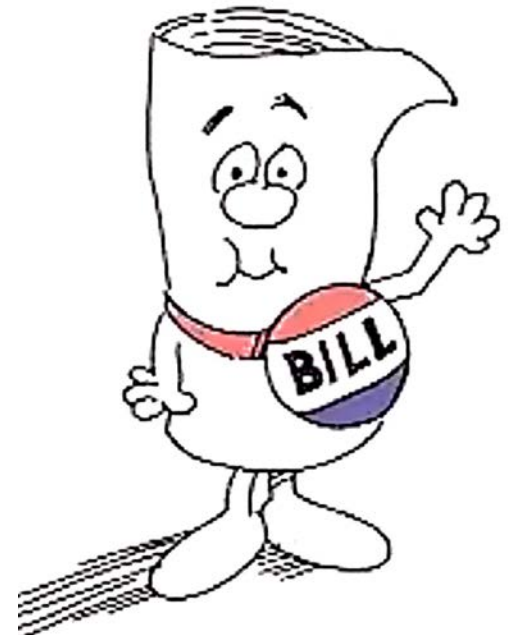
Adds two new NA-C members to the Board and converts one LPN member to an RN or LPN member with experience as an NA educator



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



Legislative Priorities in Action



House Bill 1430

ARNP
Reimbursement
Parity



House Bill 1720

Medication Assistance in
Comm.-Based Care
Settings



House Bill 1722

Restrictions Affecting
Students Participating
in Education Programs



Senate Bill 5335

Rural Nursing
Education Program
(RNEP)



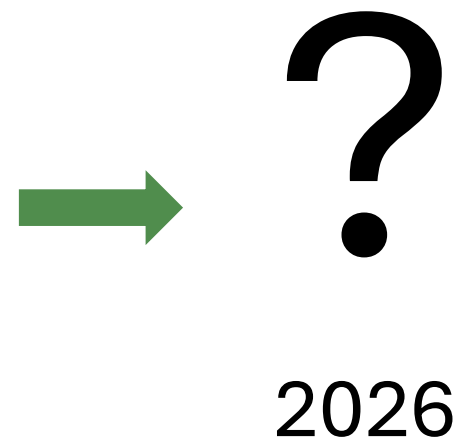
Senate Bill 5663

Online Course
Offerings at CTCs

Thinking Ahead...

Washington State Board of Nursing
2025 LEGISLATIVE PRIORITIES

1	2	3
Consolidate Regulatory Authority for Nursing Assistants WABON requests legislation to transfer credentialing and disciplinary authority of Nursing Assistants from the Secretary of Health to WABON	Fund the Substance Use Disorder (SUD) Stipend Program to Support Nurses Request funding for the SUD Stipend Program (RCW 18.79.440) to reduce barriers and increase access to substance use treatment	Augment Nursing Faculty Salaries and Professional Development <ul style="list-style-type: none">a. Subsidize nursing faculty salaries to reduce disparities across the industry, stabilize, retain, and recruit diverse nursing facultyb. Invest in simulation professional development to provide grant options for faculty development, program endorsements, and open-sourced materials for training to increase accessibility



What's the Deal with Delegation?

5

Address Long-Term Care (LTC) Staffing Needs

- a. Advance research on Licensed Practical Nurse (LPN) workforce to define value, quality of care, and models of care delivery in Washington
- b. Amend RCW 18.79.260 to address nurse delegation broadly to reduce barriers across LTC settings including medication administration, lab testing, and emergency medication access

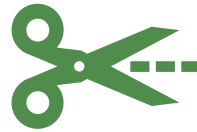
Current statutory language:

- Is overly prescriptive for care settings
- Restricts the flexibility nurses need to meet patient care demands across settings
- Causes confusion for nurses, patients, and even regulatory agencies

2026 Request Legislation Proposal



Explore potential amendments to the nurse delegation statute, RCW 18.79.260



Improve clarity, flexibility, and access by removing overly prescriptive statutory language



Develop operational structures and delegation processes in rule

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 (ESSB) 5582 (Chapter 126, Laws of 2023) codified as RCW 18.79.150.	WSR: 24-21-151 Filed: 10/22/2024 Note: The board approved rulemaking on May 12, 2023.	12/5/2024 12/12/2024 1/22/2025 1/23/2025 2/13/2025 Note: The board approved draft language on 3/14/2025			
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: 25-05-087 Filed: 2/18/2024	4/11/2025 4/17/2025 4/25/2025 Additional workshops will be held in May.			

#	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>	Note: The board approved rulemaking on January 10, 2025.				
3	Phase 1 of Chapter Rewrite: 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 Note: The board approved rulemaking on September 13, 2024.	2/6/2025 2/10/2025 2/13/2025 2/21/2025 2/25/2025 3/21/2025 4/04/2025			

UPCOMING RULE PROJECTS

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE
1	Phase 2 of Chapter Rewrite: Advanced Practice	<p>Amendments to: WAC 246-840-010 and WAC 246-840-300 through 246-840-4990</p> <p>Note: The board approved rulemaking on September 13, 2024.</p>	The Washington State Board of Nursing (board) is considering amendments to WAC 246-840-010 and 246-840-300 through 246-840-4990 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 2 of the board's formal review process.

UPCOMING RULE PROJECTS

#	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

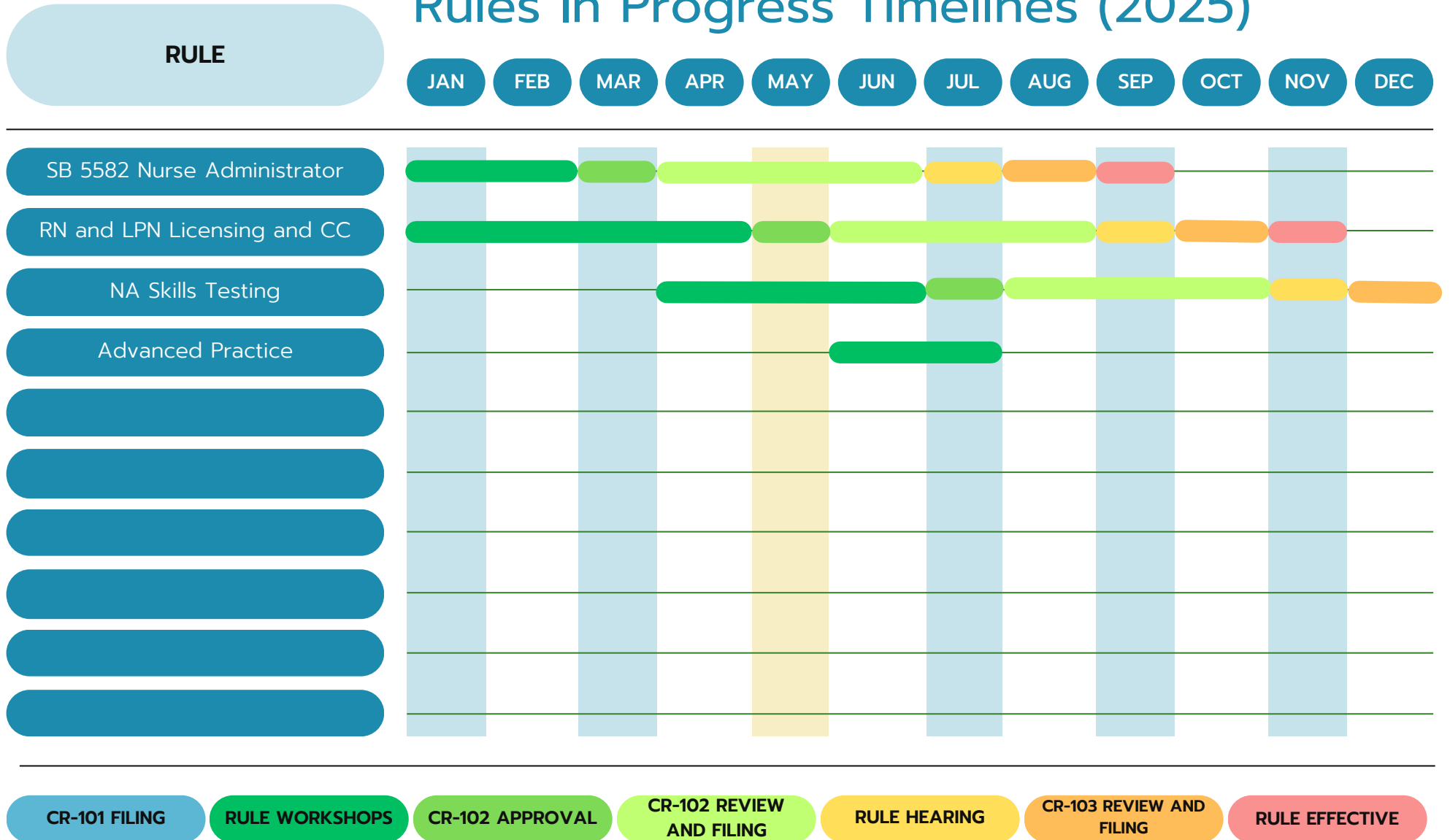
#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/ EMERGENCY
7	Nursing Temporary Practice Permits	Amendments to: WAC 264-840-095	<p>Temporary practice permit effective dates for licensed practical 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>

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			<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>	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.	<u>WSR: 21-05-021</u> Filed: 2/8/2021	October 2022 through February 2023.	<p>WSR:<u>23-15-091</u> 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>	8/30/2023	<p>WSR: <u>23-20-117</u></p> <p>Filed: 10/3/2023</p> <p>Effective: 11/3/2023</p>

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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

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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: <u>22-12-026</u> 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: <u>22-04-082</u> 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: <u>21-11-032</u> 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: <u>21-04-016</u> Filed: 1/22/2021

Rules In Progress Timelines (2025)



NURSING – WASHINGTON STATE BOARD OF NURSING

WAC 246-840-015

Requirement to submit demographic data.

Collecting and supplying demographic data for the nursing profession in Washington state is essential to answering the fundamental questions on supply, demand, and distribution of the nursing workforce.

(1) Applicants and licensees must complete all demographic data elements and attest to the completion of the data elements as part of their licensure requirements for:

(a) Licensed practical nurse (LPN) as defined under WAC [246-840-010](#);

(b) Registered nurse (RN) as defined under WAC [246-840-010](#);

(2) Advanced practice nurses who hold Washington state RN licenses do not have to complete additional demographic data. The demographic data is collected on their Washington state RN license. Advanced practice nurses with an active RN multistate license issued by another state, see WAC 246-840-xxx Multistate Licensure.

(3) The board shall verify compliance with this section during the continued competency audit process in WAC [246-840-230](#).

WAC 246-840-020

Credentials issued to an LPN, RN, or ARNP in Washington state.

The following credentials are issued to nurses in Washington state.

(1) Licensed practical nurse (LPN). An LPN license is issued upon completion of licensure requirements. Only persons holding this license have the right to use the title licensed practical nurse and its abbreviation, LPN. The license allows practice as an LPN in the state of Washington.

(2) Registered nurse (RN) license. An RN license is issued upon completion of licensure requirements. Only persons holding this license have the right to use the title registered nurse and its abbreviation, RN. The license allows practice as an RN in the state of Washington.

(a) A student who has completed a pre-licensure associate degree nursing education program approved by the board or its equivalent and who is pursuing a baccalaureate

degree in nursing, an advanced degree in nursing, or an advanced certification in nursing must hold an active Washington RN license before participating in the practice of nursing as required to fulfill the learning objectives in a clinical course.

(3) Advanced registered nurse practitioner (ARNP) license. An ARNP license is issued upon completion of licensure requirements. Only persons holding this license have the right to use the title advanced registered nurse practitioner and its abbreviation, ARNP. This includes any title or abbreviation which indicates that the individual is authorized to practice at an advanced and specialized role as a NP, CNM, CRNA, or CNS. The license is valid only with a current RN license. The license allows practice as an ARNP in the state of Washington. The ARNP's scope of practice is defined by a national certifying body approved by the board.

RN and LPN LICENSING

WAC 246-840-025

Initial licensure by examination—Board approved Washington state nursing education program.

Registered nurse (RN) and licensed practical nurse (LPN) applicants who are applying for initial licensure by examination and educated in a board-approved Washington state nursing education program shall:

(1) Have completed a board-approved Washington state nursing education program. LPN applicants who have completed part of an approved RN nursing education programs, must comply with WAC 246-840-xxx.

(2) Have an official transcript sent directly from the applicant's nursing education program to the board. Transcripts must be received within 90 days of the applicant's first attempt at the board-approved licensure examination.

(a) The transcript must:

(i) Include the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs.

(ii) Show that the applicant has graduated from a board-approved Washington nursing education program or that the applicant has completed the pre-licensure portion of an approved graduate-entry registered nursing program.

(3) Pass the board-approved licensure examination as provided in WAC [246-840-050](#). Testing may be allowed upon receipt of a certificate of completion from the nurse administrator of the nursing education program.

(4) Submit a completed licensure application with the required fee as specified in WAC [246-840-990](#).

WAC 246-840-030

Initial licensure by examination—Out-of-state traditional nursing education program approved by another U.S. jurisdiction

Registered nurse (RN) and licensed practical nurse (LPN) applicants who are applying for initial licensure by examination and educated in an out-of-state traditional nursing education program approved by another United States (U.S.) jurisdiction shall:

(1) Have completed a nursing education program approved by another U.S. jurisdiction, which substantially meets requirements for nursing education approved in Washington state. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants. LPN applicants who have completed part of an approved RN nursing education programs, must comply with WAC 246-840-xxx.

(2) Have an official transcript sent directly from the applicant's nursing education program to the board. Transcripts must be received within 90 days of the applicant's first attempt at the board-approved licensure examination.

(a) The transcript must:

(i) Include the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs; and

(ii) Show that the applicant has graduated from a nursing education program approved by another U.S. jurisdiction or that the applicant has completed the pre-licensure portion of an approved graduate-entry registered nursing program. The nursing education program must substantially meet the requirements of nursing education approved in Washington state at the time of graduation as determined by the board.

(3) Pass the board-approved licensure examination as provided in WAC [246-840-050](#).

(4) Submit a completed licensure application with the required fee as specified in WAC [246-840-990](#).

NEW WAC 246-840-xxx

Applicants who have completed part of an approved RN program applying for LPN licensure

Applicants who have completed part of an approved registered nurse (RN) program and are applying for licensure as a licensed practical nurse (LPN) shall:

(1) Have completed all course work required of board-approved practical nursing education programs as listed in [WAC 246-840-539](#). The RN program must substantially meet the requirements of board-approved nursing education in Washington state. Required courses not included in the RN program may be accepted if the courses were obtained through a board-approved program. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants.

(2) Have completed a board-approved professional vocational relationship (PVR) course.

(3) Have an official transcript sent directly from the applicant's nursing education program to the board. Transcripts must be received within 90 days of the applicant's first attempt at the board-approved licensure examination.

(a) The transcript must:

(i) Include the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs; and

(i) Show that the applicant has completed all course work required in a board-approved practical nurse program as listed in [WAC 246-840-539](#). If the applicant is from an out-of-state traditional nursing education program, the program must substantially meet the requirements of board-approved nursing education in Washington state.

(4) Have an attestation sent from the nurse administrator of the applicant's RN education program indicating that the applicant is capable of safely practicing within the scope of practice of an LPN.

(5) Pass the board-approved licensure examination for LPNs as provided in WAC 246-840-050. If the applicant is from a board-approved Washington state nursing education program, testing may be allowed upon receipt of a certificate of completion from the nurse administrator of the nursing education program.

(6) Have submitted a completed licensure application with the required fee as specified in WAC 246-840-990.

WAC 246-840-045

Initial U.S. licensure for applicants educated outside U.S. jurisdictions

Registered nurse (RN) and licensed practical nurse (LPN) applicants educated outside United States (U.S.) jurisdictions and applying for initial U.S. licensure shall:

(1) Have completed a nursing education program outside U.S. jurisdictions.

(a) The nursing education program must substantially meet the requirements for nursing education approved in Washington state. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants.

(b) Any deficiencies in the nursing education program, as described in WAC 246-840-539 and 246-840-541, may be satisfactorily completed in a board-approved nursing education program or program created for internationally educated nurses identified in WAC [246-840-549](#), [246-840-551](#) or [246-840-552](#). Documentation demonstrating that any deficiencies have been satisfactorily completed must be submitted directly to board from the nursing education program.

(2) Obtain a transcript evaluation from a board-approved credential evaluation service verifying that the educational program completed by the applicant substantially meets the requirements for nursing education in the state of Washington. The evaluation shall include a copy of the applicant's official transcript which must:

(a) Be in English or accompanied by an official English translation;

(b) Include applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs;

(c) Document that the nursing education program completed by the applicant substantially meets the requirements for nursing education in Washington state. Course descriptions or syllabi may be requested to determine if the education received is substantially equivalent to Washington state standards.

(3) Provide verification to the board directly from the program indicating that the theory and clinical components were taught in English. If the theory and clinical components of the applicant's nursing education program were not taught in English, the applicant must demonstrate English proficiency by one of the following:

- (a) Provide evidence of passing a board-approved English proficiency examination with the minimum passing scores established by the board; or
- (b) Provide evidence of earning a diploma or degree directly from an educational institution, prior to board approval to take the board-approved licensure examination as described in WAC 246-840-050. The education acquired by the applicant must have been taught in English.
- (c) Provide evidence of completing 1,000 hours of employment as a licensed nurse in another country in which English is the primary language spoken. The 1,000 hours of employment must be in the same licensed role as the nurse is applying for licensure in Washington state.

(4) Pass the board-approved licensure examination as provided in WAC 246-840-050. If the applicant passed the examination in a licensing jurisdiction outside the U.S., the applicant shall provide verification of having passed the examination directly from that jurisdiction to the board.

(5) Submit a completed licensure application with the required fee as specified in WAC [246-840-990](#).

WAC 246-840-050

Licensing examination.

(1) The current series of the National Council of the State Boards of Nursing Registered Nurse (NCSBN) Registered Nurse or Practical Nurse Licensing Examination (NCLEX-RN® or NCLEX-PN®) shall be the official examinations for nurse licensure.

(2) In order to be licensed in this state, all nurse applicants shall take and pass the National Council Licensure Examination (NCLEX-RN® or NCLEX-PN®).

(3) Only applicants who complete the education, experience, and application requirements of WAC [246-840-025](#), [246-840-030](#), 246-840-xxx, [246-840-045](#) will be eligible for the examination. If the applicant is from a board-approved Washington state nursing education program, testing may be allowed upon receipt of a certificate of completion from the nurse administrator of the nursing education program.

(4) The board will notify applicants who are eligible to take the examination.

(5) Applicants must register directly with the testing service and pay any required fees.

(6) The executive director of the board shall negotiate a contract with the National Council of State Boards of Nursing (NCSBN) for the use of the NCLEX®.

(7) The examination shall be administered in accordance with the NCSBN security measures and contract. All appeals of examination procedures and results shall be managed in accordance with policies in the NCSBN contract.

WAC 246-840-060

Results and retaking of examination.

(1) The board will issue a license to licensed practical nurse (LPN) or registered nurse (RN) applicants who has passed the relevant board-approved licensure examination described in WAC 246-840-050, provided all other requirements are met.

(2) The board will notify applicants who fail the examination including examination results and information on retaking the examination. The applicant may retake the examination no sooner than forty-five days following the date of the last examination attempt.

(3) An applicant who fails to pass the examination after four attempts will not be eligible to retest until the applicant provides evidence of completing a relevant board-approved National Council Licensure Examination (NCLEX) prep course.

(4) The applicant's examination results will be maintained in their application file with the department of health.

WAC 246-840-090

Licensure by interstate endorsement for applicants educated in a U.S. jurisdiction

Registered nurse (RN) and licensed practical nurse (LPN) applicants educated in a United States (U.S.) jurisdiction and applying for licensure by interstate endorsement shall:

(1) Have graduated and hold a degree from a nursing education program approved by a board of nursing or regulatory authority in a U.S. jurisdiction, preparing candidates for licensure as a nurse. The nursing education program must substantially meet requirements for nursing education approved in Washington state at the time of graduation, as determined by the board. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants. Applicants educated outside U.S. jurisdictions, see WAC 246-840-xxx.

(a) RN applicants who graduated from a non-traditional nursing education program without a clinical component must provide evidence of 1,000 hours of practice without discipline as an RN in a U.S. jurisdiction.

(2) Hold one of the following:

(a) a current active nursing license in another U.S. jurisdiction.

(b) an inactive or expired license in another U.S. jurisdiction and successfully complete a board-approved refresher course.

(i) An applicant whose license is inactive or expired in another U.S. jurisdiction may be issued a limited education authorization by the board to enroll in the clinical portion of the refresher course.

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

(c) an inactive or expired license in another U.S. jurisdiction, and an active license in a Canadian province or territory, where the applicant has been actively practicing within the last three years.

(i) The applicant must submit verification of an active license and active nursing practice in a Canadian province or territory within the last three years.

(3) Provide verification that the applicant was originally licensed to practice as a nurse in another U.S. jurisdiction after passing the relevant board-approved licensure examination as described in WAC 246-840-050.

(4) Have an official transcript sent directly from the applicant's nursing education program to the board if the education cannot be verified from the original board of nursing, regulatory authority, or board-approved evaluation service.

(a) The transcript must:

(i) Include the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs; and

(ii) Show that the applicant has graduated from a nursing education program or that the applicant has completed the pre-licensure portion of an approved graduate-entry registered nursing program. The nursing education program must substantially meet the requirements of board-approved nursing education in Washington state at the time of graduation as determined by the board.

(b) An education verification, course descriptions, or syllabi may be requested from the applicant's nursing education program and must include clinical hours in specific content areas of direct care and simulation.

(5) Submit a completed licensure application with the required fee as specified in WAC [246-840-990](#).

NEW WAC 246-840-xxx

Licensure by interstate endorsement for applicants educated outside U.S. jurisdictions

Registered nurse (RN) and licensed practical nurse (LPN) applicants educated outside United States (U.S.) jurisdictions and applying for licensure by interstate endorsement shall:

(1) Have graduated and hold a degree from a nursing education program outside U.S. jurisdictions preparing candidates for licensure as a nurse. The nursing education program must substantially meet requirements for nursing education approved in Washington state at the time of graduation, as determined by the board. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants.

(a) An education verification may be requested of the applicant's nursing education program and must include clinical hours in specific content areas of direct care and simulation.

(2) Hold one of the following:

(a) a current active nursing license in another U.S. jurisdiction.

(b) an inactive or expired license in another U.S. jurisdiction and successfully complete a board-approved refresher course.

(i) An applicant whose license is inactive or expired in another U.S. jurisdiction may be issued a limited education authorization by the board to enroll in the clinical portion of the refresher course.

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

(c) an inactive or expired license in another U.S. jurisdiction, and an active license in a Canadian province or territory, where the applicant has been actively practicing within the last three years.

(i) The applicant must submit verification of an active license and active nursing practice in a Canadian province or territory within the last three years.

(3) Provide verification that the applicant was originally licensed to practice as a nurse in another U.S. jurisdiction after passing the relevant board-approved licensure examination as described in WAC 246-840-050.

(4) Have an official transcript sent directly from the applicant's nursing education program to the board if the education cannot be verified from the original board of nursing, regulatory authority, or board-approved evaluation service.

(a) The transcript must:

(i) Be in English or accompanied by an official English translation;

(ii) Include the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs; and

(iii) Document that the applicant has graduated from a nursing education program or that the applicant has completed the pre-licensure portion of an approved graduate-entry registered nursing program. The nursing education program must substantially meet the requirements of board-approved nursing education in Washington state at the time of graduation as determined by the board.

(b) An education verification, course descriptions, or syllabi may be requested from the applicant's nursing education program and must include clinical hours in specific content areas of direct care and simulation.

(5) Provide verification to the board directly from the program indicating that the theory and clinical components were taught in English. If the theory and clinical components of the applicant's nursing education program were not taught in English, the applicant must demonstrate English proficiency by one of the following:

(a) Provide evidence of passing a board-approved English proficiency examination with the minimum scores established by the board; or

(b) Provide evidence of earning a diploma or degree directly from an educational institution prior to board approval to take the board-approved licensure examination as described in WAC 246-840-050. The education acquired by the applicant must have been taught in English; or

(c) Provide evidence of completing 1,000 hours of employment as a licensed nurse in another country in which English is the primary language spoken. The 1,000 hours

of employment must be in the same licensed role as the nurse is applying for licensure in Washington state.

(6) Complete and submit a licensure application with the required fee as specified in WAC [246-840-990](#).

WAC 246-840-095

Temporary practice permits.

The board conducts background checks on applicants to assure safe patient care. Completion of a fingerprint-based national background check may cause a delay in licensing.

(1) The board may issue a temporary practice permit to an applicant who has met all requirements for licensure under this chapter, with the exception of the fingerprint-based national background check. The applicant must not be subject to denial of a license or issuance of a conditional or restricted license.

(2) A temporary practice permit serves as a license to practice nursing during the time period specified on the permit.

(3) A temporary practice permit expires when:

- (a) A license is granted;
- (b) A notice of decision on application is sent to the applicant, unless the notice of decision on application specifically extends the duration of the temporary practice permit; or
- (c) 60 days after the temporary practice permit is issued, or 180 days for military spouse applicants.

If, at the expiration of the original temporary practice permit, the department of health (department) has not received information from the fingerprint-based national background check, the board may renew the temporary practice permit for an additional 30 days.

(4) To receive a temporary practice permit, the applicant must:

- (a) Submit to the board an application and the necessary application fee(s) for the license.
- (b) Meet all other requirements and qualifications for the license, except for the results from a fingerprint-based national background check, if required.

(5) The applicant shall initiate the fingerprint-based national background check process with the department within 30 days of applying to the board, or the permanent license application may be closed as incomplete. The temporary practice permit shall not be extended in accordance with subsection (3)(c) of this section unless the applicant's fingerprints have been received by the department and a fingerprint-based national background check is in process.

WAC 246-840-105

Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure.

The board adopts RCW [34.05.482](#) and [34.05.485](#) through [34.05.494](#) for adjudicative proceedings requested by applicants, who are denied a license under chapter [18.79](#) RCW or chapter [246-840](#) WAC for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

WAC 246-840-111

Expired license.

The board utilizes the definition of “expired” licensed status as defined by the department of health in WAC 246-12-010.

- (1) If the license has been expired for three years or less, the nurse must meet the requirements in WAC [246-12-020](#) through 246-12-040.
- (2) If the license has been expired for more than three years and the nurse has been in active practice in another United States (U.S.) jurisdiction or Canadian province or territory, the nurse must:
 - (a) Submit verification of active practice from any other U.S. jurisdiction or Canadian province or territory;
 - (b) Meet the requirements in WAC [246-12-020](#) through 246-840-040.
- (3) If the license has been expired for more than three years and the nurse has not been in active practice in another U.S. jurisdiction or Canadian province or territory, the nurse must:
 - (a) Successfully complete a board-approved refresher course. The nurse may be issued a limited educational authorization to enroll in the refresher course. The

limited educational authorization is valid only while working under the direct supervision of a preceptor and is not valid for employment as a nurse;

(b) Meet the requirements in WAC [246-12-020](#) through 246-12-040.

WAC 246-840-120

Inactive license.

The board utilizes the definition of “inactive” license status as defined by the department of health in WAC 246-12-010.

(1) A nurse may obtain an inactive license. Refer to the requirements in WAC [246-12-090](#) through [246-12-110](#).

(2) Nurses with an inactive license for three years or less who wish to return to active status must meet the requirements in WAC [246-12-090](#) through [246-12-110](#).

(3) Nurses with an inactive license for more than three years, who have been in active practice in another United States (U.S.) jurisdiction or Canadian province or territory, and wish to return to active status must:

(a) Submit verification of active practice from any other U.S. jurisdiction or Canadian province or territory;

(b) Meet the requirements in WAC [246-12-090](#) through [246-12-110](#).

(4) A nurse with an inactive license for more than three years, who have not been in active practice in another U.S. jurisdiction or Canadian province or territory, and wish to return to active status must:

(a) Successfully complete a board-approved refresher course. The nurse will be issued a limited educational authorization to enroll in the refresher course. The limited educational authorization is valid only while working under the direct supervision of a preceptor and is not valid for employment as a nurse;

(b) Meet the requirements in WAC [246-12-090](#) through [246-12-110](#).

WAC 246-840-125

Retired active license.

The board utilizes the definition of “retired active” license status as defined by the department of health in WAC 246-12-010.

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

(2) An RN or LPN who holds a retired active license may only practice in intermittent or emergent circumstances.

(a) Intermittent means the RN or LPN will practice no more than ninety days a year.

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

(3) To obtain a retired active license an RN or LPN must:

(a) Meet the requirements in WAC [246-12-120](#).

(b) Pay the appropriate fee in WAC [246-840-990](#).

(4) To renew a retired active license the RN or LPN must:

(a) Meet the requirements in WAC [246-12-130](#). The retired active license fee is in WAC [246-840-990](#).

(b) Have completed 8 hours of continuing nursing education within the 12-month period prior to the renewal of licensure in compliance with WAC [246-840-220](#) (2)(b). Education may include CPR and first aid.

(c) Demonstrate they have practiced at least 24 hours within a 12-month period prior to the renewal of licensure. Practice may be paid or unpaid as a volunteer, but must require nursing knowledge or a nursing license.

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

(5) To return to active status the RN or LPN must meet the requirements in WAC [246-12-140](#). The active renewal fee is specified in WAC [246-840-990](#).

(6) An RN or LPN who holds a retired active license is subject to a continuing competency audit as outlined in WAC [246-840-220](#) and [246-840-230](#).

NEW WAC 246-840-xxx

Multistate Licensure

(1) Applicants applying for a multistate license under the Enhanced Nurse Licensure Compact (eNLC) must meet all requirements outlined in this chapter and RCW 18.80.020(3)(b).

(2) Individuals that hold a multistate nurse license issued by another compact jurisdiction outside of Washington and employed by certain entities must complete specific requirements as a condition of employment. These entities include:

- (a) Hospitals as described in RCW 70.41.540;
- (b) Private Establishments as described in RCW 71.12.740;
- (c) Ambulatory Surgical Facilities as described in RCW 70.230.220;
- (d) Nursing Homes as described in RCW 18.51.590;
- (e) Assisted Living Facilities as described in RCW 18.20.530;
- (f) Hospice Care Centers as described in RCW 70.127.300;
- (g) Adult Family Homes as described in RCW 70.128.310; or
- (h) Nursing Pools as described in RCW 18.52C.070.

(3) As a condition of employment, individuals that hold a multistate nurse license issued by another compact jurisdiction and employed by an entity listed in section (2) of this rule, shall:

- (a) Complete any demographic data surveys required by the board as described in WAC 246-840-015; and
- (b) Complete the one time, six-hour training in suicide assessment, treatment, and management required by RCW 43.70.442(5)(a).

WAC 246-840-200

Continuing competency purpose statement.

Patients, families, and communities expect safe, competent, and compassionate nursing care. WAC 246-840-200 through [246-840-260](#) establish a self-directed continuing competency program which includes participation in active practice and continuing nursing education for registered nurses and licensed practical nurses as a mechanism to help keep patients safe and improve nursing practice.

WAC 246-840-210

Continuing competency definitions.

The definitions in this section apply throughout WAC [246-840-200](#) through [246-840-260](#) unless the context clearly requires otherwise.

- (1) **"Active nursing practice"** means engagement in paid, unpaid, or volunteer activity performing acts requiring substantial nursing knowledge, judgment, and skills described under RCW [18.79.040](#), [18.79.050](#), and [18.79.060](#). Active nursing practice may include, but is not limited to, working in direct care roles or administrative roles such as an administrator, quality manager, policy officer, , educator, consultant, or regulator.
- (2) **"Attestation"** means the affirmation by signature of the nurse indicating compliance with the standards and terms of the continuing competency requirements.
- (3) **"Compliance audit"** means a review of documents to determine whether the nurse has fulfilled the requirements in WAC [246-840-220](#) through [246-840-260](#).
- (4) **"Continuing competency"** is the ongoing ability of a nurse to maintain, update and demonstrate sufficient knowledge, skills, judgment, and qualifications necessary to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. A nurse achieves continuing competency through active practice and continuing nursing education.
- (5) **"Continuing nursing education"** refers to systematic professional learning experiences obtained after initial licensure and designed to augment the knowledge, skills, and judgment of nurses and enrich nurses' contributions to quality health care and the pursuit of professional career goals, related to a nurse's area of professional practice, growth and development.
- (6) **"Nurse"** means a registered nurse or licensed practical nurse.
- (7) **"Review period"** is one full licensing renewal cycle. For purposes of a compliance audit, the review period will be the one year preceding the audit due date.

WAC 246-840-220

Continuing competency requirements—Active status.

- (1) Upon license renewal a nurse must attest on a form provided by the department of health declaring completion of the required active nursing practice hours and continuing nursing education hours.
- (2) A nurse must complete within a 12-month period prior to the renewal of licensure:

- (a) A minimum of 96 hours of active nursing practice; and
- (b) A minimum of eight hours of continuing nursing education of which at least two hours must be on health equity training, as specified in WAC [246-840-222](#).

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

- (a) A registered nurse, except for registered nurses holding an active certified registered nurse anesthetist license, and licensed practical nurses must complete a one-time, six-hour training in suicide assessment, treatment, and management from a qualified suicide prevention training program. The training must be completed by the end of the first full year of licensure.
- (b) A qualified suicide training program must be on the department of health model list, required under RCW [43.70.442](#), to be accepted.
- (c) The hours spent completing a qualified training program in suicide assessment, treatment, and management under this section counts toward continuing competency requirements in subsection (2)(b) of this section.

(4) Nurses who are enrolled in, or have completed prerequisite classes for, an advanced nursing education program are exempt from the continuing competency requirements during their current review period.

(5) Nurses providing clinical services through telemedicine shall complete requirements under RCW 43.70.495.

WAC 246-840-222

Continuing competency requirements—Health equity continuing education.

(1) Nurses must complete a minimum of two hours of health equity continuing education every year upon license renewal.

(2) The hours spent completing health equity continuing education under this section count toward meeting applicable continuing education requirements for nurse license renewal as described in WAC 246-840-220.

(3) An educational program providing health equity continuing education training must:

- (a) Include implicit bias training to identify strategies to reduce bias during assessment and diagnosis. The training may include at least one other topic listed in RCW 43.70.613 (3)(c).

(b) Have trainers with demonstrated knowledge and experience related to health equity. Research referenced in the training must be based on current empirical research and known best practices.

(c) Have courses that assess the health care professional's ability to apply health equity concepts into practice in accordance with profession specific rules, which may include, but are not limited to:

(i) An assessment at the end of an in-person or virtual continuing education training to determine knowledge gained during that training; or

(ii) A document provided at the end of an in-person or virtual continuing education training that attests attendance at the training.

(4) This training must be completed by the second full continuing education reporting period after initial licensure or 2026 renewal, whichever is later.

(5) After the first required reporting period, this training must be completed within a 12-month period prior to license renewal. Additional hours cannot be rolled over to the following year.

WAC 246-840-230

Continuing competency audit process and compliance.

(1) The board may conduct a compliance audit:

(a) Through random selection; and

(b) At the discretion of the board, on nurses under the disciplinary process.

(2) The board will notify a nurse selected for compliance audit at the address on record with the department.

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

(4) Failure to complete the required hours and provide the required documentation may be considered an aggravating factor per WAC [246-16-890](#) in any disciplinary action for a violation of RCW [18.130.180](#).

WAC 246-840-250

Continuing competency requirements—Reactivation from expired status.

(1) All nurses applying for reactivation must meet the requirements of WAC [246-12-020](#) through [246-12-051](#) and [246-840-111](#).

(2) If a license has been expired for more than one year, and the nurse has not held an active nursing license in any United States (U.S.) jurisdiction or Canadian province or territory, the nurse must complete 96 hours of active nursing practice and eight hours of continuing nursing education within one year of reactivation.

WAC 246-840-260

Continuing competency requirements—Reactivation from inactive status.

(1) All nurses applying for reactivation must meet the requirements of WAC [246-12-090](#) through [246-12-110](#) and [246-840-120](#).

(2) If a license has been inactive for more than one year, and the nurse has not held an active nursing license in any U.S. jurisdiction or Canadian province or territory, the nurse must complete 96 hours of active nursing practice and eight hours of continuing nursing education within one year of reactivation.

PRACTICAL AND REGISTERED NURSING

NURSING – WASHINGTON STATE BOARD OF NURSING

WAC 246-840-015

Requirement to submit demographic data.

Collecting and supplying demographic data for the nursing profession in Washington state is essential to answering the fundamental questions on supply, demand, and distribution of the nursing workforce.

(1) Applicants and licensees must complete all demographic data elements and attest to the completion of the data elements as part of their licensure requirements for:

- (a) Licensed practical nurse (LPN) as defined under WAC ~~246-840-010.(22); or~~
- (b) Registered nurse (RN) as defined under WAC ~~246-840-010.(33);~~

(2) Advanced practice nurses ~~who hold with a Washington state RN licenses~~ do not have to complete additional demographic data. The demographic data is collected on their Washington state RN license. Advanced practice nurses with an active RN multistate license issued by another state, see WAC 246-840-xxx Multistate Licensure.

(3) The ~~commission board~~ shall verify compliance with this section during the continued competency audit process in WAC ~~246-840-230.~~

WAC 246-840-020

Credentials issued to an LPN, RN, or ARNP in Washington state.

The following credentials are issued to nurses in Washington state.

(1) ~~Licensed practical nurse Active status license for (LPN) or RN.~~ An LPN license is issued upon completion of licensure requirements. ~~The license holder may~~ Only persons holding this license have the right to use the title licensed practical nurse ~~or registered nurse~~ and ~~the use of~~ its abbreviation, LPN ~~or RN~~. The license allows practice as an LPN ~~or RN~~ in the state of Washington.

(2) Registered nurse (RN) license. An RN license is issued upon completion of licensure requirements. Only persons holding this license have the right to use the title registered

nurse and its abbreviation, RN. The license allows practice as an RN in the state of Washington.

(a) A student ~~who has graduated from a basic professional nursing course and who has completed a pre-licensure associate degree nursing education program approved by the board or its equivalent and is who is~~ pursuing a baccalaureate degree in nursing, an advanced degree in nursing, or an advanced certification in nursing must hold an active Washington RN license before participating in the practice of nursing as required to fulfill the learning objectives in a clinical course.

(32) Advanced registered nurse practitioner (ARNP) license. An ARNP license ~~may be~~ issued ~~upon completion of licensure requirements to an individual who meets the requirements of the commission board as contained in WAC 246-840-300 through 246-840-365~~ ~~246-840-367~~. Only persons holding this license have the right to use the title "advanced registered nurse practitioner" ~~and "or its the~~ abbreviation, "ARNP." ~~This includes~~ or any title or abbreviation which indicates that the individual is ~~entitled~~ authorized to practice at an advanced and specialized role as a NP, CNM, CRNA, or CNS. The license is valid only with a current RN license. ~~The license allows practice as an ARNP in the state of Washington. The ARNP's scope of practice is defined by a national certifying body approved by the board. The ARNP's scope of practice is defined by a national certifying body approved by the commission.~~

RN and LPN LICENSING

WAC 246-840-025

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

Registered nurse (RN)ing and licensed practical nurse (LPN)ing applicants ~~who are~~
~~applying for initial licensure by examination who were educated in a commission board-~~
~~approved Washington state nursing education program and educated in a board-approved~~
~~Washington state nursing education program shall and applying for initial licensure must:~~

(1) ~~Successfully~~ Have completed a ~~commission board-~~ approved Washington state nursing education program. ~~LPN applicants who have completed part of an approved RN nursing education programs, must comply with WAC 246-840-xxx. For applicants from a commission approved registered nurse program who are applying for a practical nurse license:~~

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

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

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

(3) Submit the following documents:

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

(2) (b) ~~Have an~~ An official transcript sent directly from the applicant's nursing education program to the ~~commission~~board. ~~The transcript must include course names and credits accepted from other programs.~~ Transcripts must be received within ~~ninety~~90 days of the applicant's first ~~attempt at taking of~~ the ~~board-approved licensure~~ examination.

(a) The transcript must ~~show~~:

(i) ~~I nclude the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs.~~

(ii) ~~Show that the~~The applicant has graduated from a ~~board-n~~approved Washington nursing ~~education~~ program ~~or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program;~~ or that the applicant has completed the pre-licensure portion of an approved graduate-entry registered nursing program.

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

(4) Submit a completed licensure application with the required fee as ~~defined~~specified in WAC ~~246-840-990~~.

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

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

WAC 246-840-030

Initial licensure ~~by examination for registered nurses and practical nurses~~—Out-of-state traditional nursing education program approved by ~~another United States nursing board~~ another U.S. jurisdiction:

~~(1)~~ Registered nurse (RN) and licensed practical nurse (LPN) applicants who are applying for initial licensure by examination and ~~were~~ educated in an out-of-state traditional nursing education program approved by another United States (U.S.) jurisdiction ~~by another United States nursing board and applying for initial licensure~~ shall:

~~(1a)~~ ~~Successfully~~ Have completed a nursing education program approved by another U.S. jurisdiction in another U.S. state, which substantially meets requirements for nursing education approved in Washington state. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants. LPN applicants who have completed part of an approved RN nursing education programs, must comply with WAC 246-840-xxx.

~~(i)~~ Is approved by the nursing board in that state; and

~~(ii)~~ Substantially meets requirements for nursing education approved in Washington state. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants.

~~(b)~~ Successfully pass the board-approved licensure examination as provided in WAC 246-840-050.

~~(c)~~ Submit the following documents:

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

~~(2ii)~~ Have an ~~An~~ official transcript sent directly from the applicant's nursing education program to the board. ~~The transcript must include course names and credits accepted from other programs. If credits have been accepted from other programs, the transcript must identify those programs. Transcripts must be received within ninety~~ 90 days of the applicant's first attempt at taking of the board-approved licensure examination. The transcript must show:

(a) The transcript must:

(i) Include the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs; and

(ii) Show that the applicant has graduated from a nursing education program approved by another U.S. jurisdiction or that the applicant has completed the pre-licensure portion of an approved graduate-entry registered nursing program. The nursing education program must substantially meet the requirements of nursing education approved in Washington state at the time of graduation as determined by the board.

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

(3) Pass the board-approved licensure examination as provided in WAC 246-840-050.

(4) Submit a completed licensure application with the required fee as ~~defined~~ specified in WAC 246-840-990.

~~(B) That the applicant has completed all course work required in a board-approved practical nurse program as listed in WAC 246-840-539.~~

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

NEW WAC 246-840-xxx

Applicants who have completed part of an approved RN program applying for LPN licensure

Applicants who have completed part of an approved registered nurse (RN) program and are applying for licensure as a licensed practical nurse (LPN) shall:

(1) Have completed all course work required of board-approved practical nursing education programs as listed in WAC 246-840-539. The RN program must substantially meet the requirements of board-approved nursing education in Washington state. Required courses not included in the RN program may be accepted if the courses were obtained

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through a board-approved program. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants.

(2) Have completed a board-approved professional vocational relationship (PVR) course.

(3) Have an official transcript sent directly from the applicant's nursing education program to the board. Transcripts must be received within 90 days of the applicant's first attempt at the board-approved licensure examination.

(a) The transcript must:

(i) Include the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable ~~accepted from other programs~~. If credits have been accepted from other programs, the transcript must identify those programs; and

(i) Show that the applicant has completed all course work required in a board-approved practical nurse program as listed in WAC 246-840-539. If the applicant is from an out-of-state traditional nursing education program, the program must substantially meet the requirements of board-approved nursing education in Washington state.

(4) Have an attestation sent from the nurse administrator of the applicant's ~~nursing~~-RN education program indicating that the applicant is capable of safely practicing within the scope of practice of an LPN.

(5) ~~Have Passed~~ the board-approved licensure examination for LPNs as provided in WAC 246-840-050. If the applicant is from a board-approved Washington state nursing education program, testing may be allowed upon receipt of a certificate of completion from the nurse administrator of the nursing education program.

(6) ~~Submit~~ Have submitted a completed licensure application with the required fee as ~~defined~~ specified in WAC 246-840-990.

(2) An applicant from an out-of-state board-approved registered nurse program who is applying for a practical nurse license shall:

(a) Complete all course work required of board-approved practical nurse programs as listed in WAC ~~246-840-539~~. Required courses not included in the registered nurse program may be accepted if the courses were obtained through a board-approved program.

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

WAC 246-840-045

Initial U.S. licensure for applicants educated outside U.S. jurisdictions ~~DO?~~ for registered nurses and practical nurses who graduate from an international school of nursing.

(1) Registered nurse (RN) and licensed practical nurse (LPN) applicants educated outside United States (U.S.) jurisdictions ~~educated in a jurisdiction which is not a member of the National Council of State Boards of Nursing and~~ and applying for initial U.S. licensure ~~shall~~ must:

(1a) ~~Successfully~~ Have completed a ~~basic~~ nursing education program outside U.S. jurisdictions. ~~approved in that country.~~

(a) The nursing education program must substantially meet the requirements for nursing education approved in Washington state. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants. ~~be equivalent to the minimum standards prevailing for nursing education programs approved by the commission.~~

(b) Any deficiencies in the nursing education program, ~~(theory and clinical practice in medical, psychiatric, obstetric, surgical and pediatric nursing)~~ as described in WAC 246-840-539 and 246-840-541, may be satisfactorily completed in a ~~commission~~ board-approved nursing education program or program created for internationally educated nurses identified in WAC ~~246-840-549, 246-840-551 or 246-840-552.~~ Documentation demonstrating that any deficiencies have been satisfactorily completed must be submitted directly to board from the nursing education program.

(2b) Obtain ~~an~~ a transcript evaluation ~~or certificate~~ from a ~~commission~~ board-approved credential evaluation service verifying that the educational program completed by the applicant substantially meets the requirements ~~is substantially equivalent for~~ nursing education in the state of Washington. The evaluation shall include a copy of the applicant's official transcript which must:

(a) Be in English or accompanied by an official English translation;

(b) Include applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs;

(c) Document that the nursing education program completed by the applicant substantially meets the requirements for nursing education in Washington statesubstantial. Course descriptions or syllabi may be requested to determine if the education received is substantially equivalent to Washington state standards.

(3e) Provide verification to the board directly from the program indicating that the theory and clinical components were taught in English. If the theory and clinical components of the applicant's nursing education program were not taught in English, the applicant must demonstrate English language proficiencyEnglish proficiency by one of the following:

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(a) Provide evidence of passing a board-approved English proficiency examination with the minimum passing scores established by the board; or

(b) Provide evidence of earning a diploma or degree directly from an educational institution, prior to board approval to take the board-approved licensure examination as described in WAC 246-840-050. The education acquired by the applicant must have been taught in English.

(c) Provide evidence of completing 1,000 hours of employment as a licensed nurse in another country in which English is the primary language spoken. The 1,000 hours of employment must be in the same licensed role as the nurse is applying for licensure in Washington state.

(a) by passing a commission approved English proficiency examination at a commission designated standard, or provide evidence directly from the school of earning a high school diploma or college degree from a United States institution prior to commission approval to take the national licensing examination.

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

(4d) Successfully pass the commissionboard-approved licensure examination as provided in WAC 246-840-050. If the applicant as provided in WAC 246-840-050 passed the examination in a licensing jurisdiction outside the U.S., the applicant shall provide verification of having passed the examination directly from that jurisdiction to the board. or territories?

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

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

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

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

(ii) ~~The transcript must:~~

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

(B) ~~Describe the course names and credit hours completed:~~

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

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

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

WAC-246-840-048

Students enrolled in a nontraditional nursing program:

This section applies to a licensed practical nurse (LPN) enrolled in a nontraditional LPN to registered nurse (RN) program on July 27, 2017, and describes the eligibility requirements for obtaining a Washington state interim permit.

(1) ~~Graduates of a nontraditional nursing program may apply for an interim permit after degree confirmation by the nontraditional program:~~

(a) ~~An LPN enrolled in a nontraditional nursing program on July 27, 2017, has until July 27, 2020, to complete the nontraditional program, as defined in WAC **246-840-010**:~~

(b) An LPN successfully completing a nontraditional nursing program after July 27, 2020, may obtain licensure by endorsement in Washington state after completing one thousand hours of practice under an RN license in another state, without discipline.

(2)(a) An LPN successfully completing the nontraditional nursing program and passing the National Council of State Boards of Nursing Registered Nurse Licensing Examination (NCLEX-RN®) may be eligible to receive an interim permit for the purpose of completing one thousand hours of practice experience in the role of an RN.

(b) Only students licensed as an LPN in Washington state and identified by the nontraditional program on July 27, 2017, will be considered eligible to obtain initial licensure from the commission under this section.

(3) An LPN successfully completing a nontraditional nursing program as identified in subsection (2)(b) of this section shall:

(a) Submit a completed RN application indicating the need for an interim permit with the required fee, as defined in WAC ~~246-840-990~~;

(b) Request an official transcript be sent directly to the commission from the nontraditional nursing education program confirming a conferred associate degree in nursing;

(c) Successfully pass the National Council of State Boards of Nursing Registered Nurse Licensing Examination (NCLEX-RN®);

(d) Complete one thousand hours of practice under an interim permit in the role of an RN; and

(e) Provide documented evidence from a commission approved supervising licensed RN verifying the interim permit holder successfully completed the one thousand hours of practice in an RN role.

(4) The supervising RN from the acute care, skilled nursing, or transitional care facility:

(a) Shall submit a commission approved application;

(b) Must have an active, unencumbered RN license;

(c) Shall attest to not being related to or personal friends of the interim permit holder;

(d) Must have at least three years of experience as an RN;

(e) Must have demonstrated teaching and mentoring skills; and

(f) ~~Must be able to evaluate, with input from others, the practice of the interim permit holder in the role of an RN.~~

(5) ~~The interim permit expires one year after the submission of the application and is not renewable.~~

(6) ~~An interim permit holder who does not successfully fulfill the practice requirements, as identified in subsection (3)(c) and (d) of this section, does not meet the requirements for licensure by examination as an RN in the state of Washington.~~

(7) ~~The holder of the interim permit is subject to disciplinary action under chapter ~~18.130~~ RCW.~~

WAC 246-840-050

Licensing examination.

(1) The current series of the National Council of the State Boards of Nursing Registered Nurse (NCSBN) Registered Nurse or Practical Nurse Licensing Examination (NCLEX-RN® or NCLEX-PN®) shall be the official examinations for nurse licensure.

(2) In order to be licensed in this state, all nurse applicants shall take and pass the National Council Licensure Examination (NCLEX-RN® or NCLEX-PN®).

(3) Only applicants who complete the education, experience, and application requirements of WAC ~~246-840-025, 246-840-030, 246-840-035, 246-840-xxx, or 246-840-045~~ will be eligible for the examination. If the applicant is from a board-approved Washington state nursing education program, testing may be allowed upon receipt of a certificate of completion from the nurse administrator of the nursing education program.

(4) The ~~commission board~~ will notify applicants who ~~are have filed the required application documents and met all qualifications of their eligible~~ eligibility to take the examination.

(5) Applicants must ~~file an examination application~~ register directly ~~with the to the~~ testing service ~~and pay any, along with the testing service's~~ required fees.

(6) The executive director of the ~~commission board~~ shall negotiate ~~a contract with~~ with the National Council of State Boards of Nursing (NCSBN) for the use of the NCLEX®.

(7) The examination shall be administered in accordance with the NCSBN security measures and contract. All appeals of examination procedures and results shall be managed in accordance with policies in the NCSBN contract.

WAC 246-840-060

Results and retaking of examination.

~~(1) The commission will notify applicants of the examination results by mail.~~

~~(12) The board will issue a license to~~ Applicants who pass receive a license to practice as a licensed practical nurse (LPN) or registered nurse (RN) applicants who has passed the relevant board-approved licensure examination described in WAC 246-840-050, ~~from the commission~~ provided all other requirements are met.

~~(23) The board will notify a~~ Applicants who fail the examination will receive a letter of notification from the commission, including examination results and information on retaking the examination. The applicant may retake the examination no sooner than forty-five days following the date of the last examination ~~taken~~ attempt.

~~(4) The applicant's examination results will be maintained in his/her application file with the department of health.~~ (3) An applicant who fails to pass the examination after four attempts will not be eligible to retest until the applicant provides evidence of completing a relevant board-approved National Council Licensure Examination (NCLEX) prep course.

(4) The applicant's examination results will be maintained in their application file with the department of health.

WAC 246-840-090

Licensure ~~for nurses~~ by interstate endorsement ~~for applicants educated in a U.S. jurisdiction or a territory.~~

Registered nurse (RN) and licensed practical nurse (LPN) applicants ~~educated in a United States (U.S.) jurisdiction or a territory and applying for licensure by~~ for interstate endorsement shall ~~may be issued a license without examination provided the applicant meets the following requirements:~~

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

~~(a) A nursing education program approved by a board of nursing or regulatory authority in a U.S. jurisdiction, state DC? board-approved program~~ preparing candidates for licensure as a nurse. ~~The nursing education program must, which~~ substantially meets requirements for nursing education approved in Washington state at the time of graduation, as determined by the board. ~~The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants. Applicants educated outside U.S. jurisdictions or a territory, see WAC 246-840-xxx.; or~~

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(a) RN applicants who graduated from a non-traditional nursing education program without a clinical component must provide evidence of 1,000 hours of practice without discipline as an RN in a U.S. jurisdiction. (b) A nursing program that is equivalent to board-approved nursing education in Washington state at the time of graduation as determined by the board.

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(2) Hold either one of the following:

(a) The applicant holds a current active nursing license in another U.S. jurisdiction state or territory.

(b) or holds an inactive or expired license in another U.S. jurisdiction state or territory and successfully completes a board-approved refresher course.

(i) An applicant whose license was is inactive or expired in another U.S. jurisdiction must may be issued a limited education authorization by the board to enroll in the clinical portion of the refresher course.

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

(c) an inactive or expired license in another U.S. jurisdiction, and an active license in a Canadian province or territory, and has where the applicant has been actively practicing within the last three years.

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(i) The applicant must submit verification of an active license and active nursing practice in a Canadian province or territory within the last three years.

(3) The applicant must provide verification that they were initially licensed as a nurse from another U.S. state or territory based upon the passage of Provide verification that the applicant was originally licensed to practice as a nurse in another U.S. jurisdiction after passing the relevant board-approved licensure examination as described in WAC 246-840-050. that the applicant passed The applicant was originally licensed to practice as a nurse in another state or territory after passing the National Council Licensure Examination (NCLEX).

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

(a) Passing a board-approved English proficiency test if the nursing education is not in one of the following countries: Canada (except for Quebec), United Kingdom, Ireland, Australia, New Zealand, American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands; or

(b) Completing 1,000 hours of employment as a licensed nurse in another state. The 1,000 hours of employment must be in the same licensed role as the nurse is applying for licensure in Washington state. Proof of employment must be submitted to the board; or

(c) Providing evidence directly from the program of earning a high school diploma or college degree from a United States institution.

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

(a) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant shall meet the requirements defined in WAC ~~246-840-048~~:

(b) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant shall submit evidence of at least 1,000 hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(6) All applicants must submit the following documents:

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

~~(4) (b) Have an~~ An official transcript sent directly from the applicant's nursing education program to the board if the education cannot be verified from the original board of nursing, ~~regulatory authority~~, or board-approved evaluation ~~agency~~ service.

(i) The transcript must

~~(a) contain~~ The transcript must:

~~(i) Include the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If credits have been accepted from other programs, the transcript must identify those programs; and~~

~~nadequate documentation demonstrating that the applicant graduated from an approved nursing program~~ (ii) Show that the applicant has graduated from

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a nursing education program ~~substantially~~ or that the applicant ~~has successfully~~ completed the pre-licensure portion of an approved graduate-entry registered nursing program. The nursing education program must substantially meet the requirements of board-approved nursing education in Washington state at the time of graduation as determined by the board.-

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(b) An education verification, course descriptions, or syllabi may be requested from the applicant's nursing education program and must include clinical hours in specific content areas of direct care and simulation.

(5) ~~Complete and submit a~~ Submit a completed licensure application with the required fee as defined specified in WAC 246-840-990. (ii) The transcripts must include course names and credits accepted from other programs:

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

~~(d) For an applicant educated outside the United States and in territories or countries not listed in subsection (4)(a) of this section, successful results of a board-approved English proficiency exam, or, evidence of 1,000 hours worked as a nurse:~~

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

~~(i) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant shall submit the requirements outlined in WAC ~~246-840-048~~:~~

~~(ii) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant shall submit documentation of at least 1,000 hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory:~~

NEW WAC 246-840-xxx

~~Licensure by interstate endorsement for applicants educated outside U.S. jurisdictions or territories~~

Registered nurse (RN) and licensed practical nurse (LPN) applicants educated outside United States (U.S.) jurisdictions and applying for licensure by interstate endorsement shall:

(1) Have graduated and hold a degree from a nursing education program outside U.S. jurisdictions preparing candidates for licensure as a nurse. The nursing education program

must substantially meet requirements for nursing education approved in Washington state at the time of graduation, as determined by the board. The board retains authority to evaluate and determine the sufficiency of academic preparation for all applicants.

(a) An education verification may be requested of the applicant's nursing education program and must include clinical hours in specific content areas of direct care and simulation.

(2) Hold one of the following:

(a) a current active nursing license in another U.S. jurisdiction.

(b) an inactive or expired license in another U.S. jurisdiction and successfully complete a board-approved refresher course.

(i) An applicant whose license is inactive or expired in another U.S. jurisdiction may be issued a limited education authorization by the board to enroll in the clinical portion of the refresher course.

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

(c) an inactive or expired license in another U.S. jurisdiction, and an active license in a Canadian province or territory, where the applicant has been actively practicing within the last three years.

(i) The applicant must submit verification of an active license and active nursing practice in a Canadian province or territory within the last three years.

(3) Provide verification that the applicant was originally licensed to practice as a nurse in another U.S. jurisdiction after passing the relevant board-approved licensure examination as described in WAC 246-840-050.

~~or territories or territories, one of the following is may and where the applicant verification that the applicant passed~~

(4) Have an official transcript sent directly from the applicant's nursing education program to the board if the education cannot be verified from the original board of nursing, regulatory authority, or board-approved evaluation service.

(a) The transcript must:

(i) Be in English or accompanied by an official English translation;

(ii) Include the applicant's dates of enrollment, course names, earned credits, date of graduation, and the credential conferred, if applicable. If

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credits have been accepted from other programs, the transcript must identify those programs; and

(iii) Document that the applicant has graduated from a nursing education program or that the applicant has completed the pre-licensure portion of an approved graduate-entry registered nursing program. The nursing education program must substantially meet the requirements of board-approved nursing education in Washington state at the time of graduation as determined by the board.

~~substantial~~ (b) An education verification, course descriptions, or syllabi may be requested from the applicant's nursing education program and must include clinical hours in specific content areas of direct care and simulation.

(5) Provide verification to the board directly from the program indicating that the theory and clinical components were taught in English. If the theory and clinical components of the applicant's nursing education program were not taught in English, the applicant must demonstrate English proficiency by one of the following:

(a) Provide evidence of passing a board-approved English proficiency examination with the minimum scores established by the board; or

(b) Provide evidence of earning a diploma or degree directly from an educational institution prior to board approval to take the board-approved licensure examination as described in WAC 246-840-050. The education acquired by the applicant must have been taught in English; or

(c) Provide evidence of completing 1,000 hours of employment as a licensed nurse in another country in which English is the primary language spoken. The 1,000 hours of employment must be in the same licensed role as the nurse is applying for licensure in Washington state.

(6) Complete and submit a licensure application with the required fee as ~~defined~~ specified in WAC **246-840-990**.

WAC 246-840-095

Temporary practice permits.

The ~~Washington state board of nursing~~ (board) conducts background checks on applicants to assure safe patient care. Completion of a fingerprint-based national background check may cause a delay in licensing.

(1) The board may issue a temporary practice permit to an applicant who ~~has met all requirements for licensure under this chapter, with the exception of the fingerprint-based national background check. holds an unrestricted, active license in another state which has substantially equivalent licensing standards to those in Washington.~~ The applicant must not be subject to denial of a license or issuance of a conditional or restricted license.

(2) A temporary practice permit serves as a license to practice nursing during the time period specified on the permit.

(3) A temporary practice permit expires when:

- (a) A license is granted;
- (b) A notice of decision on application is ~~sent~~mailed to the applicant, unless the notice of decision on application specifically extends the duration of the temporary practice permit; or
- (c) ~~60~~Sixty days after the temporary practice permit is issued, or 180 days for military spouse applicants.

If, at the expiration of the original temporary practice permit, the department of health (department) has not received information from the fingerprint-based national background check, the board may renew the temporary practice permit for an additional 30 days.

(4) To receive a temporary practice permit, the applicant must:

- (a) Submit to the board an application and the necessary application fee(s) for the license.
- (b) Meet all other requirements and qualifications for the license, except for the results from a fingerprint-based national background check, if required.
- ~~(c) Provide to the board verification of holding an unrestricted nursing license from another state that has substantially equivalent licensing standards to those in Washington.~~

(5) The applicant shall initiate the fingerprint-based national background check process with the department within 30 days of applying to the board, or the permanent license application may be closed as incomplete. The temporary practice permit shall not be extended in accordance with subsection (3)(c) of this section unless the applicant's fingerprints have been received by the department and a fingerprint-based national background check is in process.

WAC 246-840-105

Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure.

The ~~commission~~board adopts RCW ~~34.05.482~~ and ~~34.05.485~~ through ~~34.05.494~~ for adjudicative proceedings requested by applicants, who are denied a license under chapter ~~18.79~~ RCW or chapter ~~246-840~~ WAC for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

WAC 246-840-111

Expired license.

The board utilizes the definition of “expired” licensed status as defined by the department of health in WAC 246-12-010.

(1) If the license has been expired for three years or less, the ~~practitioner~~nurse must meet the requirements in WAC ~~246-12-020~~ through ~~246-12-040~~ ~~246-12-051~~.

(2) If the license has been expired for more than three years and the ~~practitioner~~nurse has been in active practice in another United States (U.S.) jurisdiction or Canadian province or territory, the ~~practitioner~~nurse must:

(a) Submit verification of active practice from any other ~~United States~~U.S. jurisdiction or Canadian province or territory;

(b) Meet the requirements in WAC ~~246-12-020~~ through ~~246-840-040~~ ~~246-12-051~~.

(3) If the license has been expired for more than three years and the ~~practitioner~~nurse has not been in active practice in another ~~United States~~U.S. jurisdiction or Canadian province or territory, the ~~practitioner~~nurse must:

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

(b) Meet the requirements in WAC ~~246-12-020~~ through ~~246-12-040~~ ~~246-12-051~~.

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WAC 246-840-120

Inactive ~~license~~ ~~credential~~.

The board utilizes the definition of "inactive" license status as defined by the department of health in WAC 246-12-010.

- (1) A ~~practitioner~~ ~~nurse~~ may obtain an inactive ~~license~~ ~~credential~~. Refer to the requirements in WAC ~~246-12-090~~ through ~~246-12-110~~.
- (2) ~~Practitioner~~ ~~Nurses~~ with an inactive ~~license~~ ~~credential~~ for three years or less who wish to return to active status must meet the requirements in WAC ~~246-12-090~~ through ~~246-12-110~~.
- (3) ~~Practitioner~~ ~~Nurses~~ with an inactive ~~credential~~ ~~license~~ for more than three years, who have been in active practice in another United States (U.S.) jurisdiction ~~or Canadian province or territory~~, and wish to return to active status must:
 - (a) Submit verification of active practice from any other ~~United States~~ ~~U.S.~~ jurisdiction ~~or Canadian province or territory~~;
 - (b) Meet the requirements in WAC ~~246-12-090~~ through ~~246-12-110~~.
- (4) ~~Practitioner~~ ~~A nurses~~ with an inactive ~~license~~ ~~credential~~ for more than three years, who have not been in active practice in another ~~United States~~ ~~U.S.~~ jurisdiction ~~or Canadian province or territory~~, and wish to return to active status must:
 - (a) Successfully complete a ~~commission~~ ~~board~~-approved refresher course. The ~~practitioner~~ ~~nurse~~ will be issued a limited educational ~~authorization~~ ~~license~~ to enroll in the refresher course. The limited educational ~~authorization~~ ~~license~~ is valid only while working under the direct supervision of a preceptor and is not valid for employment as a ~~nurse~~ ~~licensed practical or registered nurse~~;
 - (b) Meet the requirements in WAC ~~246-12-090~~ through ~~246-12-110~~.

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WAC 246-840-125

Retired active ~~license~~ ~~credential~~.

The board utilizes the definition of "retired active" license status as defined by the department of health in WAC 246-12-010.

- (1) A registered ~~nurse (RN)~~ or licensed practical nurse (~~LPN~~) may place their ~~license~~ ~~credential~~ in "retired active" status by meeting the requirements of this section.
- (2) An ~~RN or LPN~~ ~~registered or licensed practical nurse~~ who holds a retired active ~~license~~ ~~credential~~ may only practice in intermittent or emergent circumstances.

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

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

(3) To obtain a retired active ~~license~~ credential an ~~RN~~ registered or ~~a licensed practical nurse~~ LPN must:

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

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

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

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

(b) Have completed ~~eight~~ 8 hours of continuing nursing education within ~~a the~~ ~~twelve~~ 12-month period prior to the renewal of licensure in compliance with WAC ~~246-840-220~~ (2)(b). Education may include CPR and first aid.

(c) Demonstrate they have practiced at least ~~twenty-four~~ 24 hours within a ~~twelve~~ 12-month period prior to the renewal of licensure. Practice may be paid or ~~unpaid as a~~ volunteer, but must require nursing knowledge or a nursing license.

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

(5) To return to active status the ~~registered or licensed practical nurse~~ RN or LPN must meet the requirements in WAC ~~246-12-140~~. The active renewal fee is ~~specified~~ in WAC ~~246-840-990~~.

(6) ~~A registered or licensed practical nurse~~ An RN or LPN who holds a retired active ~~license~~ credential is subject to a continuing competency audit as outlined in WAC ~~246-840-220~~ and ~~246-840-230~~.

NEW WAC 246-840-xxx

Multistate Licensure

(1) Applicants applying for a multistate license under the Enhanced Nurse Licensure Compact (eNLC) must meet all requirements outlined in this chapter and RCW 18.80.020(3)(b).

(2) Individuals that hold a multistate nurse license issued by another compact jurisdiction outside of Washington and ~~or territory~~ employed by ~~?~~ certain entities must complete specific requirements as a condition of employment. These entities include:

- (a) Hospitals as described in RCW 70.41.540;
- (b) Private Establishments as described in RCW 71.12.740;
- (c) Ambulatory Surgical Facilities as described in RCW 70.230.220;
- (d) Nursing Homes as described in RCW 18.51.590;
- (e) Assisted Living Facilities as described in RCW 18.20.530;
- (f) Hospice Care Centers as described in RCW 70.127.300;
- (g) Adult Family Homes as described in RCW 70.128.310; or
- (h) Nursing Pools as described in RCW 18.52C.070.

(3) As a condition of employment, individuals that hold a multistate nurse license issued by another compact jurisdiction ~~or territory~~ and employed by an entity listed in section (2) of this rule, shall:

- (a) Complete any demographic data surveys required by the board as described in WAC 246-840-015; and
- (b) Complete the one time, six-hour training in suicide assessment, treatment, and management required by RCW 43.70.442(5)(a).

WAC 246-840-200

Continuing competency purpose statement.

Patients, families, and communities expect safe, competent, and compassionate nursing care. WAC 246-840-200 through **246-840-260** establish a self-directed continuing competency program which includes participation in active practice and continuing nursing education for registered nurses and licensed practical nurses as a mechanism to help keep patients safe and improve nursing practice.

WAC 246-840-210

Continuing competency definitions.

The definitions in this section apply throughout WAC [246-840-200](#) through [246-840-260](#) unless the context clearly requires otherwise.

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

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

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~~(23)~~ **"Attestation"** means the affirmation by signature of the nurse indicating compliance with the standards and terms of the continuing competency requirements.

~~(34)~~ **"Compliance audit"** means a review of documents to determine whether the nurse has fulfilled the requirements in WAC [246-840-220](#) through [246-840-260](#).

~~(45)~~ **"Continuing competency"** is the ongoing ability of a nurse to maintain, update and demonstrate sufficient knowledge, skills, judgment, and qualifications necessary to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. A nurse achieves continuing competency through active practice and continuing nursing education.

~~(56)~~ **"Continuing nursing education"** refers to systematic professional learning experiences obtained after initial licensure and designed to augment the knowledge, skills, and judgment of nurses and enrich nurses' contributions to quality health care and the pursuit of professional career goals, related to a nurse's area of professional practice, growth and development.

~~(67)~~ **"Nurse"** means a registered nurse ~~and or~~ licensed practical nurse.

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~~(78)~~ **"Review period"** is one full licensing renewal cycle. For purposes of a compliance audit, the review period will be the one year preceding the audit due date.

~~(9)~~ **"Technical assistance"** means guidance provided by commission staff to help the nurse comply with laws and rules.

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WAC 246-840-220

Continuing competency requirements—Active status.

(1) Upon license renewal a nurse must attest on a form provided by the department of health declaring completion of the required active nursing practice hours and continuing nursing education hours.

(2) A nurse must complete within a 12-month period prior to the renewal of licensure:

(a) A minimum of 96 hours of active nursing practice; and

(b) A minimum of ~~eight~~ ~~eight~~ ~~8~~ hours of continuing nursing education of which at least ~~two~~ ~~two~~ ~~2~~ hours must be on health equity training, as specified in WAC ~~246-840-222~~.

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

(a) A registered nurse, except for registered nurses holding an active certified registered nurse anesthetist license, and licensed practical nurses must complete a one-time, ~~six-hour~~ ~~six-hour~~ ~~6~~ training in suicide assessment, treatment, and management from a qualified suicide prevention training program. The training must be completed by the end of the first full year of ~~licensure~~ ~~practice~~.

(b) A qualified suicide training program must be on the [department of health](#) model list, required under RCW [43.70.442](#), to be accepted.

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

(4) Nurses who are enrolled in, or have completed prerequisite classes for, an advanced nursing education program are exempt from the continuing competency requirements during their current review period.

[\(5\) Nurses providing clinical services through telemedicine shall complete requirements under RCW 43.70.495.](#)

WAC 246-840-222

Continuing competency requirements—Health equity continuing education.

(1) ~~Nurses Licensed practical nurses and registered nurses~~ must complete a minimum of ~~two~~ ~~two~~ ~~2~~ hours of health equity continuing education every year upon license renewal ~~as described in WAC 246-12-800 through 246-12-830.~~

(2) ~~The hours spent completing health equity continuing education under this section count toward meeting applicable continuing education requirements for nurse license renewal as described in WAC 246-840-220.~~

(3) ~~An educational program providing health equity continuing education training must:~~

~~(a) Include implicit bias training to identify strategies to reduce bias during assessment and diagnosis. The training may include at least one other topic listed in RCW 43.70.613 (3)(c).~~

~~(b) Have trainers with demonstrated knowledge and experience related to health equity. Research referenced in the training must be based on current empirical research and known best practices.~~

~~(c) Have courses that assess the health care professional's ability to apply health equity concepts into practice in accordance with profession specific rules, which may include, but are not limited to:~~

~~(i) An assessment at the end of an in-person or virtual continuing education training to determine knowledge gained during that training; or~~

~~(ii) A document provided at the end of an in-person or virtual continuing education training that attests attendance at the training.~~

~~(4) This training must be completed by the end of the second full continuing education reporting period after January 1, 2024, or the second full continuing education reporting period after initial licensure or 2026 renewal, whichever is later, whichever is later.~~

~~(5) After the first required reporting period, this training must be completed within a 12-month period prior to license renewal. Additional hours cannot be rolled over to the following year.~~

~~(4) The hours spent completing health equity continuing education under this section count toward meeting applicable continuing education requirements for nurse license renewal as described in WAC 246-840-220.~~

WAC 246-840-230

Continuing competency audit process and compliance.

(1) The ~~commission~~board may conduct a compliance audit:

(a) Through random selection; and

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

(2) The ~~commission~~[board](#) will notify a nurse selected for compliance audit at the address on record with the department.

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

(4) Failure to complete the required hours and provide the required documentation may be considered an aggravating factor per WAC [246-16-890](#) in any disciplinary action for a violation of RCW [18.130.180](#).

WAC 246-840-250

Continuing competency requirements—Reactivation from expired status.

(1) All nurses applying for reactivation must meet the requirements of WAC [246-12-020](#) through [246-12-051](#) and [246-840-111](#).

(2) If a license ~~is~~[has been](#) expired for more than one year, and the nurse has not held an active nursing license in any ~~United States~~[U.S.](#) jurisdiction ~~or Canadian province or territory~~, the nurse must complete ~~ninety-six~~[96](#) hours of active nursing practice and ~~eight~~[eight](#) hours of continuing nursing education within one year of reactivation.

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WAC 246-840-260

Continuing competency requirements—Reactivation from inactive status.

(1) All nurses applying for reactivation must meet the requirements of WAC [246-12-090](#) through [246-12-110](#) and [246-840-120](#).

(2) If a license ~~is~~[has been](#) inactive for more than ~~one~~[one](#) ~~year~~[+](#) year, and the nurse has not held an active nursing license in any ~~United States~~[U.S.](#) jurisdiction ~~or Canadian province or territory~~, the nurse must complete ~~ninety-six~~[96](#) hours of active nursing practice and eight hours of continuing nursing education within ~~one~~[one](#) ~~year~~[+](#) year of reactivation.

Topic	Feedback	How Feedback Was Addressed
English Proficiency Exam (EPE)	Maintain the EPE requirement; align with NCSCN Model Rules to require EPE only if education was not in English or English is not the applicant's native language. Consider alternate demonstration pathways like NCLEX passage or refresher courses.	Revised draft language to align with NCSCN Model Rules and removed country-specific exemptions. Multiple pathways are now available to demonstrate proficiency.
NCLEX Attempt Limit	Limit attempts to 4 before requiring a board-approved NCLEX prep course. Ensure consistency in terminology (RN vs. LPN). Stakeholders supported this for safety and quality assurance.	Draft language now limits attempts to 4 and requires NCLEX prep course after 4th failure.
Terminology and Formatting	Use consistent terms (e.g., "board" instead of "commission", "license" instead of "credential", "nurse" instead of "practitioner"). Clarify use of U.S., state, and jurisdiction throughout. Add subtitles and separate RN/LPN rules.	Standardized terminology throughout revised WACs. Added subtitles and split RN and LPN licensing sections for clarity. Consistent references to jurisdictions were implemented.
Test-Out Pathway for LPN	Support for placing this pathway into its own WAC. Suggested removing duplicate language and confirming need for PVR course. Ensure clarity in transcript and attestation requirements.	A new standalone rule allows individuals who have completed part of an RN program to apply for LPN licensure. This language was moved from WAC 246-840-025 and 030 into a dedicated rule for clarity.
Rule Structure and Consistency	Recommend separating RN and LPN sections for clarity. Define outdated or unclear terms (e.g., "basic professional nursing course"). Ensure consistent structure across rules.	Undefined terms flagged; unclear phrases like "basic professional nursing course" removed and replaced with .
Demographic Data Collection	Clarify demographic data requirement for APRNs with multistate RN licenses. Ensure data is captured from those not holding a WA-specific RN license.	Adds language directing APRNs with multistate RN licenses to review the multistate licensure rule.



XI.

Nominations

Committee



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Board of Nursing
111 Israel Road SE
P.O. Box 47864
Olympia, WA 98504-7864

May 9, 2025
Election of Officers
Slate of Candidates

Chair

Kimberly Tucker

Ajay Mendoza (Withdrawn)

Vice Chair

Quiana Daniels

Secretary/Treasurer

Maikia Moua