



**Board of Nursing
Business Meeting Agenda
September 12, 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)

[Zoom registration click here](#)

Board Members:

Kimberley Tucker, PhD, RN, CNE, 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
Dawn Morrell, BSN, RN
Sharon Ness, RN
Norma Perez, M.Ed., Public Member
Michael Syputa, LPN

Assistant Attorney General:

Luke Eaton, 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
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, (*September 5, 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 record. They are available on request from DOH at doh.wa.gov/about-us/public-records.

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

Smoking and vaping are prohibited at this meeting.

I. 8:30 AM – Opening – Kimberley Tucker, 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 – Maikia Moua

D. Announcements

III. 8:40 AM – Consent Agenda – DISCUSSION/ACTION (pgs 9-46)

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

A. Approval of Minutes

1. WABON Business Meeting
 - a. July 11, 2025
 - b. July 10, 2025, Workshop
2. Advanced Practice Subcommittee – No Meetings
3. Discipline Subcommittee
 - a. June 17, 2025
4. Consistent Standards of Practice Subcommittee
 - a. August 6, 2025
5. Licensing Subcommittee
 - a. March 18, 2025
6. Research Subcommittee - No Meetings
7. Education Subcommittee – No Meetings

B. Performance Measures

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

C. Licensing Report to the Governor’s Office

D. Washington Center for Nursing/WABON monthly meetings

1. July 8, 2025
2. July 14, 2025; with Carter Group & DOH – no minutes
3. July 30, 2025; with DOH - no minutes
4. August 8, 2025; with Carter Group & DOH – no minutes
5. August 25, 2025; with Carter Group & DOH – no minutes

E. Out-of-state travel reports

1. NCSBN Annual Meeting, Chicago, IL – Alison Bradywood, Kimberley Tucker, Reuben Argel, Alicia Payne, Gerianne Babbo, Lori Underwood

F. Procedures

1. H10.04 – Board Meeting Public Involvement and Managing Interruptions
2. H17.03 – Establishing Regular, Special, and Subcommittee Board Meetings

IV. 8:45 AM – 9:00 AM – Chair Report – Kimberley Tucker – DISCUSSION/ACTION (pgs 47-56)

A. Electronic Signatures and Photo Release – Bethany Mauden

B. Establishment of Bylaws – Anthony Partridge

V. **9:00 AM – 10:30 AM – Executive Director Report – Alison Bradywood**
–DISCUSSION/ACTION (pgs 57-98)

A. **Budget Report – Maikia Moua, Chris Archuleta**

B. **Nursing Assistant Transition Update – Chris Archuleta**

C. **Strategic Plan Follow Up – Alison Bradywood** (pg 67-75)

Situation: WABON has not had a mission or vision statement previously.

Background: Board conducted a workshop to establish options for mission and vision statements in July 2025.

Assessment: Leadership compiled and refined suggestions from board workshop to present three options for each mission and vision.

Recommendation: Identify the best statement for WABON's mission and vision.

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

E. **Operation Nightingale Progress – Catherine Woodard**

F. **WHPS Rebranding – Catherine Woodard** (pg 82-93)

Situation: Recent attention to destigmatization of SUD and a better understanding of the disease has caused industry leaders to update many terms used in SUD discussions and print material.

Background: Increasing awareness of stigmatizing language initiated a request to change the name of WABON's SUD alternative-to-discipline program. Key influences include Rep Tara Simmons on the stigma/stipend legislation, lectures and panel discussions by Dr John Kelly, Professor of Psychiatry in Addiction Medicine at Harvard Medical School, and informed suggestions of the UW nursing students to update and improve the nurse participant handbook and other working documents.

Assessment: *Washington Health Professional Services* (with the acronym WHPS) served most health professions until it became exclusive to nurses in 2014. To embrace industry standards and adopt a name more meaningful to the nursing community, team members provided many potential options to the Discipline Subcommittee for refinement.

Recommendation: Vote to replace the name WHPS with a new title that best illustrates the purpose and values of WABON's alternative to discipline SUD monitoring program, including designing a logo that visually represents the program.

G. **Procedures** (pg 94-98)

1. H01.05 Board Officer Nominations and Election (Combines H01 & H02)

Situation: Procedure H01 outlined the responsibilities and timeline for the Board Nominations Committee. Procedure H02 outlined the Board officer election process and timeline.

Background: Board procedures are reviewed and updated on a two-year cycle or as needed.

Assessment: With the current review, and introduction of a new procedure template, combining these two procedures into a single document improves

efficiency and clarity. The merged procedure preserves the original content and intent; only non-substantive edits were made.

Recommendation: Approve Procedure H01.05 as presented.

2. J22.01 – Executive Director Leave Approval (Retire)

Situation: DOH requires that all employees' leave, including the executive director's (ED), be entered into an electronic system.

Background: The Board chair approves ED leave and documented it by email for the Deputy to enter.

Assessment: Procedure J22.01 written in 2022 does not reflect current administrative practice and Board members do not have access to the DOH HR system.

Recommendation: Approve retirement of Procedure J22.01 allowing the ED to follow DOH policy with notice to the Board Chair of desired leave.

10:30 AM – 10:45 AM – Break

VI. 10:45 AM – 11:15 AM – Subcommittee Report – DISCUSSION/ACTION (pgs 99-170)

A. Advanced Practice – Ajay Mendoza, Chair – No Report

B. Consistent Standards of Practice – Ella Guilford, Chair (pgs 100-157)

1. Dermatologic Procedures – Medical, Aesthetics, and Cosmetic Advisory Opinion

Situation: Proposed revisions to the advisory opinion on RNs' and LPNs' scope of practice in dermatological, aesthetic, and cosmetic procedures.

Background: Address inquiries and concerns related to disciplinary cases in medical spas, wellness centers, and intravenous (IV) hydration businesses.

Assessment: The updated advisory includes examples of medical, aesthetic, and cosmetic practices, emphasis on patient safety, a new subsection on documentation, supervision, prescribing, clarification of supervision and delegation types, a resource table and link to the WABON Aesthetic Resource page.

Recommendation: Approval of the revisions to the advisory opinion.

2. Dermatologic Procedures – Medical, Aesthetics, and Cosmetic Advisory FAQs RN and LPN

Situation: Proposed FAQs that summarize the scope of practice for RNs and LPNs in performing dermatologic, aesthetic, and cosmetic procedures.

Background: Addresses inquiries and concerns related to disciplinary cases in medical spas, wellness centers, and IV hydration businesses.

Assessment: These FAQs provide additional guidance with a link to the advisory opinion for RNs and LPNs when engaging in dermatologic, aesthetic, and cosmetic procedures.

Recommendation: Approval of the FAQs.

3. Uniform Telehealth Act FAQs RN and LPN

Situation: The proposed Telehealth FAQ draft clarifies new laws under Chapter 18.134 RCW Uniform Telehealth Act, addresses concerns about out-of-state RNs and LPNs providing telehealth services, and ensures alignment with updated

legislation.

Background: The new law, Uniform Telehealth Act, stipulates telehealth standards, responsibilities, and exceptions (Chapter 18.134 RCW).

Assessment: The revised FAQs incorporate streamlined responses to frequently asked questions specific to the Uniform Telehealth Act.

Recommendation: Approval of the FAQs

4. Telemedicine Training Requirement FAQs RN and LPN

Situation: The proposed Telemedicine Training Requirements FAQ draft clarifies requirements for training for RNs who provide care using telehealth services.

Background: Telemedicine is a type of Telehealth. Telemedicine training is required for nurses who provide services using telemedicine

Assessment: The revised FAQs incorporate streamlined responses to frequently asked questions specific to telemedicine training.

Recommendation: Approval of the FAQs.

5. Informed Consent FAQs RN and LPN

Situation: The proposed FAQs summarize RNs and LPNs responsibilities in obtaining informed consent during nursing care and in carrying out medical regimens.

Background: Inquiries and concerns exist regarding the RN's and LPN's role in securing informed consent when providing general nursing care or carrying out medical regimens such as procedures as directed by an advanced registered nurse practitioner, physician, or other health care practitioner.

Assessment: Current nursing laws and rules do not explicitly define the RN's and LPN's authority in obtaining informed consent when delivering nursing care or implementing medical regimens. The proposed FAQs aim to clarify the RN's role in facilitating informed consent, while reinforcing responsibility for obtaining consent lies with the healthcare practitioner who orders, prescribes, or performs the treatment or procedure.

Recommendation: Approve the proposed Informed Consent FAQs

6. Advisory Opinion Request: Federal Motor Carrier Safety Administration (FMCSA) – Washington State Department of Transportation (DOT)
Comprehensive Physical Examinations

Situation: Request to develop an advisory opinion as to whether the RN can independently (without supervision or direction), perform DOT physical examinations as a certified FMCSA examiner.

Background: Under 49 CFR § 390.103, FMCSA certification is available to licensed healthcare professionals, including (but not limited to) advanced practice nurses, MDs, DOs, chiropractors, and PAs, or others as permitted by state law. It is unclear whether RNs meet eligibility under Washington State law to conduct DOT physical examinations independently (RCW 18.79 or WAC 246-840).

Assessment: Federal and state regulations are unclear on RN scope of practice and eligibility to perform FMCSA-certified DOT physical examinations. WABON does not have the authority over state or federal laws or rules related to DOT physical examinations.

Recommendation: Develop FAQs that clarify the RN scope of practice in performing comprehensive physical assessments specifically in relation to FMCSA-certified Department of Transportation (DOT) physical examinations.

- C. Discipline – Sharon Ness, Chair – No Report**
- D. Licensing – Dawn Morrell, Chair – No Report**
- E. Research – Maikia Moua, Chair**
 - 1. Student Engagement Report-Deandrea Heggins
 - 2. Performance Measures draft scorecard – Lohitvenkatesh Oswal
- F. Education – Kimberley Tucker, Chair – No Report**

**VII. 11:15 AM – 11:40 AM – Legislation & Rules Update – Anthony Partridge
-DISCUSSION/ACTION (pgs 171-190)**

- A. Request Legislation & Legislative Priorities**
- B. Rules Update – Jessilyn Dagum**

11:40 AM – 1:00 PM – Lunch

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

Trauma-Informed Nursing Education and Neurodiversity Panel Discussion

Kara LaValley, PhD, MN, RN: Robert Wood Johnson Future of Nursing Scholar, Dean of Nursing and Healthcare Studies, Green River College

[Trauma-informed pedagogy in nursing: A participatory action research exploration of individual and system approaches for increasing resilience - ScienceDirect](#)

Najood Azar, PhD, RN and Asma Taha, PhD, RN: Associate Professors, California State University, Fullerton

Full text available via HealWA: [10.1097/01.NAJ.0001094684.03544.03](#)

James White, BSc (Health Studies), diploma Social Policy and Psychopharmacology; Master's student, School of Applied Social Studies, University College Cork, Ireland

[Neurodiversity & nursing: Reflection of a final year general nursing student - ScienceDirect](#)

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

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

- X. 1:15 PM – 1:45 PM – Education – Gerianne Babbo, Reuben Argel - DISCUSSION/ACTION (pgs 194-206)**
- A. Nursing Education – Gerianne Babbo**
1. Annual Education Survey
 2. Prelicensure Clinical Placement
 3. Education Staff Updates
- B. Nursing Assistant – Reuben Argel, Christine Tran**
1. Nursing Assistant Computer-Based exam update
 2. Nursing Assistant Skills exam data and credentialing updates
 3. Student feedback: Nursing Assistant Common Curriculum
- XI. 1:45 PM – 2:00 PM - Board Pay Summary Review – Bethany Mauden – DISCUSSION (pgs 207-215)**
- XII. Meeting Evaluation**
- XIII. Closing**



III.

Consent

Agenda



**Board of Nursing
Business Meeting Minutes
July 11, 2025
8:30 AM- 5:00 PM**

This meeting was held virtually, individuals who participated in the virtual meeting and didn't have a computer or phone access were invited to attend at the **Labor and Industries**, located at [7273 Linderson Way SW, Tumwater, WA 98501](https://www.lni.wa.gov/locations/tumwater). 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:

Kimberley Tucker, PhD, RN, CNE, 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
Dawn Morrell, BSN, RN
Sharon Ness, RN
Norma Perez, M.Ed., Public Member
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 Regulatory Affairs
Catherine Woodard, Director, Discipline and WHPS

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

II. Call to Order

A. Introductions

B. New officers take their seats

1. Kimberley Tucker, Chair
2. Quina Daniels, Vice Chair
3. Maikia Moua, Secretary/Treasurer

C. Order of the Agenda

D. Land Acknowledgement – Ella Guilford

E. Announcements

1. Recognition for staff nominated for outstanding leadership awards.
 - a. Alison Bradywood
 - b. Sarah Bear
 - c. Amber Bielaski
 - d. Catherine Woodard
2. WABON is planning a conference for October 20, 2026, in SeaTac at the Airport Conference Center, interested board members are to reach out to Dr. Bradywood or Ms. Mauden
3. New feedback processes
 - a. WABON is soliciting feedback on the website, common response themes so far are related to communications, and licensing.
4. WABON has not yet received board appointments from the Governor, the board is planning an orientation in September pending those appointments. The final decision on the date was recommended to be assigned to board officers.
ACTION: Mr. Mendoza moved, with a second by Ms. Guilford, to allow officers to adjust the September date to allow for an orientation. The motion passed.

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 Mr. Mendoza, to approve the consent agenda. The motion passed.

A. Approval of Minutes

1. WABON Business Meeting
 - a. May 9, 2025
2. Advanced Practice Subcommittee
 - a. May 21, 2025
 - b. June 2025 – No Meeting
3. Discipline Subcommittee
 - a. No meeting
4. Consistent Standards of Practice Subcommittee
 - a. April 1, 2025
5. Licensing Subcommittee
 - a. April 2025 – No meeting
 - b. May 2025 – No meeting
 - c. June 2025 – No meeting
6. Research Subcommittee

- a. April 21, 2025
- 7. Education Subcommittee
 - a. No meeting

B. Letter from NCSBN President Phyllis Johnson

C. 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)

D. Licensing Report to the Governor's Office

E. Washington Center for Nursing/WABON monthly meetings

- 1. June 6, 2025

F. Out-of-state travel reports

- 1. April 28-30, 2025. Erin Bush and Lynn Batchelder, Santa Rosa, CA - NCSBN Discipline Case Management Conference
- 2. June 2-4, 2025. Alison Bradywood, New Castle, NH – NCSBN Executive Officer Summit

IV. Chair Report – Kimberly Tucker – DISCUSSION/ACTION

A. Schedule of Meetings and locations for next year

The board historically has met six times per year with virtual meetings at least during winter months (November, January). In-person board meetings cost \$5000-12,000 depending on location and number of days (up to two). Operational budget constraints are important to consider in electing in-person locations. The board discussed budget constraints and upcoming dates/locations for 2026.

- September 12 – Virtual
- November 14 - Virtual
- January 9 - Virtual
- March 13 - Virtual
- May 8 - Virtual
- July 9 & 10 - Virtual
- Sept 10 & 11 - Virtual
- November 13 - Virtual

ACTION: Ms. Daniels moved, with a second by Mr. Mendoza, to approve the schedule of meetings and locations for the next year. The motion passed.

B. Volunteers for Land Acknowledgement for next year

The board discussed land acknowledgements for 2026, and volunteers selected dates.

- September 12 – Maikia Moua
- November 14 – Alisha Halverson
- January 9 – Quiana Daniels
- March 13 – Norma Perez
- May 8 – Heleena Hufnagel
- July 10 – AJ Mendoza
- Sept 10 & 11 – Luis Herrera
- November 13 – Quiana Daniels

C. Appointment of subcommittee panel chairs and members

The board reviewed the members of subcommittees. Board members are to reach out to Ms. Mauden regarding any changes. An updated document to be sent to board members post changes.

D. Out of State Travel Plans Presentation

Board members reviewed out of state travel plans, and the board previously restricted travel to those paid for by NCSBN. Board members who would like to attend a meeting are to reach out to Bethany and Alison.

V. 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 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 onetime fee for initial MSL and \$20 fee for renewal of MSL). Revenues from recent months have continued to lag adjusted projections and YTD revenues are 3.2%, or just about \$1M short of adjusted projections.

Mr. Archuleta further reported 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. Dr. Bradywood reported five staff positions are to be eliminated as of August 31 to slow the decent of the budget shortfall along with DOH’s layoffs. Dr. Bradywood explained the layoff process and how DOH human services assist those experiencing the reduction toward open positions elsewhere within DOH if possible.

B. Strategic Plan Update

1. 2025 Bill Implementation - Completed

2. Data-Driven Practice: Performance Measures – Debbie Carlson

Ms. Carlson presented progress and key improvements which included: Defining and standardizing practice performance measures. Developed tools for data collection methods. Developed tool to redirect inquiry to appropriate department or unit. Created a framework to manage questions efficiently and effectively.

3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Completed

4. Communications – Social Media Presence – Christopher Archuleta

Mr. Archuleta presented a communications update on the website and GovDelivery. Top opened GovDelivery notices focused on the credentialing freeze in February. Website users average approximately 90,000, with average engagement of approximately 1.5 minutes. The top website pages included verifying a license, license renewal, and upgrading to an MSL.

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

Mr. Hoehn reported on the HELMS project, release three is expected to be released in December with no further financial outlay.

D. WHPS Rebranding – Catherine Woodard

Ms. Woodard presented on WHPS rebranding proposal shared during the workshop. Neither the name nor the acronym is descriptive of the purpose or function of the program. WHPS also does not have a dedicated vision statement. A rebranding of WHPS to a name that better identifies the purpose of the program and speaks to the support for nurses in the SUD monitoring program would promote program participation for nurses in need. A rebrand of the

program name and related logo, along with a descriptive vision statement, will promote sensitivity to a human-centered approach to regulation related to SUD.

ACTION: Ms. Morrell moved, with second by Ms. Moua, to support staff efforts to develop options for a new name for the WHPS program along with a vision statement for board consideration and adoption at the September business meeting. The motion passed.

E. WCN Updates – Jacob Garcia, Heleena Hufnagel

Mr. Garcia and Ms. Hufnagel reported on their experience as reviewers for WCN deliverables and Dr. Bradywood reported on the progress of the RFP and the facilitation with the Carter Group. Dr. Herrera requested copies of the deliverables. Ms. Mauden to send the most recent to the board for review.

F. Interagency Aesthetics Taskforce Update

Dr. Bradywood reported the Interagency Aesthetics Taskforce website has been developed and is located on the DOH website: [Information and Guidance for Operating a Med Spa or Business Offering Esthetic Services to the Public | Washington State Department of Health](#)

G. HEALWA Usage Survey

Dr. Bradywood presented on the HELWA usage survey, the survey is expected to close prior to the end of July.

H. Board Procedure Creation, Adoption, and Review Process

Dr. Bradywood presented a recommendation for the creation of new creation, adoption and review process for procedures. J12.05 Board Procedure Creation, Adoption and Review proposes to; 1) Define the subject matter of Board-specific procedures; 2) Outline the approval process based on the type of revision required. Substantive changes receive, at a minimum, approval from Board Leadership (Chair, Vice Chair, Secretary/Treasurer). Non-substantive changes are delegated by the Board to division Directors, with oversight provided by the Executive Director (ED); and 3) Reduce the full Board's time in reviewing Board non-substantive and operational procedures. This procedure does not apply to routine staff operational procedures, which are the responsibility of the ED.

ACTION: Ms. Moua moved, with a second by Ms. Perez, to approve J12.05 as presented. The motion passed.

I. Welcome to the Secretary of Health

Dr. Bradywood reported the Department of Health has a new Secretary of Health, Dennis Worsham. Dennis joined DOH as the Secretary on July 7, 2025. He previously served as the deputy secretary for DOH from 2014-2016. Since leaving DOH in 2016, he led King County through the COVID response as Interim Director, and most recently transforming the Snohomish Health District into a full county health department. He has held several leadership roles throughout his 32-year career in public health at both local and state levels. He began his career in public health at the Snohomish Health District in the 1990s where he worked as an HIV/STD/hepatitis program manager and health educator.

VI. Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Ajay Mendoza, Chair – No report

B. Consistent Standards of Practice – Ella Guilford, Chair

1. School Nurse Delegation to Unlicensed Assistive Personnel (UAP) in Public and Private Schools, K-12 Grades Advisory Opinion

Ms. Carlson presented the revised advisory opinion that reflects legislative updates, clarifies reoccurring questions, introduces a new format for improved usability, includes the Registered Nurse Delegation Decision Tree, and clarifies whether injectable epinephrine administration qualifies as delegation under RCW 28A.210.383.

ACTION: Ms. Guilford moved, with a second from the Consistent Standards of Practice Subcommittee, to approve the School Nurse Delegation to School Personnel in Public and Private Schools, K-12 Grades Advisory Opinion. The motion passed.

2. Anaphylaxis and Epinephrine Administration – Public and Private Schools, K-12 Grades FAQs

Ms. Carlson presented the revised FAQs that incorporate streamlined responses to frequently asked questions. Key updates include clarifications on the use of school personnel for administering epinephrine, and decision-making resources, and references to RCWs/WACs.

ACTION: Ms. Guilford moved, with a second from the Consistent Standards of Practice Subcommittee, to approve the Anaphylaxis and Epinephrine Administration-K-12 Grades, Public and Private Schools FAQs. The motion passed.

3. Opioid Overdose Reversal Medication (OORM) Advisory Opinion

Ms. Carlson presented the revised advisory opinion that provided updated information with new options for OORM used to respond to questions about scope of practice for nurses and unlicensed assistive personnel administering OORM.

ACTION: Ms. Guilford moved, with a second from the Consistent Standards of Practice Subcommittee, to approve the Opioid Overdose Reversal Medication Advisory Opinion. The motion passed.

C. Discipline – Sharon Ness, Chair – No report

D. Licensing – Dawn Morrell, Chair – No report

E. Research – Maikia Moua, Chair

1. Publication Announcement

Mr. Oswal reported on the imminent publication of “Potential Discrimination in Nursing Complaint Intake Cases” article authored by Lohitvenkatesh Oswal, Mary Sue Gorski, RN, PhD, Catherine Woodard in the Journal of Nursing Regulation with NCSBN.

2. English Proficiency Exams

Mr. Oswal presented on the English proficiency exams preliminary data. Internationally educated nurses are required to take an English Proficiency Exam (EPE) to practice in the United States in most states (except for OR and MT), with exceptions. While criteria vary, there is a lack of evidence to support or inform EPE requirements. WABON have compiled 13 years of EPE data available at WABON and compared the rate of discipline to the overall population. Next steps are to explore additional data to better inform Washington state’s EPE regulations.

F. Education – Kimberley Tucker, Chair – no report

VII. Education – Gerianne Babbo - DISCUSSION/ACTION

A. Nursing Education

1. Annual Education Report – Emma Cozart

Ms. Cozart present the Annual Education report, the report combines results from five different surveys; 1) the in state prelicensure nursing program survey administered by the National Council of State Boards of Nursing (NCSBN), 2) the in state post-licensure program survey administered by the WABON, 3) the in-state refresher program survey administered by WABON, 4) the out-of-state program survey administered by WABON, and 5) the nursing assistant program survey administered by WABON.

ACTION: Mr. Mendoza moved, with a second from Dr. Halverson to approve the Nursing Education Program 2023-2024 Annual School Report. The motion passed.

2. Preceptorship Grant Updates

Ms. Hayward presented the preceptorship grant to date and the report of the Office of the Governor. To date there have been 5,761 precepted experiences since fall 2022 with the

primary focus within urban regions typically in the acute care setting. Other sessions included clinics, community, mental health, and long-term care.

Recommendations:



Sustain and scale preceptor incentives and enrollment in nursing education programs to support increased clinical placements and preceptor incentives



Support rural and underserved placements through targeted investment



Incentivize cross-sector collaboration among education and health care institutions



Develop a long-term funding strategy including state matching funds or tax incentives



Allow flexibility in preceptorship hours instead of just 80 hours. Allow a sliding scale of hours and payments to include 40, 50, 60 or 80 hours into the incentive.

3. Process Improvement Initiatives

Dr. Babbo presented process improvement initiatives including development of a taskforce for site visits, to improve clarity, efficiency, and ease of documentation; creating a formal system on documenting work completed by the unit more systematically; creating workflows; templates specific to NPAP; improving presentation flows. The education unit is developing a workshop to present the templates.

Dr. Babbo discussed working with the research unit to improve the annual report questions working with schools to promote meaningful data.

Dr. Babbo reported that in January education rules are under review, with the goal is to add clarity, and have been sent to the policy team.

VIII. Workplace Violence Prevention: Creating a Culture of Safety, Katie Blanchard, PhD-c, MSN, NPd-BC, CNE, CPP, RN

Ms. Blanchard presented workplace violence. The presentation included defining workplace violence, why it is important, and provided evidence-based interventions.

IX. Public Comment

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

Katie Johnson – expressed appreciation to school health delegation revision, she asked in non-health settings how can administrators follow the nurse practice act, Ms. Johnson is concerned related to safety and disseminating the advisory opinion. Dr. Tucker stated the practice group will follow up on their concern. Dr. Bradywood stated the board is aware of the concern and is currently working on addressing it.

X. Rule Hearing: SB 5582 Nurse Administrator Rule

The board began the rules hearing at 1:23pm. Ms. Dagum presented the proposed rule, the Engrossed Second Substitute Senate Bill (E2SSB) 5582 (Chapter 126, Laws of 2023), now codified as RCW 18.79.150, states that the board may grant approval to baccalaureate nursing education programs where the nurse administrator holds a graduate degree with a major in nursing and has sufficient experience as a registered nurse (RN) but does not hold a doctoral degree (E2SSB 5582, Sec. 7). Currently, WAC 246-840-517 requires a doctoral degree for nurse administrators of baccalaureate programs. There were Five rule workshops (December 2024 - February 2025) solicited feedback from interested parties. The resulting proposed language maintains the current qualifications but expands the process for candidates 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. The Testimony period began in the Rules Hearing at 1:25pm and was concluded at 1:30pm. No testimony was presented; written comments received and were available in the packet. One written comment was received that was not supporting the change and one received did support.

ACTION: Mr. Mendoza moved, with a second from Ms. Guilford, to adopt the proposed rule filed with the Washington State Register as WSR 25-12-079 on June 2, 2025, amending WAC 246-840-517. The motion passed. Mr. Garcia recommended a template or exemplar for what is required and recommended be available for education programs once completed.

The rules hearing ended at 1:32 PM

XI. Legislation & Rules Update – Anthony Partridge - DISCUSSION/ACTION

A. Agency Request Legislation – RCW 18.79.260: RN Delegation

Mr. Partridge presented the current language in RCW 18.79.260, which is overly prescriptive. Request legislation is needed to amend the statute to provide high-level oversight while allowing rules to define operational structures and processes. The proposed amendments to the nurse delegation statute have two options, one would be limited to the RN delegation, and two would include the LPN delegation as well.

ACTION: Ms. Daniels moved, with a second from Mr. Mendoza, to approve the submission of the request legislation proposal, addressing both RN and LPN delegation, for the 2026 legislative session. The motion passed.

ACTION: Mr. Mendoza moved, with a second from Ms. Guilford, to have the board officers approve the final language by the end of August. The motion passed.

B. 2026 Legislative Priorities

Mr. Partridge presented the 2026 legislative priority recommendations. Nursing is the focal point of numerous public health and workforce legislative agendas. These recommended priorities include addressing nurse delegation, mental health support for healthcare providers, advanced practice reimbursement parity, workforce retention, and continuing to build the nursing workforce.

ACTION: Ms. Daniels moved, with a second from Mr. Mendoza, to adopt the proposed 2026 legislative priorities for the Washington State Board of Nursing. The motion passed.

C. Rules Update – Jessilyn Dagum

Ms. Dagum presented a rules update, the following rules are in progress: Nurse Administrator Requirement, Nursing Assistant chapter updates, and the chapter rewrite for RN and LPN Licensing and continuing competency.

1. Early Remediation for Nursing Assistants

Ms. Dagum presented the development of an early remediation process for nursing assistants as part of the transition in regulatory authority. Incorporating this approach into the Board's disciplinary framework will promote fairness, protect the public, and support workforce retention.

ACTION: Dr. Herrea moved, with a second from the Discipline Subcommittee, to develop an early remediation process for nursing assistants as part of the transition in regulatory authority and implementation of SB 5051. The development of this process will be part of the current nursing assistant rulemaking. The motion passed.

XII. Nursing Assistant – Reuben Argel, Christine Tran

1. Nursing Assistant Education Update Brief - Reuben Argel, Christine Tran

Mr. Argel and Ms. Tran presented a nursing assistant education update. Mr. Argel reported the total amount of training programs has reduced due to federal funding changes.

2. Update on Fraudulent Nursing Assistant Certificate of Completion - Reuben Argel
Mr. Argel provided an update on the fraudulent certificate of completion (COC), at least five have been identified. The Nursing Assistant team is working with schools to identify the COCs.
3. Skills Testing Pilot Update - Christine Tran
Ms. Tran reported on a survey of programs who are participating in the pilot and those who decided not to participate to better understand why. The pilot's evaluation tool and testing materials have been refined due to feedback. The team has been selected for a project presentation at a conference.
4. Nursing Assistant Language Support Project - Sandra Graham
Ms. Graham reported on language support for multilingual nursing assistant programs.

XIII. Meeting Evaluation

1. Did the length of the packet meet your needs?
Strongly Agree 57%, Agree 43%, Neither Agree or Disagree 0%, Disagree 0%, Strongly Disagree 0%
2. Was the information and SBAR in the packet helpful?
Strongly Agree 71%, Agree 29%, Neither Agree or Disagree 0%, Disagree 0%, Strongly Disagree 0%
3. Did you feel like your voice was heard?
Strongly Agree 64%, Agree 36%, Neither Agree or Disagree 0%, Disagree 0%, Strongly Disagree 0%
4. The meeting content was relevant to the Strategic Plan and to the Board?
Strongly Agree 79%, Agree 21%, Neither Agree or Disagree 0%, Disagree 0%, Strongly Disagree 0%
5. What could be improved?
 - Alisha Halverson - n/a
 - Maikia Moua - liked the additional page numbers on the agenda
 - Ella Guilford - Nothing at this time.
 - Sharon Ness - No improvement
 - Quiana Daniels - More strategic breaks
 - Kimberley Tucker - More time for lunch break at business meeting this time.
 - AJ Mendoza - NA
6. Comments
 - Alisha Halverson - n/a
 - Norma Perez - A 3 pm end time is very much appreciated.
 - AJ Mendoza - Thanks all, always lovely to meet together
 - Heleena Hufnagel - This was a busy week but one of our best, thank you!

XIV. 3:01pm Closing



**Board of Nursing
Workshop Meeting Minutes**

July 10, 2025
8:30 AM- 5:00 PM

This meeting was held virtually, individuals who participate in the virtual meeting and didn't have computer or phone access were invited to attend at the **Labor and Industries**, located at [7273 Linderson Way SW, Tumwater, WA 98501](#) in room S119 and 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
Kimberly Tucker PhD, RN, CNE, Incoming Chair
Quiana Daniels, BS, RN, LPN, Vice Chair
MaiKia Moua, BSN, MPH, RN, Secretary/Treasurer
Ella B. Guilford, MSN, M.Ed., BSN, RN
Heleena Hufnagel, BS, MBA-HCA, Public Member
Ajay Mendoza, CNM
Sharon Ness, RN
Norma Perez, M.Ed., Public Member
Michael Syputa, LPN

Excused:

Adam Canary, LPN
Jacob Garcia, MBA, MSN, RN, PCCN
Alisha Halverson, DNP, CNM, ARNP
Luis Herrera, DNP, ARNP, FNP-BC

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 Regulatory Affairs
Catherine Woodard, Director, Discipline and WHPS

I. 8:30 AM – Introductions and Welcome

II. Nursing Assistant Transition – DISCUSSION

Mr. Archuleta presented the Nursing Assistant Transition plan. Senate Bill 5051, which transfers the regulatory authority of Nursing Assistants, is to be implemented by July 1, 2026. WABON, in collaboration with HSQA, initiated a project to accomplish the transition. A steering committee seven members of WABON and HSQA staff were formed with Mr. Archuleta as the project manager. The project includes several workgroups including in licensing/credentialing, discipline, financial, communications, rulemaking, IT, contracting, and in the WABON structure. Dr. Bradywood reported the NA Taskforce will reconvene in the fall which is composed of board members and pro tems.

III. State Board of Community and Technical Colleges (SBCTC) Presentation – DISCUSSION

SBCTC provided an overview of current initiatives related to nursing and opportunities for enhanced board partnership. SBCTC system focuses on three mission areas: basic adult education, workforce education and academic transfer.

IV. Washington Health Professional Services (WHPS) Rebranding & Program Updates – DISCUSSION

Ms. Woodard presented a proposal on rebranding the WHPS program. The rebranding proposal included renaming the program to be more descriptive, empowering and including a new logo. Ms. Woodard recommended updating language to more positive connotations for example non-adherence versus non-compliance, workplace liaison versus monitor, and completion versus graduation. Board members are asked to review the proposal prior to the upcoming business meeting.

V. Mission & Vision Development with Breakout Discussion

Dr. Bradywood discussed WABON's mission and vision with examples. The workshop attendees were split into workgroups in breakout rooms.

VI. Mission & Vision Report – DISCUSSION

Post breakout discussions, the attendees reviewed the workgroup activities. Themes included:

- Mission
 - To support, regulate, and advance nursing practice and caring for the populations nurses serve through regulation. (individuals and communities)
 - Bridging regulation and nursing practice
- Vision
 - Promoting the highest quality of nursing for the benefit of all in Washington
 - To guide a nursing workforce rooted in evidence-based care, balancing innovation, regulation, and public trust to meet the evolving needs of our communities.

- Ensure a thriving and healthy Washington through the power and advancement of nursing.

VII. Values – DISCUSSION

Dr. Bradywood discussed WABON's values with examples. The workgroup completed a word cloud.

What are WABON's values? (Breakout Room #2)



What are WABON's values?



VIII. 2025-2027 Strategic Planning Development – DISCUSSION

Dr. Bradywood gave a brief presentation on strategic planning. Board members, staff and the public met in breakout rooms to brainstorm ideas for 2025-2027.

IX. 2025-2027 Strategic Planning Report – DISCUSSION/ACTION

Discussion and reporting out from the breakouts on prioritizing strategic plans including themes and actions. To be further discussed in September.

A. Priorities

1. NA Transition & HELMS
 - a. Workforce pipeline (policy, education, direct care)
2. Diversity, Equity, Inclusion, and Belonging

B. Themes

1. Responsive and adaptable to change
 - a. K-12 Outreach
 - b. Education
 - c. Policy/regulation
 - d. Well-being & resiliency
2. Process improvement
3. Triad of Leadership (Community, Board, Nursing); Cultivate and grow partnerships

X. 3:39 PM Closing



**Washington State Board of Nursing
Discipline Subcommittee **MINUTES**
June 17, 2025
3:30 pm to 4:30 pm**

Click Here to Join the Meeting: <https://us02web.zoom.us/j/88600732644>

To Participate by Phone Only: +2532158782, 88600732644#

Zoom Meeting ID: 886 0073 2644

**Committee
Members:**

Sharon Ness, RN, Chair *joined later*
Dawn Morrell, BSN, RN *excused/traveling*
Quiana Daniels, GCertHealthSc, BS, RN, LPN
Tiffany Randich, RN, Pro-Tem *absent*
Karen Joiner, MS, ARNP
Michelle Dedeo DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP, Pro-Tem
Tracy Rude, LPN, Pro-Tem, ad hoc *absent*
Adam Canary, LPN *leading in Sharon's place*

Staff:

Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, JD, Assistant Director, Discipline – Legal
Teresa Marquis, LPN, Complaint Intake Officer, ad hoc
Rena Powell, Case Manager
Barb Elsner, HSC
Margaret Holm, JD, RN, ad hoc
Mary Sue Gorski, PhD, RN, ARNP, Director, Research, ad hoc
Lynn Batchelder, Investigations Supervisor, ad hoc
Sue Hall, Case Manager, WRAMP

Jessilyn Dagum, policy analyst
Anthony Partidge, Assistant Director of Regulatory Affairs

Shawn Neilson, Walla Walla

1. **3:30 pm opening – Sharon**
 - a. Call to order – digital recording announcement
 - b. Roll call of board members and staff
2. **April 15, 2025 Minutes – Adam**

Minutes approved to bring to the board.
3. **Performance Measures – April-May 2025 – Catherine, Karl**
 - a. Investigations: Catherine gave highlights
 - b. Legal: Karl highlights
 - c. WHPS: Catherine gave highlights
 - d. SUDRP: Catherine gave highlights
4. **Nursing Assistant Transition Updates – Catherine, Karl**

Catherine: steering committee, task committees formed. Work is beginning. Will know numbers of how many people will transfer from HSQA later in the summer or early fall. Anthony: making sure rules are aligned properly. Pretty much whole except for these things discussed below.
5. **Early Remediation for Nursing Assistants– Anthony Partridge and Jessilyn Dagum**

Karl: a lot of cases charged that are minor. ER could be a tool if the board would adopt ER for minor practice violations. Proposal: ER for nursing assistants as they do not have that now. Would the DSC approve us to bring to the board? These rules are currently open and would allow us to integrate into the rules. The rules would go into effect July 1, 2026. Jessilyn showed the proposed language for the rule change. Asking the DSC for a consensus to bring this to the full board for a vote. Sharon: sees this as a real positive for NAs. Karen: wonderful idea.
6. **NAs in WRAMP to WHPS – Catherine, Anthony, Jessilyn**

NAs are currently in WRAMP. Since we're assuming authority over NAs, they will no longer be a secretary profession. May integrate into rule making. Re the stipend, not currently covered in the stipend program. Will require legislated change. Will include this in the decision package for the 2027 session along with asking for money. Sharon: cost comparison between WHPS and WRAMP? WRAMP is lower (Sue) because of less frequent testing and lower PSG fees. It costs about half as much. Sharon: how many participants? Sue: about six NAs. Sharon: how much do NAs make? Adam: ranges from \$17 to \$32/hour. Eastern v. Western WA. Will bring this before the full board in July.
7. **Work Plan – Sharon, Catherine**
8. **Public Comment – Sharon**
 - a. Limited to two minutes per speaker
9. **Anything For the Good of the Order? – All**
 - a. Portion of the agenda during which members may make statements or offer observations about the character or work of the subcommittee without having any particular item of business before the meeting. Nothing noted.
10. **Adjournment 1624**



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

August 6, 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
Tamara Green BA, RN, PMH-BC, Pro-Tem

Staff Present:

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

Absent Members and Staff: Margaret Holm, JD, RN, Nursing Practice Consultant, 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 with an opportunity for introductions.

II. Standing Agenda Items

- A. Announcements/Hot Topic/WABON Business Meeting Updates:
1. WABON will propose legislation for the 2026 Legislative Session aimed at amending RCW 18.79.260.
 2. The WABON meeting will be held for one day in September.
 3. The Pharmacy Commission has rules for Medication Assistance.
 4. This will be Dennis Gunnarson's last meeting. Marlin Marliano and Margaret Holm will be leaving the practice unit.



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August 6, 2025

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B. Review of Draft Minutes – 6/18/2025

1. The Subcommittee reviewed draft minutes and reached a consensus to take minutes to the September 2025 WABON for approval.

III. Old Business

- A. Co-Chair Request – The position description does not outline any specific credentials required for the co-chair role. Heleena Hufnagel presented her candidacy, and the subcommittee reached a consensus in support of her nomination.
- B. Dermatologic, Aesthetics, and Cosmetic Procedure Advisory Opinion Revision – Public feedback indicated appreciation for the effort invested in developing the document and considerable feedback by public members. There was discussion surrounding substantive changes, with certain areas identified as needing further clarification. It was suggested that including FAQs related to this advisory opinion, especially concerning delegation and related disciplinary issues, would be beneficial. A consensus was reached to move forward with the document rather than postpone it, advancing it to WABON for their final decision.
- C. Dermatologic, Aesthetics, and Cosmetic Procedure FAQs RN – Discussion about adding FAQs, for example, with delegation or identifying areas where nurses encounter challenges or get themselves into trouble. A consensus was reached to advance the FAQs for their final decision.
- D. Dermatologic, Aesthetic and Cosmetic Procedure FAQs LPN – A consensus was reached to advance the FAQs for their final decision.
- E. Uniform Telehealth Act FAQs RN – Discussion about separating the Uniform Telehealth Act and Telemedicine Training requirement FAQs into two different categories to improve clarity. A consensus was reached to advance the document to WABON for their final decision.
- F. Uniform Telehealth Act FAQs LPN – A consensus was reached to advance the document to WABON for their final decision.



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

August 6, 2025

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

This was a virtual meeting. For a copy of the recording,
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- G. Telemedicine Training Requirement FAQs RN – A consensus was reached to advance the document to WABON for their final decision.
- H. Telemedicine Training Requirement FAQs LPN – A consensus was reached to advance the document to WABON for their final decision.

IV. New Business

- A. Federal Motor Carrier Safety Administration (FMSCA) Department of Transportation (DOT) Physical Examinations – A request was made by a public member seeking clarification regarding the RN scope of practice to independently perform DOT physical exams. The federal and state laws/rules are unclear to whether the RN is qualified to be certified by the FMCSA to perform DOT physical examinations. A consensus was reached to move the request to WABON for their final decision.
- B. Informed Consent FAQs RN – Discussion included revisions of a few technical and minor issues that need correction. A consensus was reached to move the request to WABON to make their final decision.
- C. Informed Consent FAQs LPN – Discussion included revisions of a few technical and minor issues that need correction. A consensus was reached to move the request to WABON to make their final decision.

V. Public Comment

- A. Improve the engagement and feedback process by expanding the meeting times.

VI. Ending Items

- A. Review of Actions
 - 1. WABON Agenda Action Items:
 - 1. CSPSC Minutes Draft
 - 2. Dermatologic, Aesthetics, and Cosmetic Procedure Advisory Opinion



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

August 6, 2025

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

This was a virtual meeting. For a copy of the recording,
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3. Dermatologic, Aesthetics, and Cosmetic Procedure FAQs RN
4. Dermatologic, Aesthetics, and Cosmetic Procedure FAQs LPN
5. Uniform Telehealth Act FAQs LPN
6. Uniform Telehealth Act FAQs RN
7. Telemedicine Training Requirement FAQs RN
8. Telemedicine Training Requirement FAQs LPN
9. FMCSA DOT Physical Examinations Advisory Opinion Request
10. Informed Consent FAQs RN
11. Informed Consent FAQs LPN
2. Date of Next Meeting – October 7, 2025

VII. Adjournment at 12:55 pm



WASHINGTON STATE BOARD OF NURSING

Licensing Subcommittee Minutes

March 18, 2025 1: 00 pm to 2: 00 pm

Committee Members: Dawn Morrell, BSN, CCRN, RN, Chair
Adam Canary, LPN
Helen Myrick, Public Member
Yvonne Strader, RN, BSN, BSPA, MHA
Jacob Garcia, MBA, MSN, RN, PCCN
Diana Meyer, DNP, RN, NEA-BC, FAEN
Michael Syputa, LPN

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 July 11, 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 – Jacob Garcia, MBA, MSN, RN, PCCN
 - Roll Call
 - Call to Order - Board Member Jacob Garcia, Board Member Adam Canary, Pro Tem Member Helen Myrick, Dr. Shana Johnny, Ms. Miranda Bayne, Ms. Jessilyn Dagum, Dr. Gerianne Babbo, Dr. Sarah Bear, Ms. Vicki Hayward, Ms. Amber Zawislak-Bielaski, Ms. Lori Underwood
- II. Standing Agenda Items
 - Announcements/Hot Topic/WABON Business Meeting Updates – Board Member Garcia made several announcements. He acknowledged two new members to the subcommittee, Board Member Michael Syputa and Board Member Diana Meyer. He also advised the committee that meetings will be moved to meet quarterly instead of every other month in efforts to be good stewards of the Board's finances.

- Approve Minutes for December 17, 2024- Board Member Myrick moved with a second from Board Member Canary to approve the minutes for the December 17, 2024 meeting.

III. Old Business

- HELMS Update – Amber Zawislak and Karl Hoehn – Ms. Zawislak-Bielaski explained that the decision was made at the upper levels of Department of Health leadership to postpone the HELMS R2 launch for a couple of months. She further explained that we were supposed to launch the new database on February 19th, 2025; and have yet to announce a new launch date. She added that while we wait for this announcement, our licensing staff are using this extra time to train in the HELMS testing environment so we will have more understanding and practice using the new database. Ms. Zawislak-Bielaski also shared that communication will be sent out through GovDelivery as the time approaches closer to the new launch date. She also provided examples of the functionality of HELMS such as the capability the licensees will have to update their contact information, request license status changes, and apply for multistate license upgrades through their HELMS portal. Board Member Garcia asked if there were any questions from the subcommittee. None were brought forward.

IV. New Business

- Governor’s Weekly Report – Ms. Underwood provided a summary of the Governor’s report. She shared that our current processing time to issue a temporary practice permit is at four days and has been consistent since February. Ms. Underwood also shared that we have been seeing a steady number of multistate conversions of between three hundred to four hundred each month for the past six months on an average. Board Member Garcia asked if there were any questions from the subcommittee. None were brought forward.
- Chapter Rewrite Rules Project (Licensing and Continuing Competency Rules) Update - Jessilyn Dagum – Ms. Dagum explained that we are doing this chapter rewrite in phases. We are in phase one of these rewrites of rules 246-840, which focuses on licensing and the continuing competency rules. She shared that throughout February and March, we have held rules workshops to get input from interested parties. We held two specific workshops on reducing barriers for applicants educated outside the United States, which is a specific objective of this rule making. We also had one rule workshop on feedback regarding limiting NCLEX attempts before remediation. Based on that feedback, we have applied those changes to the draft rule language, and we will be going back to another rule workshop this Friday, March 21st at 1pm to present those changes with our group and interested parties. Board Member Garcia asked if there were any questions from the subcommittee. None were brought forward.

- NPAP Review of World Education Services (WES) – Board Member Garcia provided some background to this agenda item. He summarized that the subcommittee had requested the NPAP to review the information provided by WES and make a recommendation to the licensing subcommittee. He asked Ms. Underwood to share an overview of NPAP’s recommendation. Ms. Underwood shared with the subcommittee that World Education Services had sent an email requesting that WABON consider them to be approved as an education evaluation service provider. We sent their request along with their supporting documents to our education unit, who presented the request to NPAP for review and their recommendation. She also shared that after NPAP’s review they recommend not to adopt WES as an approved education evaluation service provider. Ms. Underwood advised the subcommittee that Dr. Babbo, Dr. Bear, and Ms. Hayward were in attendance to answer any of their questions regarding this recommendation. Board Member Garcia asked that the subcommittee review the recommendations and asked if there were any questions regarding the decision. None were brought forward. He then asked Ms. Bayne if an action was needed about the recommendation or just to acknowledge receipt of NPAP’s recommendation. Ms. Bayne advised the subcommittee to discuss and vote on accepting or not accepting this recommendation. There was no further discussion. Board Member Myrick moved with a second from Board Member Canary to accept the recommendation made by NPAP to not approve World Education Services as a WABON approved education evaluation provider.

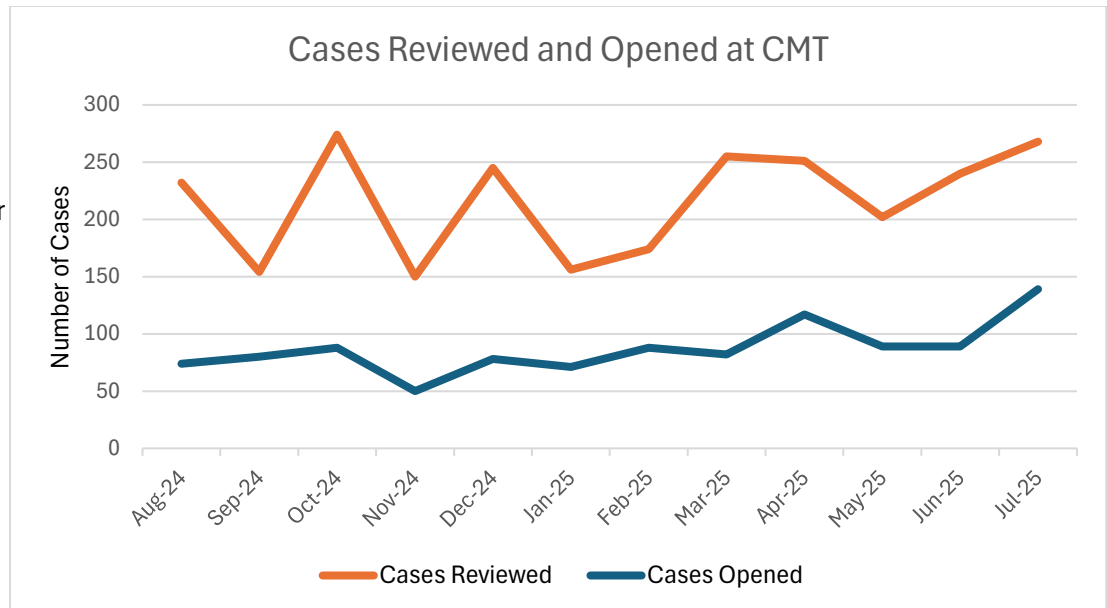
V. Ending Items

- Public Comment – No public comment
- Review of Actions – Board Member Garcia reviewed actions taken during the meeting. December 17th meeting minutes were approved, the subcommittee accepted and approved NPAP’s recommendation to not approve WES as a provider, and Ms. Dagum provided updates to the chapter rewrite project.
- Meeting Evaluation – All
- Date of Next Meeting - June 17, 2025
- Adjournment – 1:31pm

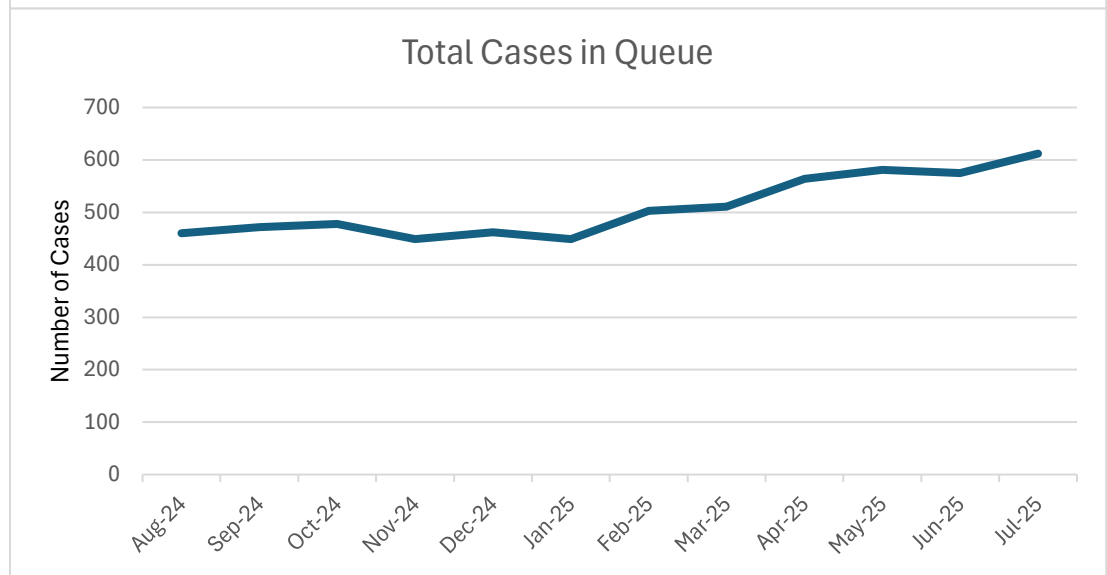
Investigations Performance Measures



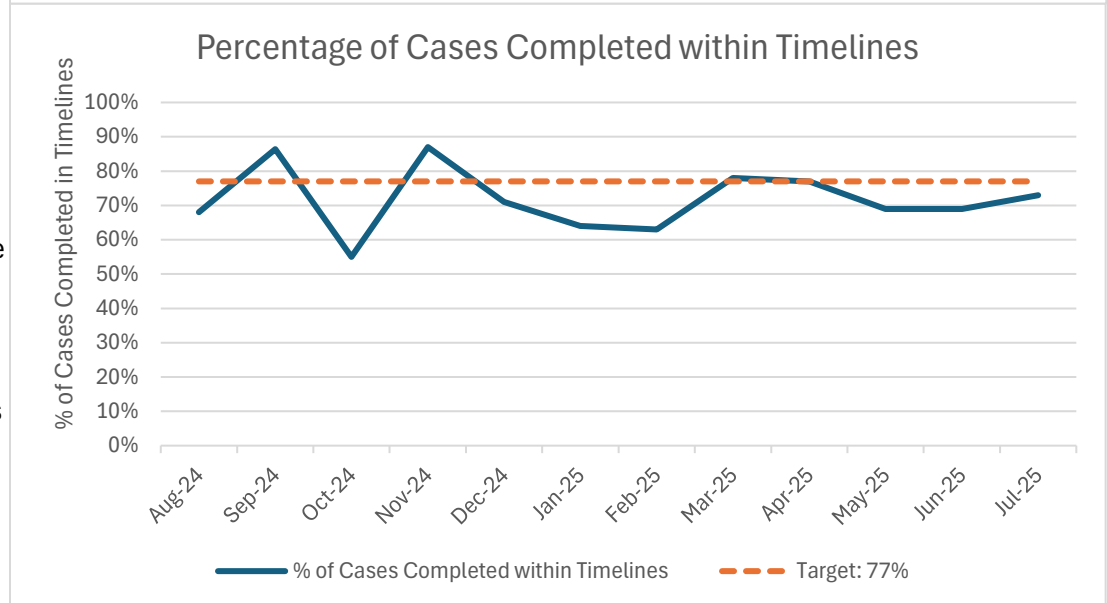
Volume. The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



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



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

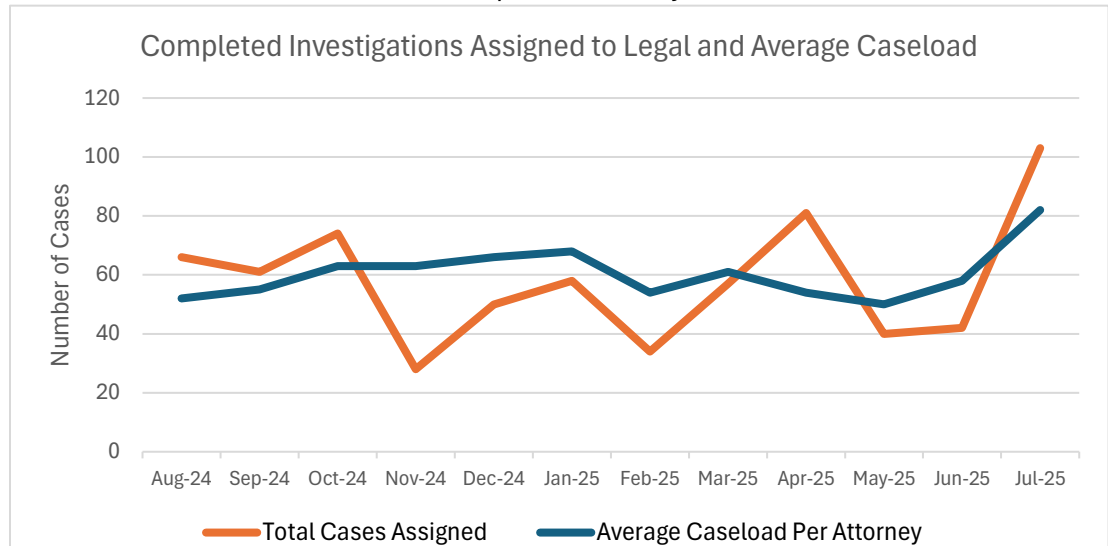


Legal Unit Performance Measures

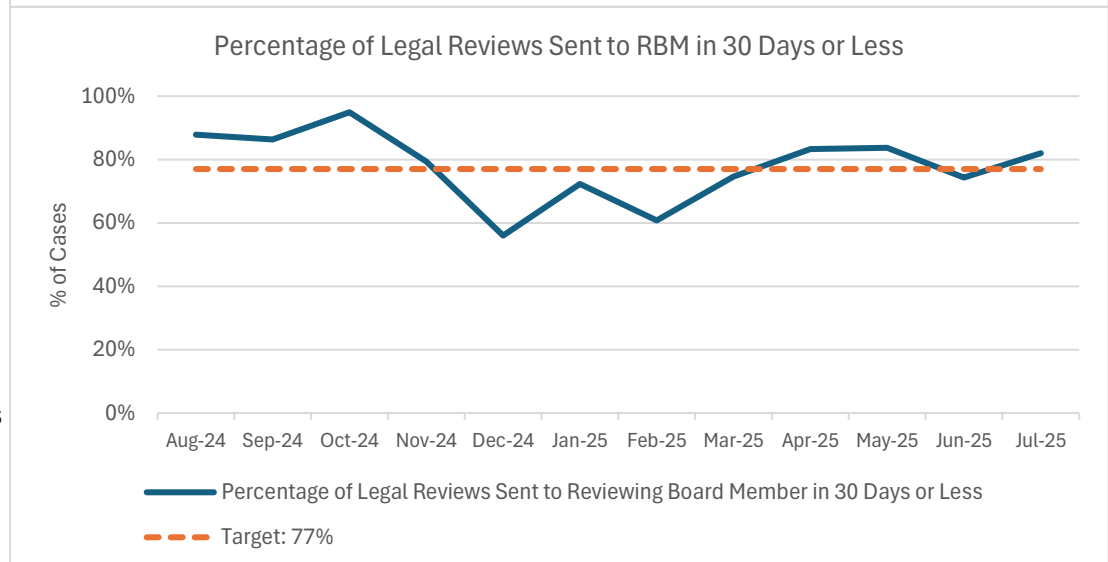


These measures reflect discipline cases only.

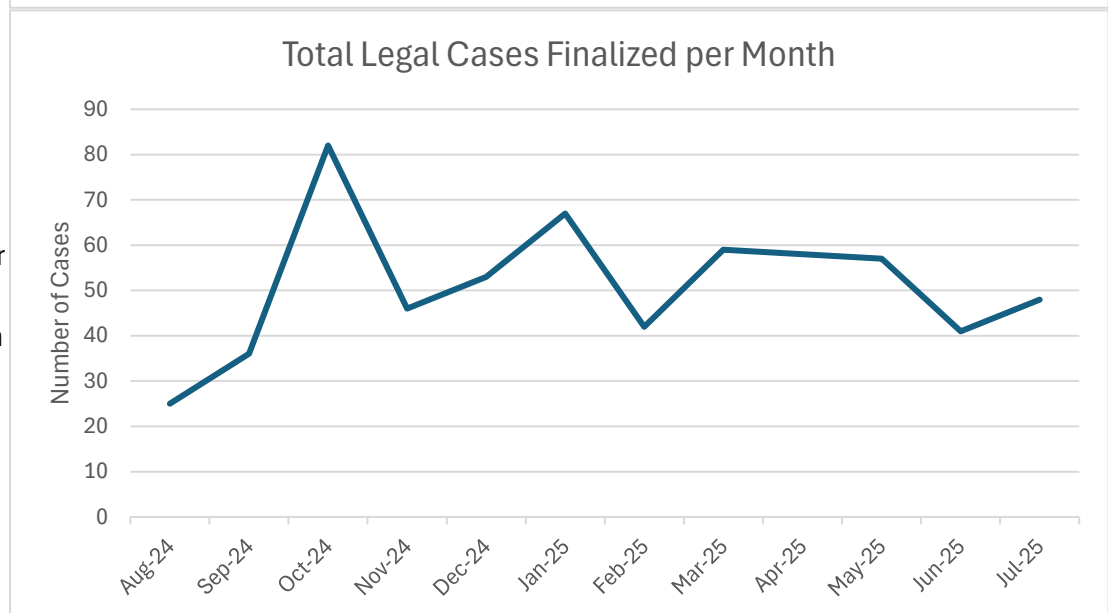
Volume. The total number of cases completed by investigations and assigned to legal and the average caseload per attorney each month. The goal is a flat average caseload to show similar amounts of cases opened and closed.



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



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

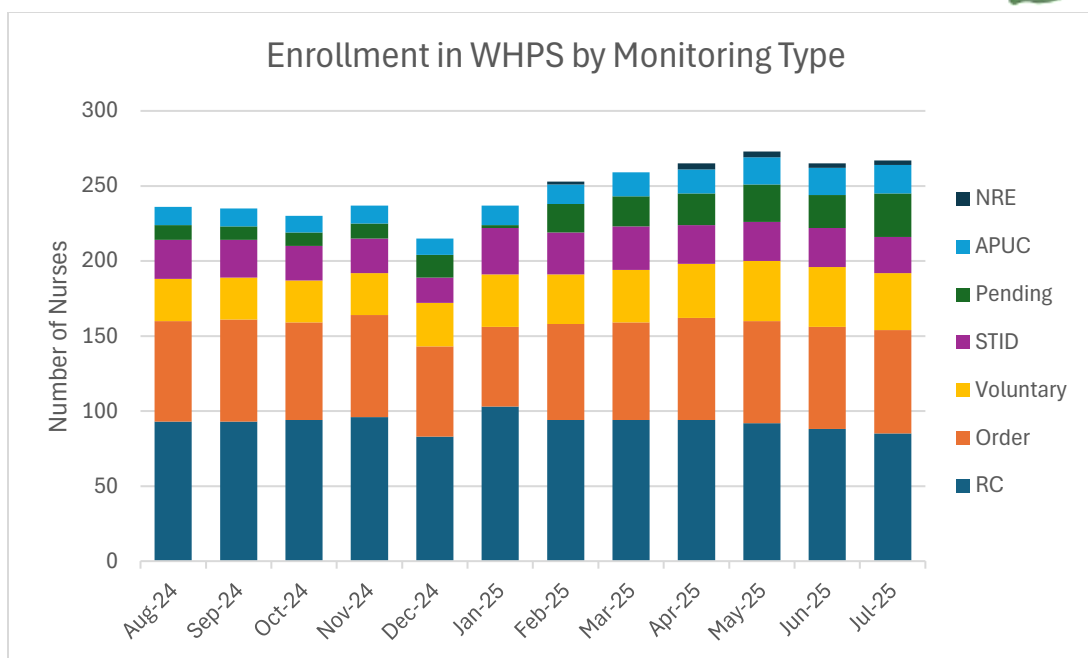


WHPS and SUDRP Performance Measures



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

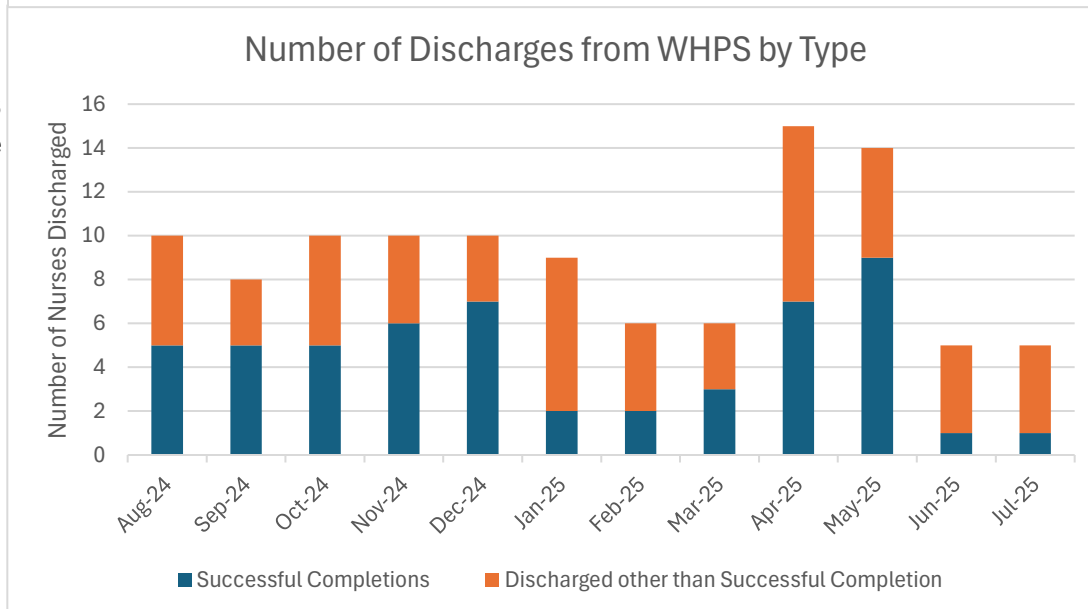
- Notice of Required Evaluation (NRE)
- Agreement to Practice Under Conditions (APUC)
- Pending
- Stipulation to Informal Disposition (STID)
- Voluntary
- Order
- Referral Contract (RC)



Satisfaction.

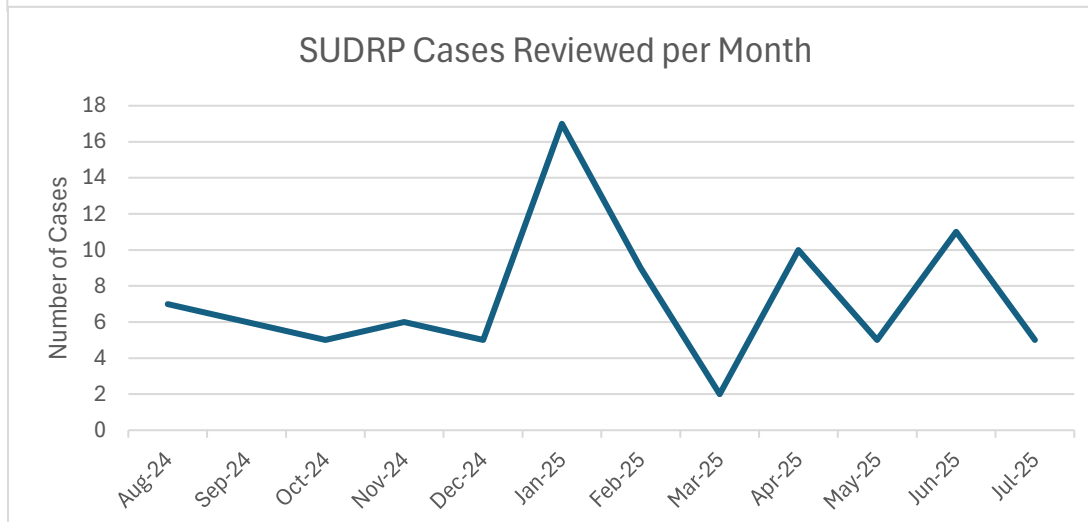
Discharges from WHPS each month by the type of discharge it was. "Other" discharge reasons include:

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



Volume/

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

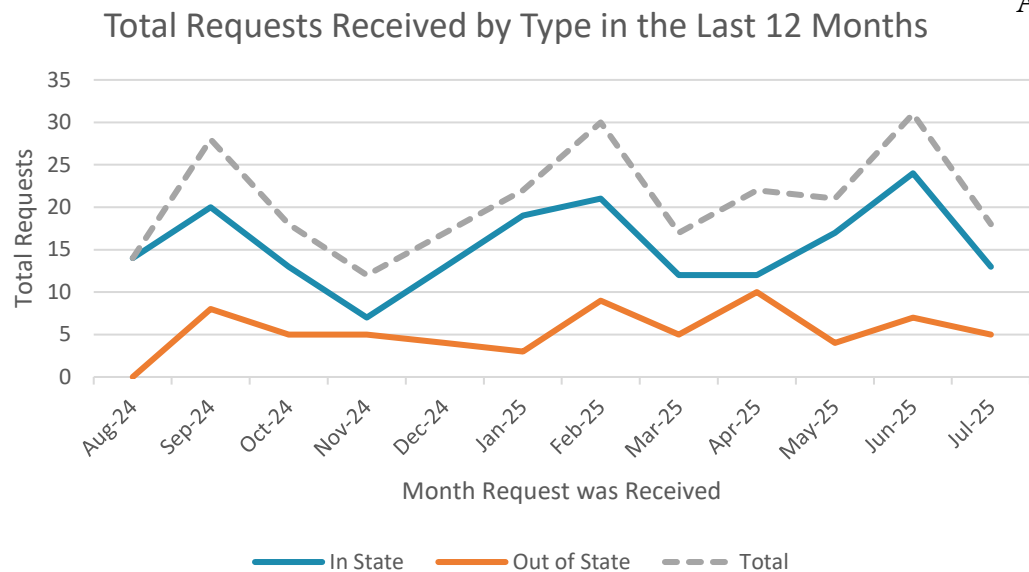


Education Performance Measures

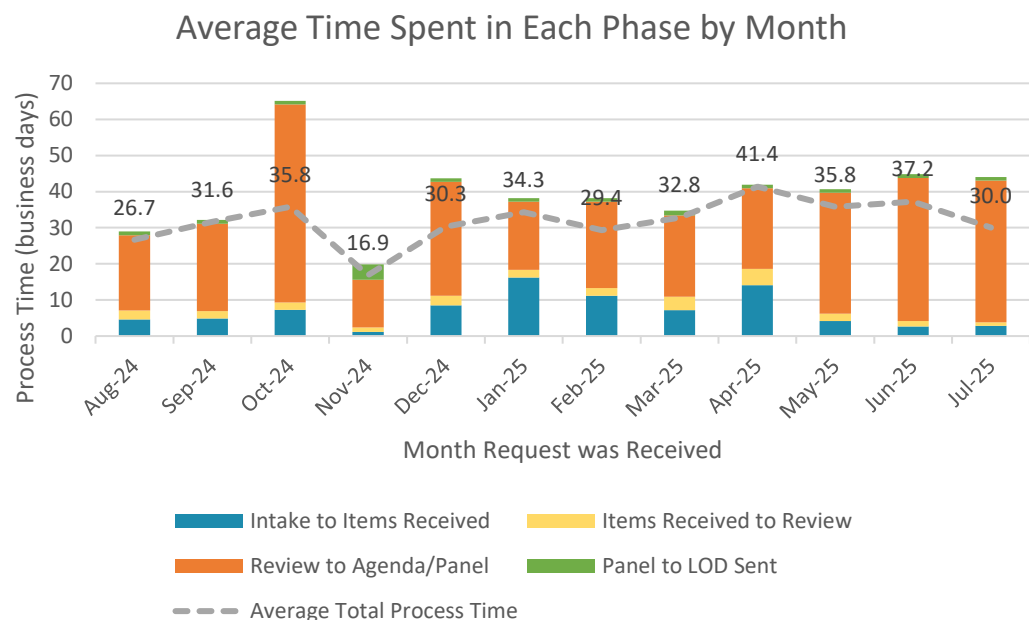


III. Consent Agenda

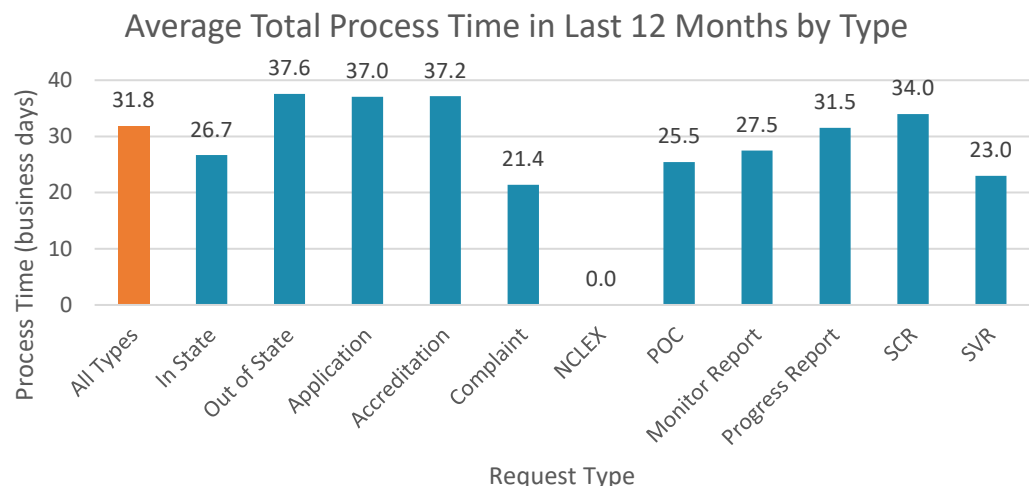
Volume. The total number of requests received in the education inbox by whether they were in state or out of state requests.



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



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

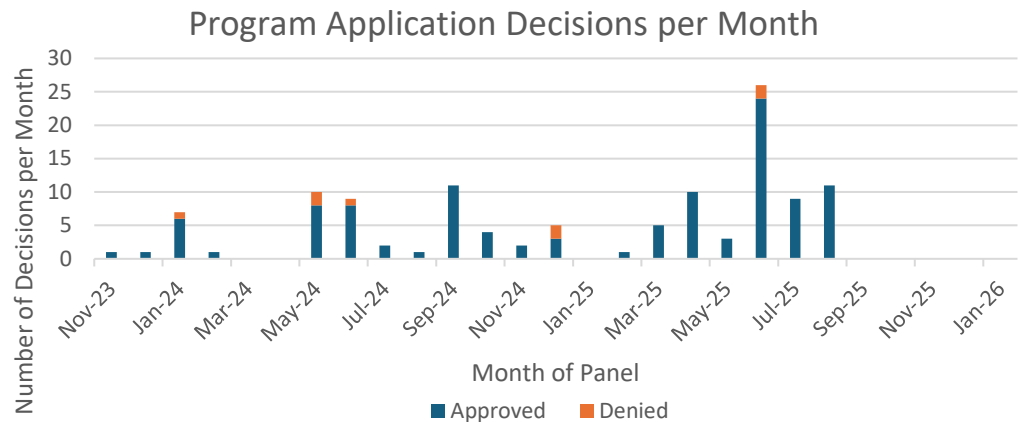


NPAP Summary Report



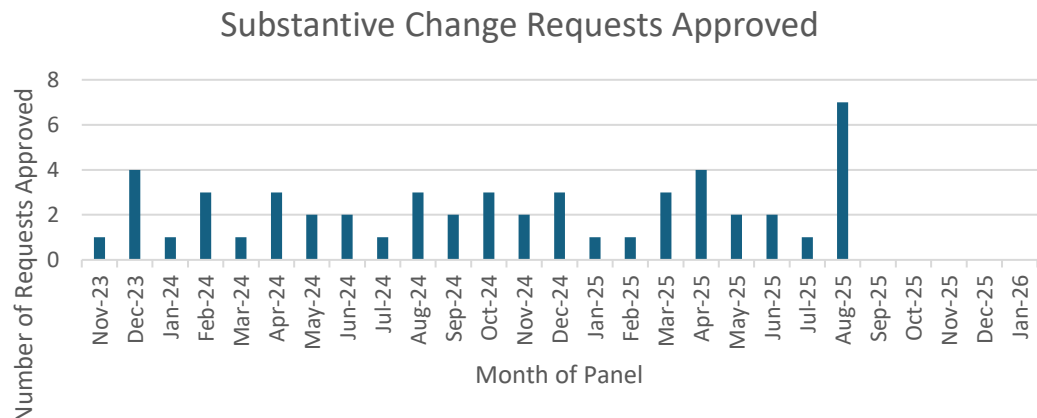
Program Applications.

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



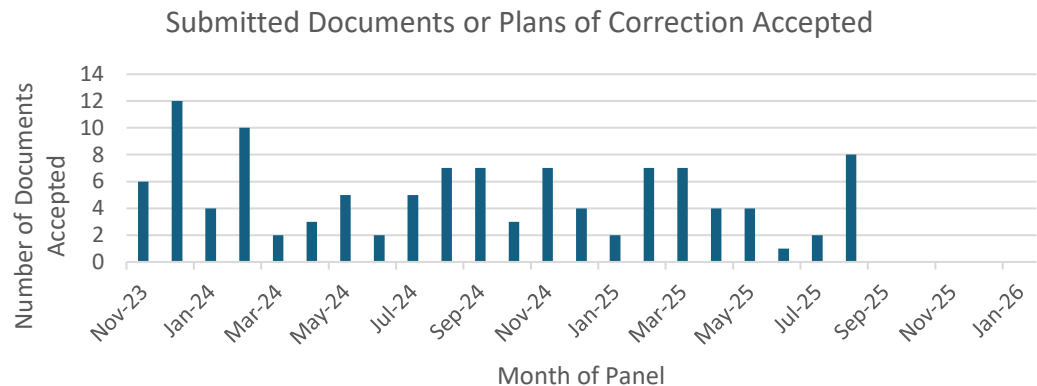
Change Requests. The

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



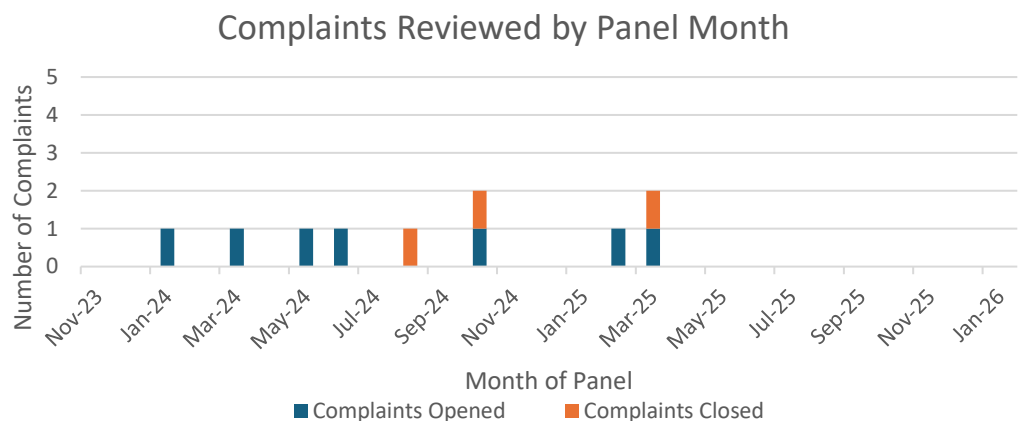
Accepted Documents.

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



Program Complaints.

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



Washington State Board of Nursing (WABON)

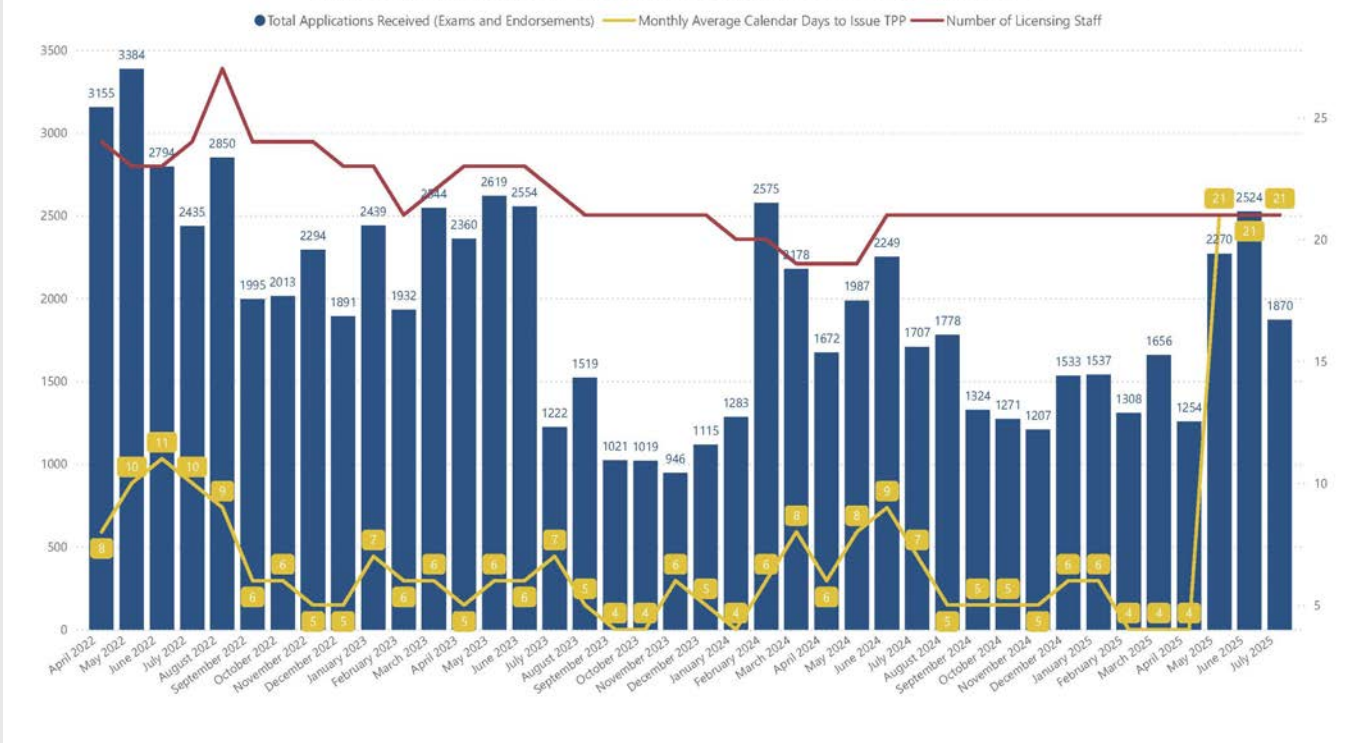
Nurse Licensure Timelines

Update: Friday, August 8, 2025

III. Consent
Agenda

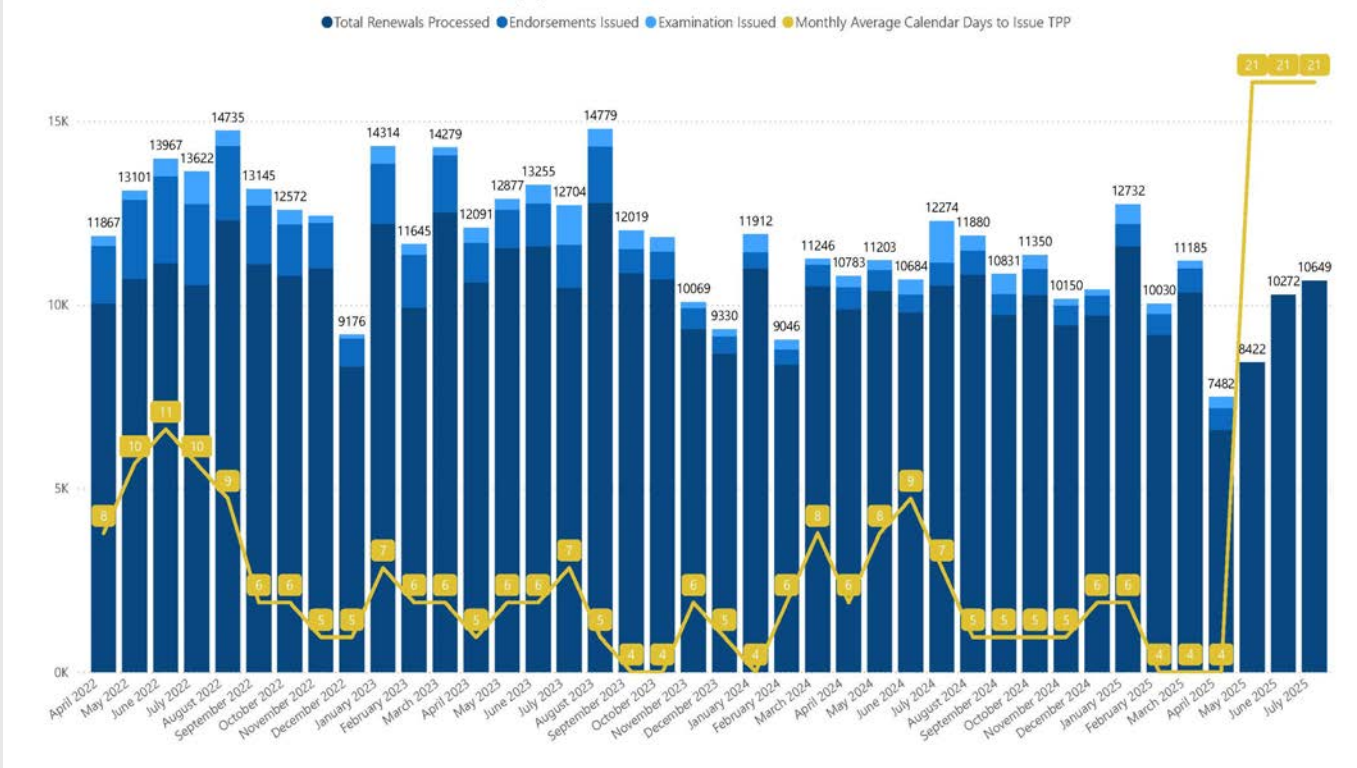
For the month of July 2025, the average processing time to issue a temporary practice permit (TPP) was about 21 days. The Department of Health IT and HELMS teams are actively working on updating the report required to provide accurate application processing timeline data. On April 29, 2025, the Department of Health launched a new licensing system for all health professionals and facilities in Washington state. The Healthcare Enforcement and Licensing Management System (HELMS) was developed to create efficiencies, improve user experience, streamline processing, strengthen data access, and reduce paper-based activities. **Please note, we are experiencing longer than usual application processing times due to this recent implementation and data migration issues.**

WABON Applications Received and Processing Timelines



In July 2025, WABON issued a total of 507 new nursing licenses, 237 TPPs, and 83 reactivations of expired credentials. In addition, 10,649 nursing renewals were completed.

WABON Applications and Renewals Processed



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. Deficient applications are omitted from the report since this delay is outside of the WABON's control.

WABON Business Meeting
September 12, 2025



WCN/WABON CHECK IN Meeting
July 8, 2025
Minutes

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

Topics	Discussion	Action Needed
Call to Order	3:30 PM	
1. Discussion with Work with Carter Group	<p>Alison discussed her perception of the meeting the day before on the results where Alison did not feel it was very helpful and conflicts of interest with other groups that were included. Didn't feel WABON was represented.</p> <p>Carter seems to be working more closely with WCN versus WABON, feels there isn't a representative balance between the groups. DOH had very little input. Alison had only one conversation with Lonney.</p> <p>Sofia discussed her perception of the meeting the day before on the results.</p>	<p>Alison is working on sharing the issues with the Carter group.</p> <p>Alison would like a reset on the communications side between the groups and solutions oriented problem-solving with data validation.</p> <p>Sofia would like to be on the same page with the Carter group. DOH was not well represented as some parties left.</p>
2. Next steps	Scheduling a meeting with the Carter Group to discuss concerns and get clarification.	Sofia to arrange a time to meet with the Carter Group on July 14 or 15.

Adjourned: 4:00 PM



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

National Council of State Boards of Nursing
Annual Meeting & Interstate Nurse Licensure Commission Meeting
August 12-15, 2025

Alison Bradywood, Gerianne Babbo, Lori Underwood, Reuben Argel, Alicia Payne, Kim Tucker

PURPOSE:

The 2025 NCSBN Annual Meeting brought together nursing regulators from across the country and the world including the Delegate Assembly, candidate forum, committee forum, education sessions and elections.

The Interstate Nurse Licensure Compact Commission met for annual education on NLC bylaws and standards, followed by the business meeting with updates from the workgroups.

Gerianne presented an update on the Model Act and Rules in her role as Chair for that committee; Lori presented her licensing expertise and supported Awards Committee outreach for future nominations. Alison and Kim were Washington delegates. All attendees were generously supported by NCSBN for travel.

OUTCOME:

Hear successes/challenges from other states and NCSBN leadership to bring resources and direction to our regulatory work in Washington. Share WABON initiatives to partner and support other states.

Congratulations to Reuben Argel for his election to the Area 1 position for the Leadership Succession Committee.

RECOMMENDATION:

Continue to closely partner with NCSBN and other boards of nursing on shared initiatives. Increase WABON board and staff participation with committee work and ICRS courses for professional development.

Business Agenda of the 2025 Delegate Assembly

Wednesday, Aug. 13, 2025

9:30–11:35 am

Opening Session

- **Welcome Presentation**
- **President's Address**
- **Opening Reports**
 - Report of the Credentials Committee
 - Adoption of Standing Rules
- **Adoption of Agenda**
- **Report of the Leadership Succession Committee (LSC)**
 - Presentation of the 2025 Slate of Candidates
 - Nominations from Floor
 - Approval of the Slate of Candidates

11:35 am–12:00 pm

CEO's Address

2:45–3:45 pm

Candidate Forum

3:45–4:45 pm

Committee Forums

Thursday, Aug. 14, 2025

8:30–9:00 am

Elections

10:30–10:45 am

Election Results

Friday, Aug. 15, 2025

10:30–11:00 am

Delegate Assembly

Business

Board of Directors' Recommendations

- Approve 2026–2028 NCSBN Strategic Initiative Statement.

NCLEX® Examination Committee Recommendations

- Approve the 2026 NCLEX-RN® Test Plan.
- Approve the 2026 NCLEX-PN® Test Plan.

New Business

Adjournment



Board Meeting Public Involvement & Managing Interruptions

Procedure: H10.04

References: [RCW 42.30.050](#) – Interruptions - Procedure
[RCW 42.30.030](#) – Open Public Meetings Act

Applies to: Board members

Contact: Chris Archuleta
 Director, Operations and Finance

Policy Analyst: Bonnie King
 Policy Analyst

Effective Date: _____, 2025

Review Date: _____, 2027

**Electronic
 Signature**

Approved By: Kim Tucker, PhD, RN, CNE
 Chair
 Washington State Board of Nursing

Commented [BK1]: Corrected RCW from previous procedure.

Purpose Statement

This procedure explains what the Washington State Board of Nursing (Board) chair does if audience members, Board members, or staff interrupt the meeting unnecessarily. The Board chair has the responsibility and the authority to lead the Board meetings according to the agenda and the Open Public Meetings Act, [RCW 42.30.030](#).

Definitions

Interruption: To render the orderly conduct of a Board meeting unfeasible when order cannot be restored by the removal of individuals who are interrupting the meeting. [RCW 42.30.050](#)

Process: Public Involvement & Managing Meeting Interruptions

Steps	Person(s) Involved	Activity or Event(s)
1	Board Chair	At each Board meeting, the chair invites members of the public, whether attending in person or online, to speak to the Board. This is listed on the agenda as “Public Comment.”

2	Audience Members	<p>Each member of the audience who wishes to speak to the Board may indicate their intent by:</p> <ul style="list-style-type: none"> • Registering in advance via the emailed meeting notice; or • Signing in on the attendance roster posted at the entrance to the Board meeting room; or • Notifying staff using the chat feature in the virtual meeting software.
3	Board Chair	<ul style="list-style-type: none"> • If more than one person signs up to speak, the chair decides how much time each person will have and announces the time limit at the start of the public comment period. • The chair calls on each person who signed up to speak and asks them to come to the microphone or unmute if they're attending virtually. • If the person exceeds their time allowed or interrupts the Board meeting in any way, the chair has the responsibility to address the behavior. • If the meeting can't be brought back to order, the chair may clear the room and continue to conduct business or decide to end the meeting. • If necessary, the meeting may be reconvened at a different location. A majority of the members present must agree on the new location. The chair will continue with only the agenda items that were already listed for the public meeting.

Commented [BK2]: Revised to use plain language, but kept the legal intent and same steps as in the previous procedure.

Revision History:

H10.01 – December 31, 2014

H10.02 – February 10, 2016

H10.03 – May 12, 2023



Establishing Regular, Special, and Subcommittee Board Meetings

Commented [BK1]: Changed title to add "Subcommittee" since it is listed in the procedure.

Procedure: H17.03

References: [RCW 18.79.100](#) - Board—Officers—Meetings
[Chapter 42.30 RCW](#) – Open Public Meetings Act
[Chapter 34.05 RCW](#) – Administrative Procedures Act

Applies to: Board Members, Executive Director, Operations Staff

Contact: Chris Archuleta
Director, Operations and Finance

Policy Analyst: Bonnie King
Policy Analyst

Effective Date: _____, 2025

Review Date: _____, 2027

**Electronic
Signature**

Approved By: Kim Tucker, PhD, RN, CNE
Chair
Washington State Board of Nursing

Purpose Statement

This procedure explains how the Washington State Board of Nursing (Board) schedules its meetings following the Open Public Meetings Act (OPMA). It also describes how the meetings are conducted, depending on how they were scheduled.

Definitions

Office of the Code Reviser (OCR): For the purposes of this procedure, the OCR publishes meeting schedules in the Washington State Register (WSR).

Regular Meeting: Meetings that require state agencies to file with the code reviser a schedule of the time and place of such meetings on or before January 1 of each year for publication in the WSR. Notice of any change from a meeting schedule must be published in the WSR for distribution at least 20 days prior to the rescheduled meeting date. For the purposes of this section "regular" meetings shall mean recurring meetings held in accordance with a periodic

schedule declared by statute or rule. There is no legal obligation to post a meeting notice, however this is considered additional customer service by providing this notice.

Special Meeting: A meeting called at any time by the presiding officer of the governing body of a public agency or by a majority of the members of the governing body by delivering written notice personally, by mail, by fax, or by electronic mail to each member of the governing body. Such notice must be delivered personally, by mail, by fax, or by electronic mail at least 24 hours before the time of such meeting as specified in the notice. The notification provisions set forth in this definition and in law ([RCW 42.30.080](#)) are met by publication of meeting dates and agendas on the professions' web pages and by sending to profession GovDelivery Topic as outlined in this procedure. It is not necessary to transmit either meeting dates or agendas directly to broadcast or print media. Final disposition shall not be taken on any other matter at such meetings by the governing body. If the meeting is not held at a Department of Health location, a notice must be prominently displayed at the main entrance of the agency's principal location and the meeting site.

Subcommittee: A committee is composed of some members of a larger board, commission, or committee. Subcommittees need to follow the OPMA by being mindful of how it applies to them. A good best practice is to have all sub-committee meetings open. The Board subcommittee meetings are open meetings and follow this procedure.

Process: Board Meeting Scheduling

Steps	Person(s) Involved	Activity or Event(s)
1	Executive Director	Each year, at the July meeting, the Executive Director presents to the Board a proposed schedule of regular meeting dates, times, and locations for the following year in accordance with RCW 42.30.075 .
2	Board	The Board considers and amends, as necessary, the proposed meeting schedule. The Board may approve, by motion and vote, the schedule of meeting dates, times, and locations for the following year.
3	Operations Staff	<ul style="list-style-type: none"> Each year by December 31st, the Operations staff file the meeting schedule (Form A attached) with OCR to request publication of the schedule in the WSR. The Operations staff communicate the Board meeting dates for the upcoming year using: <ul style="list-style-type: none"> September business meeting packet; Board website; and GovDelivery
4	Operations Staff	<ul style="list-style-type: none"> In the event it becomes necessary to cancel or modify one or more regularly scheduled meetings

		<p>of the Board, Operations staff update or edit the meeting notice (Form A) for a supplemental filing with OCR.</p> <ul style="list-style-type: none"> • The meeting cancellation or modification notice must be published at least 20 days prior to the scheduled meeting date. • In addition, Operations staff send a notice via GovDelivery and posts on the website.
5	Board and Executive Director	<p>In the event it becomes necessary to schedule one or more additional meetings, the Board may schedule a special meeting(s) in addition to the schedule of regular meetings in accordance with RCW 42.30.080. In scheduling a special meeting(s), the Executive Director:</p> <ul style="list-style-type: none"> • Presents the proposal for the additional meeting(s) to the Board. If presenting to the entire Board is not practicable, the Executive Director may consult with and obtain the approval of the Board chair. • Works with the advising assistant attorney general to ensure the Board is educated about the limitations of special meetings and that meetings are facilitated accordingly.
6	Operations Staff	<p>The Operations staff update any meeting revisions, cancellations, or additions at or by using:</p> <ul style="list-style-type: none"> ○ Next scheduled Board Business Meeting; ○ Board website; and ○ GovDelivery

Revision History

H17.01- September 8, 2017

H17.02 – May 12, 2023



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Board of Nursing

P.O. Box 47864

Olympia, WA 98504-7864

Tel: (360) 236-4703 • Fax: (360) 236-4738

The following is the schedule of regular meetings for the Department of Health, Washington State Board of Nursing (WABON), for 2025. This schedule follows the Open Public Meetings Act (Chapter 42.30 RCW) and the Administrative Procedures Act (Chapter 34.05 RCW). The NCQAC meetings are open to the public. Access for persons with disabilities may be arranged with advance notice. Please contact the staff person below for more information.

Agendas for the meetings listed below are available in advance via GovDelivery and the WABON Website (see below). Every attempt is made to ensure the agenda is up to date. However, WABON reserves the right to change or amend meeting agendas.

WABON Business Meeting Date	Locations

If you need further information, please contact:

Bethany Mauden, Program Specialist III Email: bethany.mauden1@doh.wa.gov
Department of Health, Washington State Board of Nursing
P.O. Box 47864, Olympia, WA 98504-7864

Web: <https://www.nursing.wa.gov>

GovDelivery:
https://public.govdelivery.com/accounts/WADOH/subscriber/topics?qsp=WADOH_4

Public Health – Always Working for a Safer and Healthier Washington



IV.

Chair

Report

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

Title:	Electronic/Digital Signatures for Actions	Number:	H18.03
Reference:			
Author:	Bethany Mauden Administrative Assistant 5 Washington State Board of Nursing (WABON)		
Effective Date:	April 26, 2024	Date for Review:	April 26, 2026
Supersedes:	H18.02 – February 9, 2023 H18.01 – August 1, 2018 A54.01 - Digital Signature for Disciplinary Actions, September 9, 2016		

Approved:


Alison Bradywood DNP, MPH, RN, NEA-BC
Executive Director (ED)
Washington State Board of Nursing (WABON)

PURPOSE:

Certain Washington State Board of Nursing (Board) action documents require the signature of the chair of the Board panel. Staff may use electronic (digital) signatures of the chair as approved and directed.

PROCEDURE:

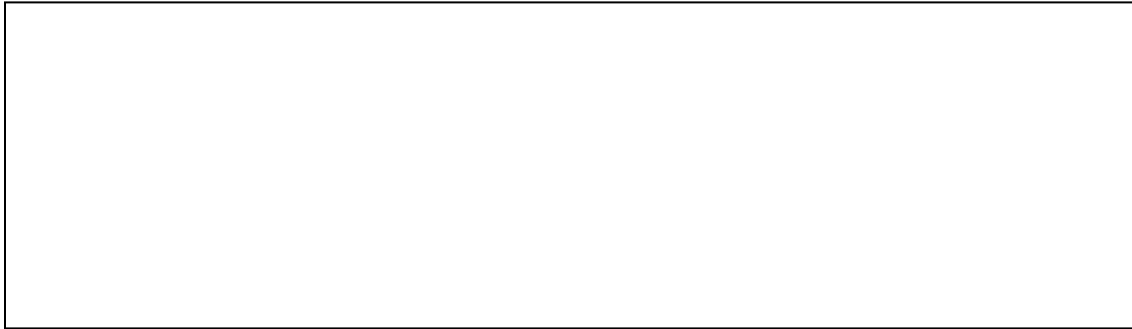
- I. At every July meeting of the Board, members who may chair panels sign an authorization on the attached form to use their electronic/digital signature.
- II. The designated Board staff member converts the original signatures to an electronic/digital signature as approved by each member and keeps them in a secure folder.
- III. When necessary, the staff must forward a request by email to the appropriate Board member to use their electronic/digital signature.
- IV. The request to the Board member must include a copy of the proposed document and a specific request to use the electronic/digital signature.

- V. The Board member sends back a reply email approving the use of the digital signature as approved.
- VI. The Board staff inserts the electronic/digital signature on the approved document.
- VII. Both emails must be saved in a secure folder with the original document and the electronically signed document.
- VIII. The Board staff sends the digitally signed document to the appropriate person, and a copy to the signing Board member.

Authorization to use Electronic/Digital Signature

By signing this authorization form, you agree your electronic signature (hereafter referred to as your "E-Signature") is the legal equivalent of your manual/handwritten signature and authorize Board staff, when you direct, to apply your electronic signature as described in this procedure. You also agree that no certification authority or other third-party verification is necessary to validate your E-Signature, and that the lack of such certification or third-party verification will not in any way affect the enforceability of your E-Signature. You further agree that applying your E-signature to a record, amounts to verification of your identity and to knowledge of the contents of the documents signed. You will notify the Executive Director immediately if you learn that someone may have improper control of your signature image file.

Date:



Legal Name, Credentials

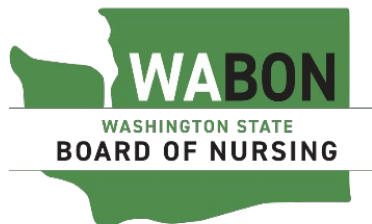
WASHINGTON STATE DEPARTMENT OF HEALTH

Photo/Video Release

DATE	PHOTOGRAPHER'S NAME	
Consent I, _____, hereby authorize and <div style="text-align: center;">PRINTED NAME</div> consent to the use of my visual image (photograph or video) by the Washington State Department of Health for: <input type="checkbox"/> Appropriate general use <input type="checkbox"/> This specific use:		
SIGNATURE	DATE	TELEPHONE NUMBER (INCLUDE AREA CODE)
Complete the information below only if subject has a guardian or is a minor child.		
GUARDIAN'S PRINTED NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)
SIGNATURE		DATE



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BOARD BYLAWS

September 12, 2025

WABON Business Meeting
September 12, 2025

What are Bylaws?

- Board bylaws are a set of written rules that govern the internal operations of a board and the organization it oversees
- Typically cover board structure, operational guidelines, duties and responsibilities, policies, etc.

Why are they important?

- Provide clarity and consistency
- Ensure legal compliance and accountability
- Reduces volume of procedures

Next Steps



Comprehensive Review of Existing Procedures

- H01 – Board Nominations and Elections
- H08 – Ethics, Conflict of Interest, and Recusal
- H17 – Establishing Regular, Special, and Subcommittee Meetings



Begin Drafting Bylaws w/ Board Workgroup



Present Draft Bylaws for Board Consideration

Questions?

Bylaws

Article I: Purpose

Article II: Membership

Article III: Officers

Article IV: Meetings

Article V: Subcommittees, Panels, and Workgroups

Article VI: Amendments

Article I: Purpose

The purpose of the Washington State Board of Nursing (Board) is to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the board must promote the delivery of quality health care to the residents of the state of Washington.

Article II: Membership

1. Board Composition:

The seven registered nurses, two advanced registered nurse practitioners, three licensed practical nurses, and three public members of the Board are appointed by the Governor to serve a four-year term. Board composition and qualifications are outlined in statute to ensure balanced representation of nursing professionals and the public. All members must be residents of the state.

Board members may be appointed by the Governor to serve a second term. When vacancies occur, the Chair of the Board shall make recommendations to the Governor to ensure appropriate specialties are represented. When the workload requires, the Executive Director may appoint pro tempore members from among those qualified to be members of the Board. Governor appointed members and pro tempore members are considered state officers and eligible for full rights and remunerations due under state law. Pro tempore members may vote on discipline and licensing deliberations but are not eligible to vote on any other Board business.



V.

Executive

Director

Report

2023-2025 BIENNIUM FINAL REPORT:

This report covers the period of July 1, 2023, through June 30, 2025, closing out the 2023-2025 biennium. The WABON budget finished underspent by almost 14% or almost \$5M and the current fund balance is (\$357K). Although the 2023-2025 biennium is not officially closed at the time of this report, we do not anticipate any final adjustments will have a significant impact. Any changes to WABON finals will be minimal.

REVENUES FROM FEES:

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$4.7M. Following full implementation of the NLC on January 31, 2024, fee revenues lagged adjusted projections due to lower than anticipated MSL conversion rates. Final revenues were 2.3%, or just about \$757K short of adjusted projections for the 2023-2025 biennium. WABON did see a small revenue increase from the NCSBN grant provided for the implementation of the NLC. Of the \$218K grant, \$43K was applied directly to HELMS expenses and the remaining \$175K was recorded as WABON revenue in FM23. With more than 12 months of MSL conversion rate trend data and additional clarity on other contributing factors impacting the nursing population in WA, we will be able to more accurately project revenues going into the next biennium.

EXPENDITURES:

As a result of the cost saving measures adopted by WABON throughout the 2023-2025 biennium, the negative impacts of the HELMS assessments over the past four years and the loss of fee revenue from implementation of the NLC were greatly minimized, however were not enough to recover the fund balance. Common expenditure trends throughout the 2023-2025 biennium:

- Direct Charges: Actual direct expenditures finished below budget as anticipated due to budgetary restrictions in place. Salaries and Benefits savings were due to open positions; Rent due to reduction of WABON footprint in Tumwater; and AG costs remained below estimates.
- Service Unit Charges: During the budget creation process, service units were overestimated this biennium. The overestimation resulted in actual expenditures tracking well below budget.
- Indirect Charges: As a result of the overestimation of the budgeted service units, budgeted indirect expenditures were also overestimated. When indirect charges were applied to actual expenditures, actual expenditures came in below projections.

FISCAL OUTLOOK:

WABON has been operating with a negative fund balance since November 2024. Leadership evaluated all measures taken to offset the revenue deficit to date and concluded that additional measures needed to be taken. A reduction in staffing was necessary to ensure WABON returns to operating at the recommended reserve in the required timeline. This reduction will take place at the end of August 2025 with four positions being eliminated. The savings from this reduction will be realized beginning September 2025 and going forward. The 2025-2027 biennial budget is still being finalized, and our focus is going to be on more accurate forecasting and recovering the fund balance. We anticipate introducing the new 2025-2027 biennial budget with first quarter actuals at the November business meeting.



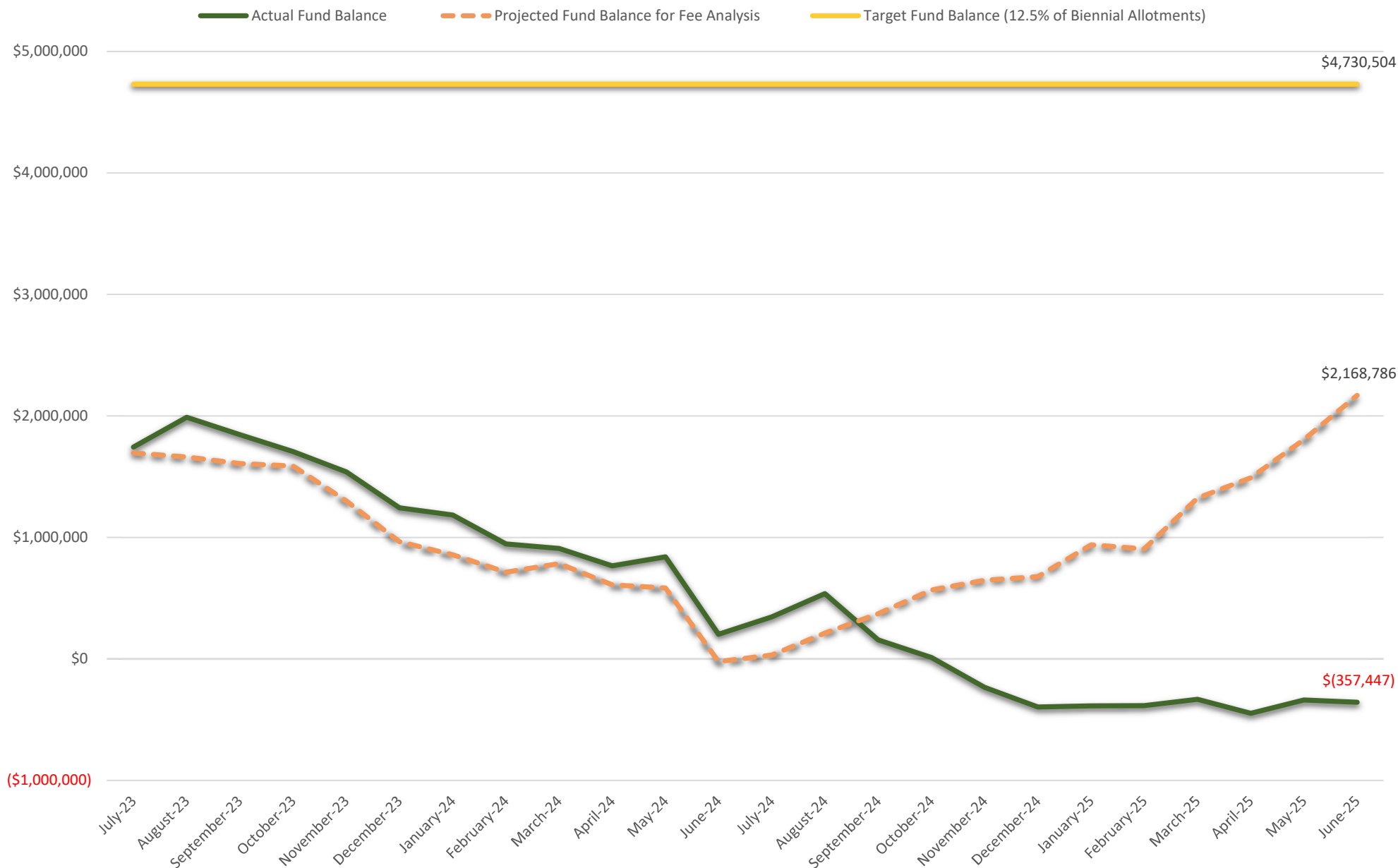
Washington State Board of Nursing
2023-25 Budget Status Report
02G Health Professions Account

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT BTD thru FM22	EXP BTD thru FM22	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	77.74	78.13	82.23	78.64	82.92	68.14	82.25	77.74	82.22	(4.48)	105.76%
Staff Salaries & Benefits	21,111,448	19,452,868	18,253,554	884,692	854,557	773,888	842,716	21,111,448	19,936,350	1,175,098	94.43%
Commission Salaries	611,112	560,168	480,974	25,472	20,095	25,472	20,327	611,112	521,396	89,716	85.32%
Goods & Services	876,079	810,503	496,480	32,714	10,297	32,862	8,577	876,079	608,220	267,859	69.43%
Rent	1,012,004	931,820	475,704	42,867	21,074	37,317	30,676	1,012,004	530,858	481,146	52.46%
Attorney General (AG)	1,705,439	1,564,839	1,260,320	70,300	178,143	70,300	97,582	1,705,439	1,527,157	178,282	89.55%
Travel	140,664	128,862	109,754	5,901	5,961	5,901	1,404	140,664	117,274	23,390	83.37%
Equipment	154,134	154,134	137,613		3,416	0	965	154,134	142,212	11,922	92.26%
IT Support & Software Licenses	473,533	435,005	411,487	20,612	28,175	17,916	20,428	473,533	459,816	13,717	97.10%
TOTAL DIRECT	26,084,413	24,038,199	21,625,887	1,082,558	1,121,718	963,656	1,022,676	26,084,413	23,843,282	2,241,131	91.41%
SERVICE UNITS:											
FBI Background Checks (TA090)	767,864	738,778	763,201	14,542	24,242	14,544	53,079	767,864	842,627	(74,763)	109.74%
Office of Professional Standards (TA020)	571,764	522,917	319,029	24,032	15,442	24,815	20,223	571,764	355,252	216,512	62.13%
Adjudication Clerk (TA010)	346,400	317,051	100,753	14,601	3,560	14,748	3,482	346,400	107,958	238,442	31.17%
HP Investigations (TA040, 070, 100)	81,092	79,670	42,102	711	757	711	2,997	81,092	45,967	35,125	56.68%
Legal Services (TA140, 150, 210)	44,864	44,344	36,678	260	1,350	260	3,967	44,864	41,999	2,865	93.61%
Call Center (TA030)	58,038	54,278	63,122	1,880	3,102	1,880	2,849	58,038	69,191	(11,153)	119.22%
Public Disclosure (TA180)	504,940	460,371	344,007	21,920	25,501	22,649	18,329	504,940	388,565	116,375	76.95%
Revenue Reconciliation (TA200)	126,343	121,739	147,186	2,294	4,078	2,310	9,127	126,343	160,767	(34,424)	127.25%
Online Healthcare Provider Lic - Staff (TA130)	507,012	464,253	356,302	21,379	3,889	21,380	7,716	507,012	296,946	210,066	58.57%
Online Healthcare Provider Lic - Contract (TE8000)	289,734	289,734	71,425					289,734	71,425	218,309	0.00%
Suicide Assessment Study (TA120)	30,927	28,311	0	1,308	0	1,308	0	30,927	0	30,927	0.00%
TOTAL SERVICE UNITS	3,328,978	3,121,446	2,243,804	102,927	81,922	104,605	121,770	3,328,978	2,380,697	948,281	71.51%
INDIRECT CHARGES:											
Agency Indirects	\$ 4,941,298	\$ 4,184,008	\$ 3,735,469	183,273	197,962	165,090	210,241	4,941,298	4,143,672	797,626	83.86%
HSQA Div Indirects	\$ 3,302,159	\$ 2,751,533	\$ 2,196,647	120,572	109,874	108,605	56,406	3,302,159	2,362,927	939,232	71.56%
TOTAL INDIRECTS	8,243,457	6,935,541	5,932,115	303,845	307,836	273,695	266,647	8,243,457	6,506,599	1,736,858	78.93%
GRAND TOTAL	37,656,848	34,095,186	29,801,806	1,489,330	1,511,476	1,341,956	1,411,093	37,656,848	32,730,578	4,926,270	86.92%

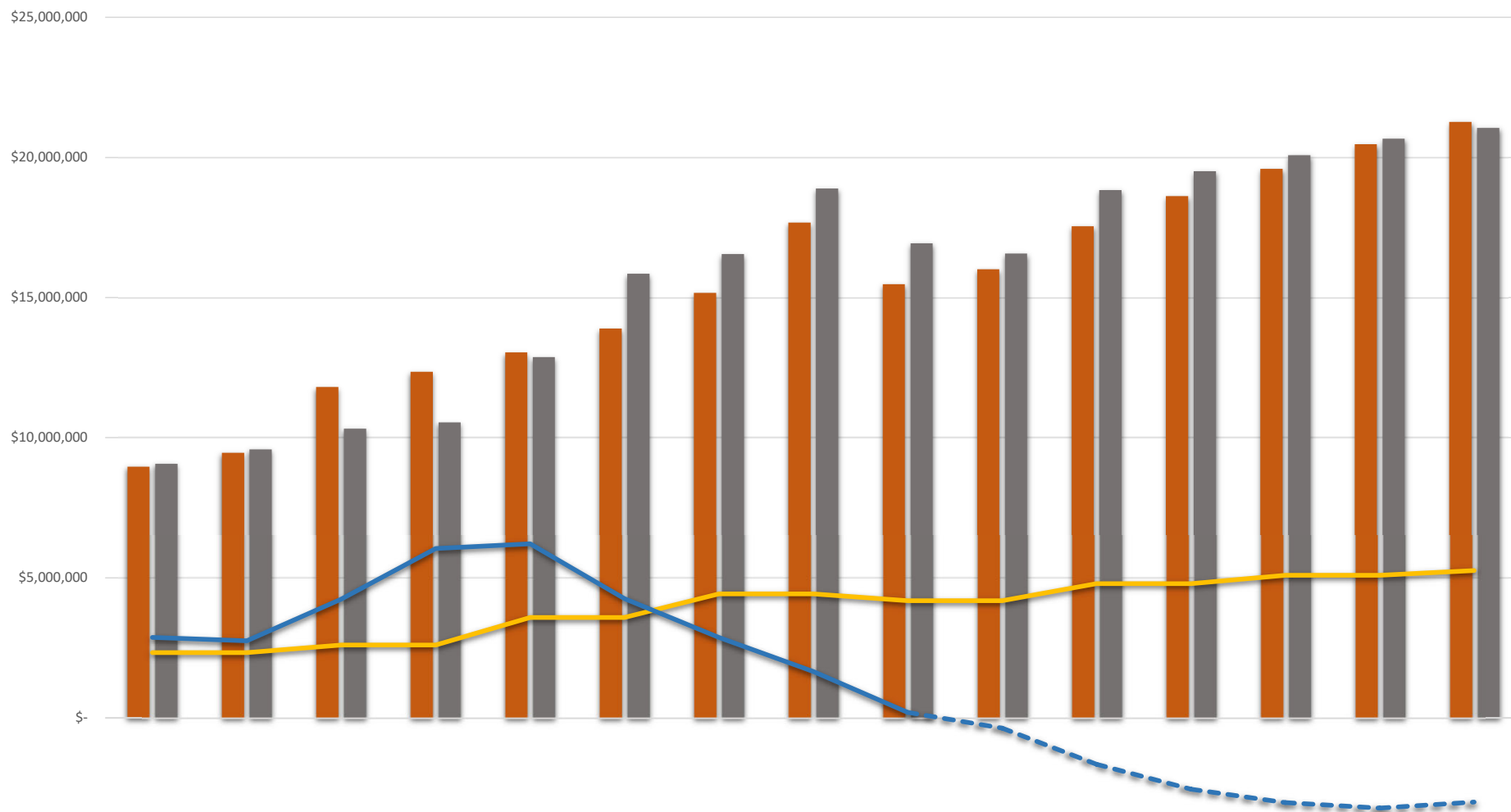
NURSING REVENUE

BEGINNING REVENUE BALANCE	\$ 1,659,304
2023-2025 REVENUE TO-DATE	\$ 31,318,212
2023-2025 HELMS ASSESS. TO-DATE	\$ 779,532
2023-2025 NCSBN Revenue	\$ 175,332
2023-2025 EXPENDITURES TO-DATE	\$ 32,730,578
ENDING REVENUE BALANCE	\$ (357,263)

23-25 WABON Final Fund Balance



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	15,482,345	16,010,788	17,544,824	18,626,935	19,599,680	20,476,781	21,269,936
Expenditure	9,069,664	9,582,807	10,318,652	10,552,286	12,874,913	15,851,083	16,554,354	18,894,820	16,939,349	16,570,898	18,837,719	19,512,695	20,081,529	20,675,099	21,057,084
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	4,188,781	4,188,781	4,793,802	4,793,802	5,094,578	5,094,578	5,264,271
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	202,305	(357,804)	(1,650,699)	(2,536,459)	(3,018,307)	(3,216,625)	(3,003,774)



Washington State Board of Nursing
8/27/2025

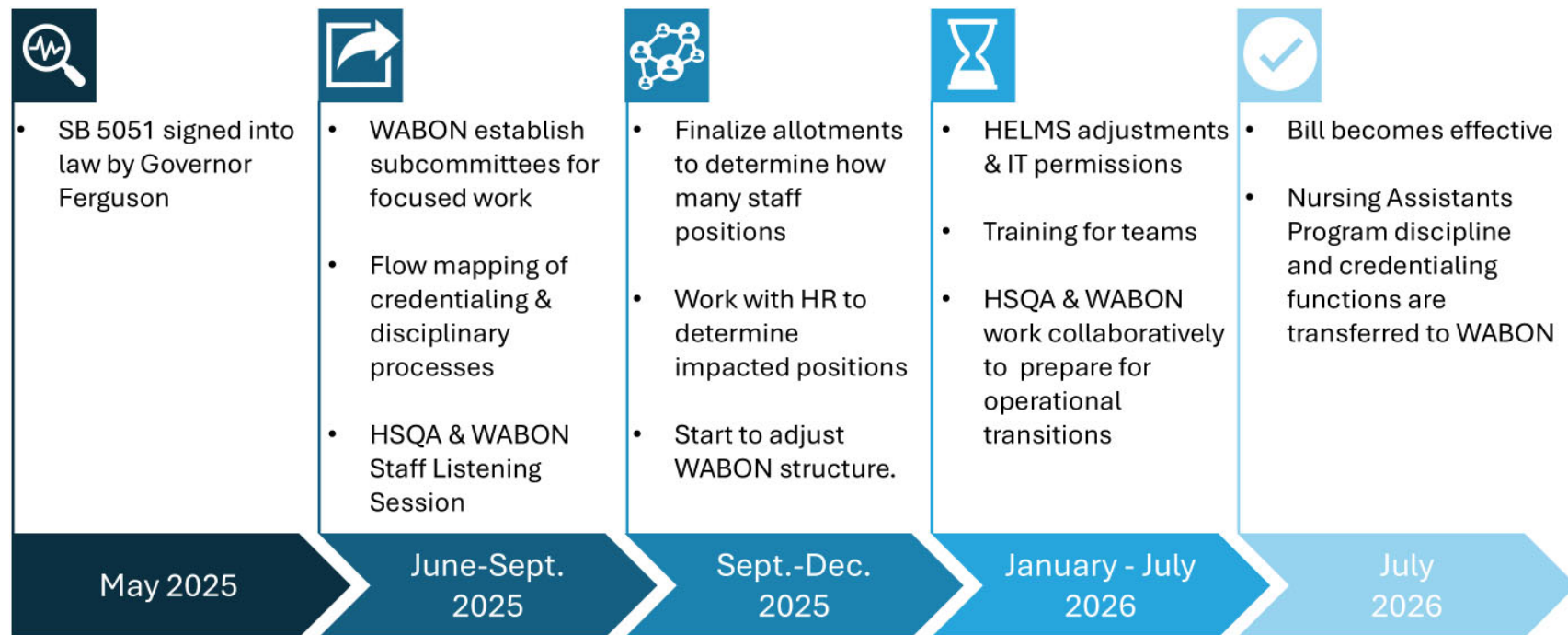
Nursing Assistant Transition Project

September 12, 2025

WABON Business Meeting



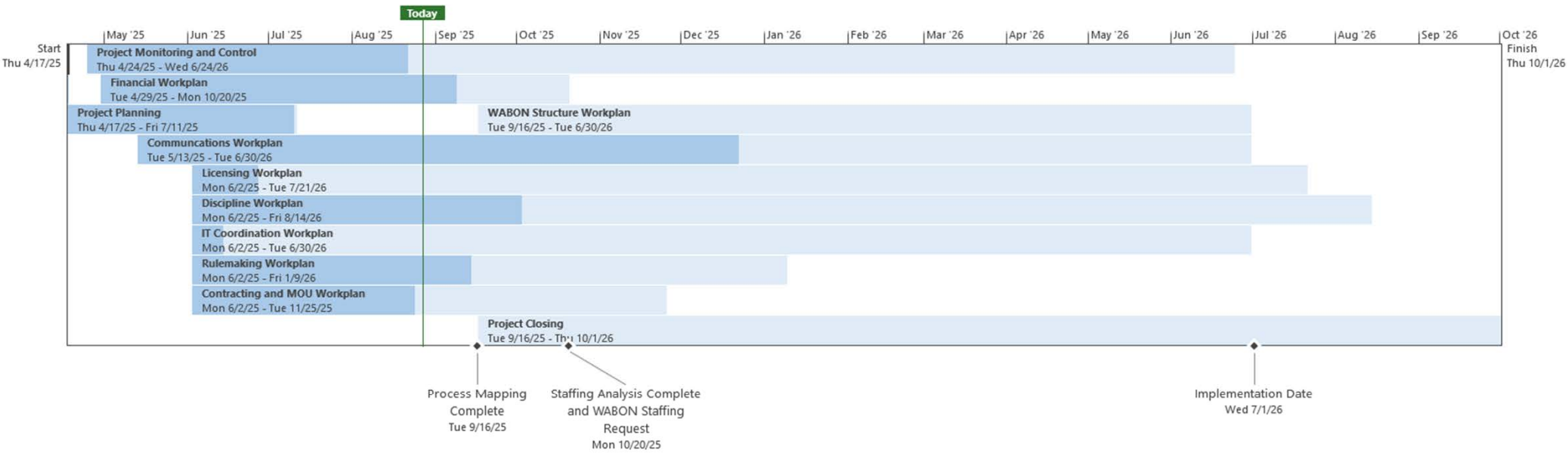
Proposal Timeline | 2025-2026 Nursing Assistant Transition



NA Transition Project Workgroups

Workgroups	Lead(s)
Licensing/Credentialing	Amber Bielaski, Kris Holiday, Eve Austin
Discipline	Catherine Woodard, Brian York, Rayne Pearson
Financial	Chris Archuleta
Communications	Steering Committee
Rulemaking	Jessilyn Dagum, Megan Veith, Stephanie Vaughn
IT Coordination	Amber Bielaski, Christine Tran, Jenn Jaske
Contracting and MOU	Karl Hoehn, Rueben Argel, Jonnita Thompson
WABON Structure	Alison Bradywood, Catherine Woodard, Chris Archuleta

NA Transition Project



Washington State Board of Nursing
8/27/2025

NA Transition Project Status

PROJECT OVERVIEW

THU 4/17/25 - THU 10/1/26

% COMPLETE

29%

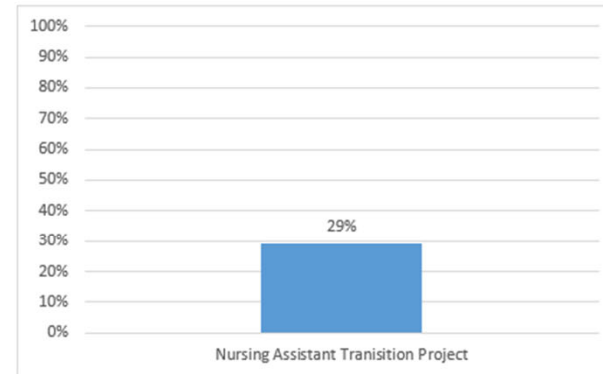
MILESTONES DUE

Milestones that are coming soon.

Name	Finish
Implementation Date	Wed 7/1/26
Process Mapping Complete	Tue 9/16/25
Staffing Analysis Complete and WABON Staffing Request	Mon 10/20/25

% COMPLETE

Status for all top-level tasks. To see the status for subtasks, click on the chart and update the outline level in the Field List.



LATE TASKS

Tasks that are past due.

Name	Start	Finish	Duration	% Complete	Resource Names
------	-------	--------	----------	------------	----------------



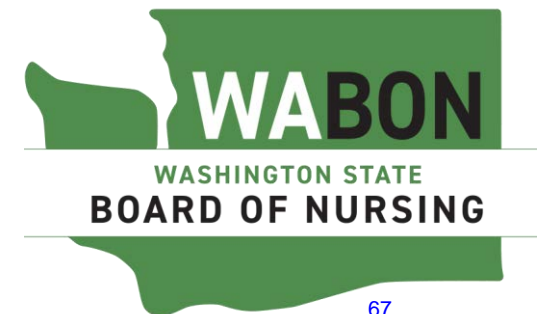
Washington State Board of Nursing
8/27/2025



WABON Mission, Vision & Values

September 2025

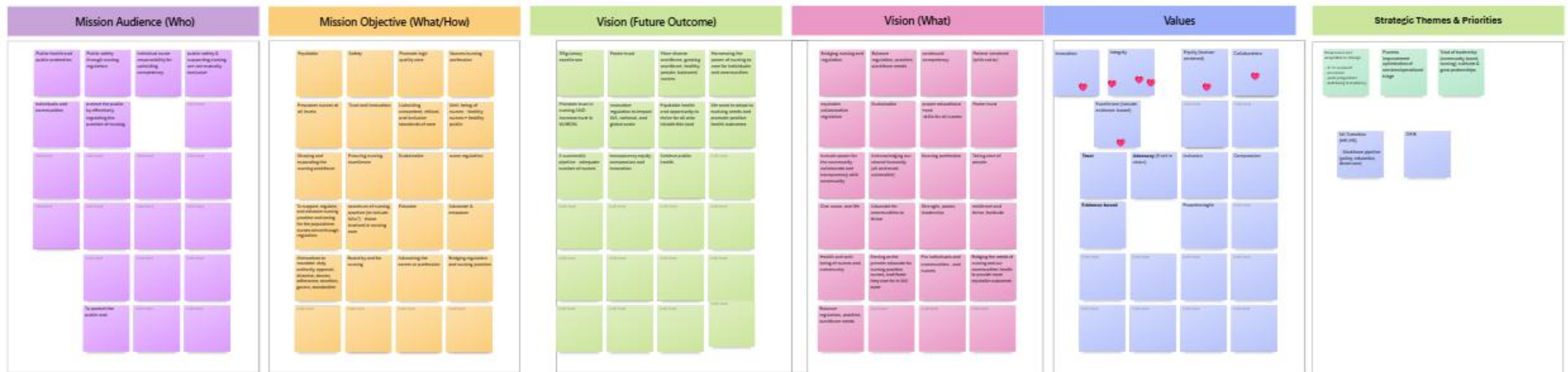
WABON Business Meeting
September 12, 2025



Review of Process



WABON Mission & Vision Synthesis



Mission

1

To protect the public through innovative nursing regulation.

2

To protect the public and the integrity of the nursing profession through innovative regulation.

3

To regulate nursing by ensuring the highest standards to protect the health and safety of the public.

Vision

1

Ensure a thriving and healthy Washington through the strength and advancement of nursing.

2

Premier nursing regulation for the health of all Washingtonians.

3

Leading nursing regulatory excellence to advocate for the health and dignity of every Washingtonian.



Discussion

Motion for Approval of Mission & Vision Statements

Organizational Values

Innovation

Integrity

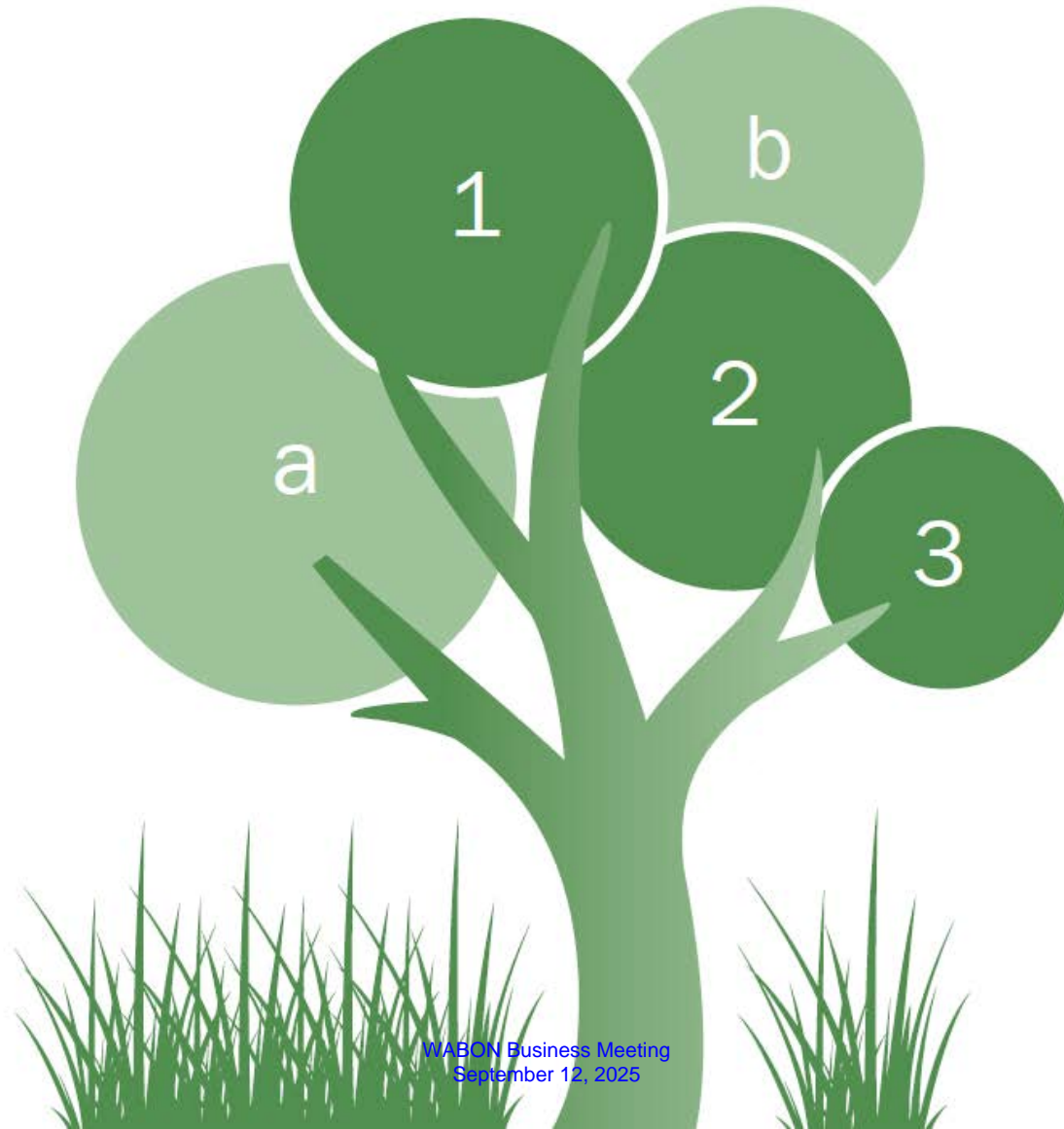
Excellence

Equity

Collaboration

Washington State Board of Nursing Strategic Plan

Strategic Plan Visuals



THEMES

1. Responsive and adaptable to change
2. Process improvement – optimization of services and operations
3. Triad of leadership (community, board, nurses) – cultivating relationships nationally and across Washington

PRIORITIES

- a. Diversity, equity, inclusion, and belonging
- b. NA transition/workforce pipeline development

2025 STRATEGIC PLAN





Discussion

Selection of Strategic Plan Visual

OPERATION NIGHTINGALE THE UPDATE

SCHOOLS IDENTIFIED

- WABON began keeping stats in 2022
- 33 core schools identified since our first encounter in approximately 2016
- FBI has issued affidavits that identify and confirm 23 schools to date, adding 7 more to our list
- FBI continues to identify nurses across the country who hold fraudulent documents from those schools (approx. 7500)

NURSES INVESTIGATED SINCE 2022

- 204 Nurses investigated
- 55 LPNs investigated
- 39 CIIE (Credentials Issued in Error) after originally licensed
- 42 Issued NODs (Notices of Decision) during application process based on insufficient education qualifications
- 12 are still under investigation
- FBI considers all nurses involved as co-conspirators to the fraudulent schools issue

UNIQUE INVESTIGATIVE STRATEGIES

Portfolio

MSL

Coordination
with
Licensing

CHALLENGES MOVING FORWARD

New schools continue to emerge

Pace of investigations with other states; continued vigilance

Facilities reporting MSL nurses to WABON

Employers requesting initial education requirements

Fraudulent initial RN education as foundation for BSN

Schools cannot accept transfer credits from any fraudulent schools as part of RN initial education

Thanks for your careful review of these cases, as always.





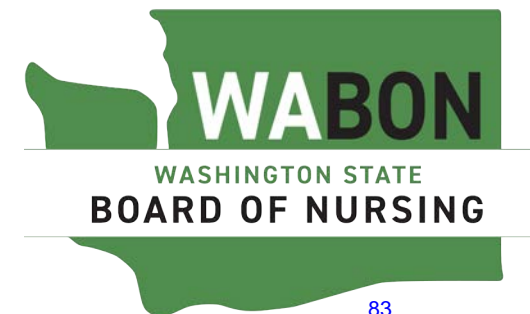
WHPS REBRANDING

THE FINAL FEW



From seven, three emerged

WABON Business Meeting
September 12, 2025





- Represents what we do
- Forward thinking
- Positive
- Joyful
- Hopeful
- Resonates with nurses

ANew


RISE

CARE

Advancing Nurse Empowerment and
Wellness

Recovery, Integrity, Safety, and
Empowerment

Compassion, Accountability,
Recovery, and Empowerment

- 
- How does it roll off your tongue?
 - How does it sound when you use it in a sentence?
 - Will you preface with *WABON* or add *program* to the end?



Advancing Nurse Empowerment
& Wellness



Advancing Nurse
Empowerment
& Wellness



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Jane Smith



Name
Title
Washington State Board of Nursing
Email
360-555-5555 | www.nursing.wa.gov



Rise

Rise

Recovery Integrity
Safety & Empowerment

Rise

Recovery, Integrity,
Safety & Empowerment



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Jane Smith



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360-555-5555 | www.nursing.wa.gov



Which one do you
like most?



Board Officer Nominations & Election

Procedure: H01.05

References: [RCW 18.79.100](#) – Board-Officers-Meetings
[RCW 42.30.060](#) – Open Public Meetings Act

Applies to: Board members, Executive Director, Board staff

Contact: Chris Archuleta
Director, Operations and Finance

Policy Analyst: Bonnie King
Policy Analyst

Effective Date: _____, 2025

Review Date: _____, 2027

Electronic Signature

Approved By: Kim Tucker, PhD, RN, CNE
Chair
Washington State Board of Nursing

Commented [BK1]: Combining H01 & H02 into one procedure. Recommending retirement of H02.

Purpose Statement

The Washington State Board of Nursing (Board) shall annually elect officers from among its members. The Board elects a chair, vice chair, and secretary/treasurer. This procedure describes the responsibilities of the nominations committee and the election process.

Definitions

Candidate: Any Board member who is considered eligible and suitable to serve in an officer position. All Board members are regarded as candidates.

Nominee: A Board member who has been formally proposed by the nominations committee for the office of Board chair, vice chair, or secretary/treasurer.

Presiding Officer: A person appointed by the Board chair to temporarily serve as chair when both the chair and vice chair are nominees for Board officer positions.

Process: Nominations & Timeline

Steps	Person(s) Involved	Activity or Event(s)
-------	--------------------	----------------------

1	Board Chair	At the November Board meeting, the chair appoints three Board members to the nominations committee for one year. No member should serve more than two consecutive terms.
2	Executive Director	The Executive Director may appoint a staff member to support the work of the nominations committee.
3	Nominations Committee	Committee members review position descriptions for the chair, vice chair, and secretary/treasurer positions. Questions, edits and revisions to the position descriptions, if any, must be presented to the Board at the January Board meeting.
4	Nominations Committee	Every member of the Board is eligible as a candidate for an officer position. Committee members contact and review the position descriptions with each Board member to determine interest and eligibility. If possible, at least two candidates are selected for each office.
5	Board Nominees	<ul style="list-style-type: none"> Each nominee may contact all Board members by telephone, email or in person to discuss their desire to serve as an officer. Nominees cannot offer any perceived benefits to sway votes. Perceived benefits include promises to assign out of state travel, gifts, monetary rewards, or preferential treatment. Nominees are prohibited from consulting with staff related to the election, nominees, and offering perceived benefits.
6	Board staff	The slate of nominees is included in the business meeting packet of materials for the March Board meeting.
7	Nominations Committee	At the March Board meeting, the committee verbally presents the slate of nominees. If there are any questions by the Board on the slate, questions for the individual nominees, or challenges to the slate, these must be presented prior to the election of officers.
8	Board Chair	<p>At the March Board meeting:</p> <ul style="list-style-type: none"> The chair reads the slate of nominees and asks for nominations from the floor. The chair asks all candidates from the floor if they are qualified and willing to be placed on the slate. Three members of the Board must support candidates from the floor prior to them becoming nominees.

Commented [BK2]: 1.Same intent as H01.04 (I.)

Commented [BK3]: Same intent as H01.04 (I.A.) Added "if any."

Commented [BK4]: Combined H01.04 (I.A-E). Added "If possible."

Commented [BK5]: Changed the terms "candidate" and nominee" in 6-10 to correctly reflect usage according to the definition of terms.

9	Nominations Committee	At the March Board meeting, the committee may ask questions of the candidates from the floor prior to placing their name on the final slate of nominees.
10	Nominations Committee	At the May Board meeting, the nominations committee presents the final slate of nominees to the Board with a motion and second to adopt. No further nominations from the floor are accepted. Once the slate of nominees is adopted, the Board proceeds with the election of officers.

Commented [BK6]: Clarified language in H01.04 (III)

Process: Election

1	Board Chair	If the Board chair is a nominee for office, the vice chair acts as the presiding officer for the election. If both the chair and the vice chair are nominees for office, the chair appoints a Board member as the presiding officer for the election.
2	Presiding Officer	<ul style="list-style-type: none"> The presiding officer directs Board members to cast their ballots. Only members attending the May Board meeting in person or virtually may vote. Absentee ballots are not allowed. The ballot includes the names of all nominees, including nominations from the floor. The Open Public Meetings Act RCW 42.30.060 (2) prohibits a secret ballot: <i>No governing body of a public agency at any meeting required to be open to the public shall vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.</i>
3	Board Members	Board members must sign their ballots. Board members attending virtually make their selection(s) by voice vote.
4	Board Staff	A staff member collects the ballots. Two staff members count the ballots, tally, and document the results. The staff member gives the documented results to the presiding officer.
5	Presiding Officer	The presiding officer reads the final tally and announces the new officers for chair, vice chair, and secretary/treasurer.
6	Board Staff	<ul style="list-style-type: none"> The staff member then places ballots and the documented count including voice votes on a tabletop in the meeting area for public view. The ballots and documented count remain on the tabletop until the meeting is adjourned. The count totals

Commented [BK7]: This process is meant to reflect H02.04 with some rearrangement of language.


Commented [BK8]: Added "including voice votes."

		<p>and individual selections are recorded in the minutes of the meeting.</p> <ul style="list-style-type: none">• All documents associated with the election, including the completed ballots, are kept with the minutes of the meeting. The ballots and the documentation of the count are subject to the same retention schedule as required for meeting minutes.
--	--	--

Revision History:

H01.01 – November 18, 2011	H02.01 - May 8, 2015
H01.02 – March 1, 2016	H02.02 - November 18, 2011
H01.03 – March 10, 2017	H02.03 - March 1, 2016
H01.04 – May 12, 2023	H02.04 – May 12, 2023 (Retire)

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

Title:	Executive Director Leave Approval	Number:	J22.01
Reference:	RCW 18.79.390		
Contact:	Chris Archuleta chris.archuleta@doh.wa.gov		
Effective Date:	September 8, 2022	Date Reviewed:	September 8, 2022
Supersedes:	None		
Approved:	 RN, MHA, BSN, BSPA		
	Yvonne Strader, RN, BSN, BSPA, MHA Chair		
	Nursing Care Quality Assurance Commission (NCQAC)		

Purpose:

The Executive Director (ED) of the Nursing Care Quality Assurance Commission (NCQAC) serves at the pleasure of the NCQAC. The chair of the NCQAC acts as the direct supervisor of the executive director. This procedure describes the request, approval, and entry of leave for the executive director.

Procedure:

The ED identifies leave time, to include annual leave, sick leave, and Family Medical Leave as identified by the Department of Health, Human Resources, office. The ED requests the dates and times of leave from the chair of the NCQAC through email.

The chair may approve, deny, or request modification of the request.

The ED enters the dates of approved leave in the Department of Health Leave Management System. In the notes section, the ED copies and pastes the email response from the chair that includes the date of the request and date of action.



VI.

Subcommittee

Report

Medical, Aesthetic, and Cosmetic Dermatological Procedures Advisory Opinion

Introduction

This advisory opinion addresses the registered nurse (RN) and licensed practical nurse (LPN) scope of practice in performing dermatological procedures (medical, aesthetic, and cosmetic).

Background

This advisory opinion is a response to increasing inquiries from nurses and healthcare organizations regarding the scope of practice for nurses performing medical, aesthetic and cosmetic dermatological procedures (such as biological therapy/regenerative therapy, intravenous (IV) therapy, injectables, contouring, laser therapy, dermabrasion, cryotherapy, and weight loss treatments) and concerns about patient safety such as allergic reactions, infections, vascular occlusion, unintended aesthetic outcomes, laser burns, and other complications (These questions often surface alongside broader interests in entrepreneurial opportunities such as medical spas, wellness centers, holistic care centers, salons, IV hydration bars, private practice clinics, and mobile clinics).

Legal Background

Nursing laws and rules provide the foundation for the nursing scope of practice but do not specifically address the legal landscape of aesthetic dermatological procedures to ensure patient safety. WABON does not have authority over other laws and rules that may apply (pp. 7-8). The following nursing laws and rules must be considered when evaluating nursing scope of practice related to medical, aesthetic, and cosmetic dermatological procedures:

[RCW 18.79.040: RN Practice](#)

[RCW 18.79.060: LPN Practice – Defined - Exceptions](#)

[RCW 18.79.240: Construction](#)

[RCW 18.79.260: RN – Activities Allowed – Delegation of Tasks](#)

[RCW 18.79.270: Licensed practical nurse—Activities Allowed](#)

[RCW 18.79.280: Medication, Tests, Treatments Allowed](#)

[WAC 246-840-010: Definitions](#)

[WAC 246-840-700: Standards of Nursing Conduct or Practice](#)

[WAC 246-840-705: Functions of a RN and LPN](#)

[WAC 246-840-835: Nurse Delegation – Blood Glucose Monitoring and Testing](#)

RN and LPN Scope of Practice

According to [18.79.260](#), the RN practices independently under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, advanced registered nurse practitioner, or midwife. The RN may administer medications, treatments, tests, and inoculations, whether the severing or penetrating of tissues is involved and whether a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of practice of the nurse. They may also delegate tasks to assistive personnel (AP) – such as nursing assistants or medical assistants – as outlined in [RCW 18.79.060](#) and [Chapter 246-840 WAC](#).

The LPN practices interdependently under the direction and supervision of the RN, and dependently under the direction and supervision of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, physician assistant, or midwife ([RCW 18.79.060](#)). The LPN may provide care in routine nursing situations, which are characterized as being “relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requiring care based upon a comparatively fixed and limited body of knowledge” ([WAC 246-840-705](#)). LPNs cannot delegate tasks to AP.

Standards of Care

All nurses are accountable for the quality of nursing care they give to patients. Nurses are responsible for maintaining competency, and shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures that fall within their scope of practice. Additionally, nurses are responsible for documenting the care provided and communicating with members of the health care team ([WAC 246-840-700](#)). Nurses must follow the Health Care Information Act ([Chapter 70.02 RCW](#)).

Supervision

“Supervision by the RN or LPN of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action” ([WAC 246-840-010](#)). There are three types of supervision defined:

- "Direct supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.”
- "Immediate supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.”
- "Indirect supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties” ([WAC 246-840-010](#)).

Nurse Delegation

The RN may delegate and supervise nursing care tasks to other individuals where the RN determines it is in the best interest of the patient ([RCW 18.79.260](#)). The LPN cannot delegate tasks to other individuals. When delegating RNs must:

- Determine the competency of the individual to perform the tasks.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the delegated task.
- Delegate only those tasks that are within the RNs scope of practice ([RCW 18.79.260](#)).

Nursing Assistant Delegation

RN delegation is required if the activity is not within the [Standards of Practice and Core Competencies \(Chapter 246-841A WAC\)](#) of the nursing assistant-registered/nursing

assistant-certified (NA-R/NA-C). The RN may delegate nursing tasks to the NA-R/NA-C. Limitations vary by settings ([RCW 18.79.260](#) and [Chapter 246-841A WAC](#)). Tasks that cannot be delegated include:

- Administration of medications – exceptions exist in community and in-home care settings (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities),
- Activities that require nursing judgment.
- Sterile procedures.
- Central line maintenance.
- Any activity that involves puncturing or severing the skin except for capillary blood glucose tests.

Medical Assistant Delegation

The RN may delegate and supervise the medical assistant (MA) activities within the MA's scope of practice in any setting ([Chapter 18.360 RCW/246-827 WAC](#)). For a detailed comparison, refer to WABON's [LPN and Medical Assistant Scope of Practice Comparison](#) overview.

Conclusions and Guidance

The RN and LPN must adhere to the nursing laws and rules. The nurse must be knowledgeable and follow all other state and federal laws that may be applicable. WABON recommends the nurse use the [WABON Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors. The [RN and LPN Scope of Practice Advisory Opinion](#) provides a general overview and comparison of the RN and LPN Scope of Practice. WABON's [Aesthetic Resources Webpage](#) provides a summary of applicable resources related aesthetic and cosmetic procedures.

WABON recommends facilities, organizations, or employers establish policies for when a medical assessment and follow-up are required, and instructions to follow up with an [authorized health care practitioner](#) or RN when there are concerns about the appropriateness of direction/order for a specific patient. If the nurse determines the

direction/order should not be implemented, the directing [authorized health care practitioner](#) or RN must be notified, and the discussion and outcome(s) must be documented. Additionally, direction/orders should be established from an [authorized health care practitioner](#) or RN to carry out interventions or administer medications in the event of unintended care outcomes. All nurses should review and follow their facility, organizational, or employer policies and procedures.

Documentation and Communication

- The nurse must appropriately document the care they provide and maintain confidentiality following state and federal privacy laws and rules.
- The nurse must communicate (verbally and/or in writing) with other health care practitioners/health care team as appropriate.

Foundational Principles of Direction, Delegation, and Supervision

- The RN may interdependently perform medical, aesthetic, or cosmetic dermatological procedures under the direction of an [authorized health care practitioner](#) (within the practitioner's scope of practice).
- The RN may independently administer or use over the counter medications or devices based on the nursing process.
- The LPN may perform medical, aesthetic, or cosmetic dermatological procedures under the direction and supervision of an [authorized health care practitioner](#) or RN, limited to routine nursing situations that are relatively free of complexity, or may act as an assistant to an [authorized health care practitioner](#) or RN within the LPN's scope of practice.
- The RN and LPN may direct and supervise the care provided by nursing assistants within the NA's core competencies. The LPN is not allowed to delegate tasks to the NA-R/NA-C, MA, or other AP.
- The LPN may administer or use over the counter medications or devices only under the direction and supervision of an [authorized health care practitioner](#) or direction and supervision of the RN.
- The RN and LPN must maintain appropriate supervision standards when performing medical, esthetic, or cosmetic dermatological procedures.

- RN may delegate tasks considering when the circumstances are appropriate and it is in the best interest of the patient. The RN must understand delegation principles and follow state laws:
 - The [LPN and Medical Assistant Scope of Practice Comparison](#) provides an overview of the MA scope of practice that the RN may delegate.
 - WABON's [RN and LPN Frequently Asked Questions provide questions and answers specific to nursing delegation, including specific tasks that might be associated with](#) medical, aesthetic, or cosmetic dermatological procedures.

Prescribing Medication, Biologics, Therapies, or Treatments

The RN or LPN cannot make a medical diagnosis, determine medical treatment, or prescribe legend drugs/controlled substances, biologics, or medical devices. The RN may administer legend drugs/controlled substances, biologics, or use medical devices under the direction of an [authorized health care practitioner](#). The LPN may administer legend drugs/controlled substances, biologics, or use medical devices under the direction and supervision of an [authorized health care practitioner](#) or RN. The nurse must follow medication administration, infusion management and compounding standards. The following WABON's advisory opinions provide additional guidance:

- [Compounding and Reconstituting Medications Advisory Opinion](#)
- [Infusion Therapy Management Advisory Opinion](#)
- [Administration of Sedating, Analgesic, and Anesthetic Agents Advisory Opinion](#)
- [Standing Orders Advisory Opinion](#)
- [Verbal Orders Advisory Opinion](#)

Off-Label Medications or Biologics

The nursing laws and rules do not prohibit the RN or LPN from administering off-label medications or biologics. Off-label use is prescribing or using a drug for a purpose, dose, route, or patient population not specially approved by the U.S. Food and drug Administration (FDA). This practice should be based on an understanding of the associated risks and benefits to the patient supported by high-quality evidence of efficacy, effectiveness, and safety. The RN or LPN remains individually accountable and responsible for the care they provide.

References and Resources

[WABON Aesthetic Resources Webpage](#)

[Plastic and Aesthetic Nursing Practice Standards: American Nurses Association](#)

[Dermatology Nurses' Association](#)

[International Society of Plastic and Aesthetic Nurses](#)

[A Guide to Safety in Dermatological Cosmetic Procedures: Avoidance and Management of Common Pitfalls and Perils | Current Dermatology Reports](#)

[Understanding Unapproved Use of Approved Drugs "Off Label" | FDA](#)

Additional Laws and Rules

The following laws and rules are examples (not inclusive) that may provide additional information. WABON does not have authority regarding the following laws and rules.

Supervision Requirements and Exceptions	WAC 246-919-605: Use of Laser, Light, Radiofrequency, and Plasma Devices as Applied to the Skin WAC 246-919-606: Nonsurgical Medical Cosmetic Procedures
Informed Consent/Consent for Care	RCW 7.70.065: Informed Consent Chapter 26.28 RCW: Age of Majority WAC 246-919-605: Use of Laser, Light, Radiofrequency, and Plasma Devices as Applied to the Skin WAC 246-919-606: Nonsurgical Medical Cosmetic Procedures
Privacy and Confidentiality	Chapter 70.02 RCW: Medical Records – Health Care Information Access and Disclosure WAC 246-840-700: Standards of Nursing Conduct and Practice Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule
Medication Management	WAC 246-945-100: Compounding Minimum Standards eCFR: 21 CFR 205.50 Minimum Requirements for Storage and Handling of Prescription Drugs and for the Establishment and Maintenance of Prescription Drug Distribution Records

**Importation and
Purchasing Drugs**

[RCW 18.64.450: Health Care Entity – License Requirements for
Legend Drugs and Controlled Substances - Exception](#)
[21 U.S.C. 384](#)
[Drug Supply Chain Security Act \(DSCSA\): FDA](#)

Workplace Safety

[WA State Safety and Health Law](#)
[Occupational Safety and Health Administration \(OSHA\) - Blood Borne
Pathogens](#)

Health Care Entity

[RCW 18.64.450: Health Care Entity – License Requirements for
Legend Drugs and Controlled Substances - Exception](#)

**Staffing and
Performance of
Nursing Activities**

[Chapter 18.360 RCW: Medical Assistants](#)
[Chapter 246-827 WAC: Medical Assistants](#)

**Marketing and
Advertising**

[Chapter 9.04 RCW: Advertising, Crimes Relating to
Federal Trade Commission \(FTC\)](#)

**Business
Practices**

[Title 23B RCW: Washington Business Corporation Act](#)
[Chapter 18.100 RCW: Professional Service Corporations](#)
[Chapter 19.86 RCW: Unfair Business Practices-Consumer Protection](#)

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with [WAC 246-840](#). An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. 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/or require additional expectations to assure the safety of their patient and/or decrease risk.

<i>Title:</i>	Cosmetic/Aesthetic Dermatologic Procedures	<i>Number:</i> NCAO 27.00
<i>References:</i>	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing WAC 246-919-606 Non-Surgical Medical Procedures WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma Devices as Applied to the Skin Administration of Sedating, Analgesic, and Anesthetic Agents (PDF) Registered Nurse and Licensed Practical Nurse Scope of Practice (PDF) Standing Orders and Verbal Orders (PDF)	
<i>Contact:</i>	Deborah Carlson, MSN, BSEd, PMC, CPM, RN Director of Nursing Practice	
<i>Phone:</i>	360 236-4703	
<i>Email:</i>	NursingPractice@doh.wa.gov or ARNPPpractice@doh.wa.gov	
<i>Effective Date:</i>	May 14, 2021	
<i>Supersedes:</i>		
<i>Approved By:</i>	Nursing Care Quality Assurance Commission (NCQAC)	

Conclusion Statement

The nursing laws and rules allow the appropriately prepared and competent registered nurse (RN) or licensed practical nurse (LPN) to perform cosmetic/aesthetic dermatological procedures within the legal parameters, competencies, and practice standards of the nurse's license. The nurse may carry out medical regimens under the direction of an authorized health care practitioner (advanced registered nurse practitioner, physician and surgeon, physician assistant, osteopathic physician assistant, dentist, naturopathic physician, podiatric physician and surgeon, optometrist, or midwife) within their scope of practice. The nurse should use the [Scope of Practice Decision Tree](#) to determine if these activities are within the nurse's legal and individual scope of practice.

Background and Analysis

The Nursing Care Quality Assurance Commission (NCQAC) is frequently asked questions about nursing scope of practice and cosmetic/aesthetic dermatologic procedures. Related questions include whether the nurse can work in a medical spa, own a business, or contract with an authorized health care practitioner that performs cosmetic/aesthetic dermatologic procedures.

RCW [18.79.040](#) allows the RN to:

- Perform acts requiring substantial specialized knowledge, judgment, and skill based on biological, physiological, behavioral, and sociological sciences, including (but not limited to):
 - Observation, assessment, diagnosis, care or counsel, and health teaching with illnesses, injuries, disabilities, or in health promotion and preventive activities.
- Execute a medical regimen within the nurse's scope of practice as directed by an authorized health care practitioner. The authorized health practitioner does not need to be physically present.

RCW [18.79.060](#) and RCW [18.79.270](#) allow the LPN to:

- Perform acts that require the knowledge, skill, and judgment necessary to carry out selected aspects of nursing care under the direction of an authorized health care practitioner or under the direction and supervision of the RN including administering drugs/medications, and treatments including those that require piercing of the tissues and independent judgment that are within the nurse's scope of practice. The authorized health care practitioner or the RN does not need to be physically present.

The nursing laws and rules do not require a specific training course or certification. The institution or facility may require a specific training course or certification. The commission does not have authority regarding reimbursement, business requirements, or facility requirements.

Recommendations

The NCQAC recognizes that aesthetic/cosmetic and dermatological services refer to a broad range of procedures including personal care procedures and health maintenance/health promotion regimens incorporated into the patient's nursing care plan. Examples include promotion of skin integrity, promotion of self-image/esteem, hygiene, and patient education. The nurse may also perform aesthetic/cosmetic and dermatological procedures as part of a medically prescribed plan of care for treatment of dermatological conditions. The nurse must be competent. Specialty certification is one way to demonstrate competency.

- The nurse must know and comply with relevant state and federal laws and rules regarding using, selling, storing, prescribing, and supplying legend drugs and controlled substances.
- The nurse must comply with national safety standards, infection control standards, and professional recommended practice.
- The nurse must document appropriate education, competency and/or certification that represent a core of knowledge and skill needed to perform safe and effective care of patients receiving cosmetic/dermatologic services.

- The nurse must incorporate the nursing process into the care provided.
- The nurse must seek appropriate medical support when events occur that require interventions outside of the scope of the nurse.
- The nurse is expected to engage in ongoing professional development activities designed to maintain and increase their levels of knowledge and skill associated with the use of cosmetic/dermatologic services provided.
- The nurse should work in collaboration with appropriate health care practitioners to develop written policies, procedures, practice guidelines, and standing orders (if appropriate).
- The nurse must document the care provided.

Although RCW [18.79.040](#) allows the RN and LPN to carry out medical regimens without the directing practitioner being physically present, the NCQAC recommends the RN, LPN, and ARNP read, understand, and follow as appropriate the physician rules ([WAC 246-919-606](#) and [WAC 246-919-605](#)) related to cosmetic/aesthetic procedures. The commission recommends consulting with their legal advisor(s) for advice on starting a medical spa or private practice.

Conclusion

Performing cosmetic/aesthetic dermatologic procedures may be within the scope of practice of an appropriately prepared and competent RN or LPN. The nurse must follow clinical care standards and legal requirements.

References

Dermatology Nurses Association: <https://www.dnanurse.org/>

International Society of Plastic and Aesthetic Nurses (ISPAN): <https://ispan.org/position-statements.cgi>

College and Association of Registered Nurses of Alberta (CARNA) Nursing Practice Information – Aesthetic Nursing: <https://www.nurses.ab.ca/practice-and-learning/nursing-practice-information/aesthetic-nursing>

Washington State Dermatology Association: <https://washingtonderm.org/>

North Dakota Board of Nursing Aesthetic-Cosmetic Procedures by Licensed Nurses: <https://www.ndbon.org/RegulationsPractice/PracticeStatements/Aesthetic-Cosmetic.asp>

Oregon Board of Nursing Interpretive Statement- The Nurse who Participates in Cosmetic Procedures: https://www.oregon.gov/osbn/Documents/IS_CosmeticProcedures.pdf

South Dakota Board of Nursing Dermatologic Procedures by Licensed Nurses: <https://doh.sd.gov/boards/nursing/AdvisoryPracticeOpinions/RoleNurseDermatologicalProcedures.pdf>

FREQUENTLY ASKED QUESTIONS (FAQs)

Category: Registered Nurse (RN)

Title: Medical, Aesthetic, Cosmetic, and Dermatological Procedures

Is the registered nurse (RN) required to have an esthetician's license to perform aesthetic or cosmetic procedures?

No, the RN is not required to have an esthetician's license to perform aesthetic or cosmetic procedures.

[WABON Aesthetics Resources Website](#)

Is the registered nurse (RN) required to have a special certificate or approval from the Washington State Board of Nursing (WABON) to perform dermatologic procedures?

No, the laws and rules do not require the RN to have a special certificate or approval from WABON to perform dermatologic procedures. The RN must be competent, and a certificate may be one method to demonstrate training, knowledge, skills, and abilities. A facility, organization, or employer may require a specific certification or training program.

[WABON Aesthetics Resources Website](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

What is the role of the registered nurse (RN) in facilitating the informed consent process when the RN performs the treatment or procedures, such as peripherally inserted central catheter insertion, cardiac stress tests, blood transfusions, and aesthetic/cosmetic dermatological procedures?

Even if an RN performs a treatment or procedure that requires informed consent, the duty to obtain informed consent is still the responsibility of the ordering physician or other ordering health care provider or licensed independent health care provider.

The ordering physician or other ordering health care provider or licensed independent health care provider is responsible for providing information and material risks about the

treatment or procedure, but the RN should review and reinforce this information with the patient. The RN should ensure the necessary consent has been obtained before providing care ordered by another health care provider. This may include the functions listed in the question, **“What is the role of the registered nurse (RN) in facilitating the informed consent process?”** and providing patient education. The RN should discuss their role with the ordering health care provider and review their organization’s policies on informed consent.

The nurse should be aware of the following requirements for physicians:

- Washington Medical Commission’s [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#) that states, Each patient signs a consent form prior to treatment that lists foreseeable side effects and complications, and the identity and license of the delegate or delegates who will perform the procedure.”
- Washington Medical Commission’s [WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma \(LLRP\) Devices as Applied to the Skin](#) that states, “Prior to authorizing treatment with an LLRP device, a physician must take a history, perform an appropriate physical examination, make an appropriate diagnosis, recommend appropriate treatment, obtain the patient's informed consent (including informing the patient that a nonphysician may operate the device), provide instructions for emergency and follow-up care, and prepare an appropriate medical record.”

[WABON Aesthetics Resources Website](#)

Note we will add the Informed Consent FAQs to the above link when they are approved.

Can the registered nurse (RN) perform dermatologic procedures (Including medical, aesthetic or cosmetic procedures), on a minor (under 18 years old) without consent from a parent or legal guardian?

No, the RN is not allowed to perform dermatologic procedures (including medical, aesthetic or cosmetic procedures) on a minor (under 18 years old) without consent from a parent or legal guardian unless there is an exception in the law.

The following resources will provide guidance regarding healthcare activities that may be provided to individuals under 18 years old without consent from a parent or legal guardian:

[Washington Confidentiality Toolkit for Providers \(Healthcare Authority-CA 60-0077\)](#)

[Healthcare for Minors | Washington Law Help](#)

[Washington Health Law Manual – Washington State Society of Healthcare Attorneys](#)

Add Informed Consent FAQs when approved

Is the registered nurse (RN) required to have a [Tattooing, Body Piercing, Body Art, and Permanent Cosmetics License](#) to perform medical tattooing?

No, the RN is not required to have a [Tattooing, Body Piercing, Body Art, and Permanent Cosmetics License](#) to perform medical tattooing under the [direction](#) of an [authorized health care practitioner](#). Medical tattooing is a form of tattooing utilizing specialized techniques to aesthetically improve an area of the body that has been adversely affected by a procedure, disease, disorder, or other defect that has compromised the skin tissue. [RCW 18.79.040](#) allows the RN to carry out medical regimens as prescribed by an [authorized health care practitioner](#) within the practitioner's scope of practice. The RN may administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved under the direction of an [authorized health care practitioner](#) ([RCW 18.79.260](#)).

[Understanding Medical Tattooing — Alliance of Medical Tattooing](#)

Can the registered nurse (RN) remove a tattoo using laser, dermabrasion, or surgical removal?

Yes, it may be within the RN's scope of practice to remove a tattoo using laser, dermabrasion, or surgical removal under the [direction](#) of an [authorized health care practitioner](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) administer off-label medications or biologics?

Yes, it may be within the RN's scope of practice to administer off-label medications or biologics under the [direction](#) of an [authorized health care practitioner](#).

The nursing laws and rules do not prohibit administration of "off-label" medications or biologics. "Off-label" means the prescribed use of a drug which is other than that stated in its FDA approved labelling ([WAC 284-30-450](#)). Off-label use should be done with careful insight and understanding of the risks and benefits to the patient considering high-quality evidence supporting efficacy, effectiveness, and safety.

The nurse should be aware of the Washington Medical Commission's [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#) describing when off-label medications or biologics are used for aesthetic or cosmetic purposes.

[Understanding Unapproved Use of Approved Drugs "Off Label" | FDA](#)
[WABON Aesthetics Resources Website](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

What are examples of procedures related to medical, aesthetic, or cosmetic dermatologic procedures that may be within the RN's scope of practice to perform?

The following table provides examples (not inclusive) of medical, aesthetic, or cosmetic dermatologic procedures that may be within the RN's scope of practice.

Medical, Aesthetic, or Cosmetic Dermatologic Procedures WABON Aesthetics Resources Website	
Neuromodulator Injections	Under the direction of an authorized health care practitioner
Sclerotherapy	Under the direction of an authorized health care practitioner
Fine needle aspiration biopsies, shave biopsies, or punch biopsies	Under the direction of an authorized health care practitioner
Skin Growth Removal using Electrodesiccation and Curettage	Under the direction of an authorized health care practitioner
Intralesional Injections	Under the direction of an authorized health care practitioner
Dermal Fillers	Under the direction of an authorized health care practitioner
Facial Threading (Thread Lifts)	Under the direction of an authorized health care practitioner
Superficial Facial Chemical Peels	Under the direction of an authorized health care practitioner
Microdermabrasion	Under the direction of an authorized health care practitioner
Cryotherapy/Body Sculpting	Under the direction of an authorized health care practitioner
Thermotherapy (Thermage)	Under the direction of an authorized health care practitioner

Electrolysis Hair Removal	Under the direction of an authorized health care practitioner
Laser, Light, Radiofrequency, and Plasma (LLRP) Therapy	Under the direction of an authorized health care practitioner It may also be within the RN's scope of practice to perform LLRP therapy using non-prescription (over the counter) devices following the nursing process as an intervention based on nursing assessment and nursing diagnosis.
Eyelash Extensions or Application of Color Additives to Eyelashes or Eyebrows	The RN must follow the Federal Register: Listing of Color Additives Exempt From Certification; Silver Nitrate if applying color additives to eyelashes. False eyelashes and extensions, as well as their adhesives, must meet the safety and labeling requirements for cosmetics. Color Additives and Cosmetics: Fact Sheet FDA
Medical Tattooing	Under the direction of an authorized health care practitioner
Intravenous Hydration Therapy	Under the direction of an authorized health care practitioner The nurse must perform compounding following the U.S. Pharmacopeia (USP) compounding standards Compounding and the FDA: Questions and Answers FDA FDA Highlights Concerns with Compounding of Drug Products by Medical Offices and Clinics under Insanitary Conditions FDA WABON Compounding and Reconstituting Medications Advisory Opinion WABON Infusion Therapy Management Advisory Opinion
Regenerative Aesthetic/Cosmetic Therapy (Stem Cell Therapy, Platelet-Rich Plasma, Platelet-Rich Fibrin, Prolotherapy Cartilage Regeneration, and Viscosupplementation)	Under the direction of an authorized health care practitioner Not all regenerative injection therapies are approved by the Food and Drug Administration (FDA) and this means the biologic would be given "off-label". "Off-label" means the prescribed use of a drug which is other than that stated in its FDA approved labelling. Understanding Unapproved Use of Approved Drugs "Off Label"-FDA Important Patient and Consumer Information About Regenerative Medicine Therapies- FDA Biologics Guidances-FDA Stem Cell and Exosome Products Health Associated Infections- Centers for Disease Control and Prevention Best Practice Standards for Stem Cell Medicine-International Cellular Medicine Society

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) establish a business to perform medical, aesthetic, and or cosmetic dermatologic procedures?

Yes, the laws and rules do not prohibit the RN from establishing a business to perform medical, aesthetic, or cosmetic dermatologic procedures. Nurses must follow Federal and State laws and rules, practice within their legal scope, follow clinical practice/standards of care regardless of the setting. WABON does not regulate business formation or has the authority regarding establishing a business. **WABON recommends the nurse consult with a legal advisor.** The following are resources (not inclusive) that may be helpful:

[WABON Aesthetics Resources Website](#)
[State of Washington Department of Revenue - Business Licensing Service](#)
[Open a Business | Washington Department of Revenue](#)
[Chapter 18.100 RCW: Professional Services Corporations](#)
[Facilities New, Renew or Update | Washington State Department of Health](#)
[Chapter 246-904 WAC: Health Care Entities](#)
[WAC 247-04-010 Determination of Facilities as Health Care Facilities](#)
[10 Steps to Start Your Business | U.S. Small Business Administration](#)
[Washington State Department of Labor and Industries](#)
[Occupational Safety and Health Administration](#)
[Chapter 49.17 RCW: Washington Industrial Safety Health Act](#)
[Washington State Laboratory Quality Assurance Website](#)
[Medical Test Sites \(MTS\) | Washington State Department of Health](#)
[Summary of the HIPAA Privacy Rule | Health and Human Services](#)
[Business Practices for the Advanced Registered Nurse Practitioner Advisory Opinion](#)

What are the requirements for a medical director if the registered nurse (RN) is the owner of a business that provides medical, aesthetic, or cosmetic dermatologic therapies?

The Washington State Board of Nursing (WABON) does not have authority regarding the requirements for a medical director in a business that provides medical, aesthetic, or cosmetic dermatologic therapies. **WABON recommends consulting with a legal advisor.**

[WABON Aesthetics Resources Website](#)

Can the registered nurse (RN) administer medications or perform medical treatments following standing orders approved by an [authorized health care practitioner](#)?

Yes, it may be within the RN's scope of practice to administer medications or perform medical treatments following standing orders approved by an [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commission's [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#).

[WABON Aesthetics Resources Website](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

FREQUENTLY ASKED QUESTIONS (FAQs)

Category: Licensed practical nurse (LPN)

Title: Medical, Aesthetic, and Cosmetic Dermatological Procedures

Is the licensed practical nurse (LPN) required to have an esthetician's license to perform aesthetic or cosmetic procedures?

No, the LPN is not required to have an esthetician's license to perform aesthetic or cosmetic procedures.

[WABON Aesthetics Resources Website](#)

Is the licensed practical nurse (LPN) required to have a special certificate or approval from the Washington State Board of Nursing (WABON) to perform dermatological procedures?

No, the laws and rules do not require the LPN to have a special certificate or approval from WABON to perform dermatological procedures. The LPN must be competent, and a certificate may be one method to demonstrate training, knowledge, skills, and abilities. A facility, organization, or employer may require a specific certification or training program.

[WABON Aesthetics Resources Website](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

What is the role of the registered nurse (RN) in facilitating the informed consent process when the RN performs the treatment or procedures, such as peripherally inserted central catheter insertion, cardiac stress tests, blood transfusions, and aesthetic/cosmetic dermatological procedures?

Even if an LPN performs a treatment or procedure that requires informed consent, the duty to obtain informed consent is still the responsibility of the ordering physician or other ordering health care provider or licensed independent health care provider.

The ordering physician or other ordering health care provider or licensed independent health care provider is responsible for providing information and material risks about the treatment or procedure, but the LPN should review and reinforce this information with the patient. The LPN should ensure the necessary consent has been obtained before providing care ordered by another health care provider. This may include the functions listed in the question **“What is the role of the licensed practical nurse (LPN) in facilitating the informed consent process?”** and providing patient education. The LPN should discuss their role with the ordering health care provider and review their organization’s policies on informed consent.

The nurse should be aware of the following requirements for physicians:

- Washington Medical Commission’s [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#) that states, Each patient signs a consent form prior to treatment that lists foreseeable side effects and complications, and the identity and license of the delegate or delegates who will perform the procedure.”
- Washington Medical Commission’s [WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma \(LLRP\) Devices as Applied to the Skin](#) that states, “Prior to authorizing treatment with an LLRP device, a physician must take a history, perform an appropriate physical examination, make an appropriate diagnosis, recommend appropriate treatment, obtain the patient's informed consent (including informing the patient that a nonphysician may operate the device), provide instructions for emergency and follow-up care, and prepare an appropriate medical record.”

[WABON Aesthetics Resources Website](#)

Note we will add the Informed Consent FAQs to the above link when they are approved.

Can the licensed practical nurse (LPN) perform dermatological procedures (Including medical, aesthetic or cosmetic procedures), to a minor (under 18 years old) without consent from a parent or legal guardian?

No, the LPN is not allowed to perform dermatological procedures (including medical, aesthetic, or cosmetic procedures) to a minor (under 18 years old) without consent from a parent or legal guardian unless there is an exception in the law.

The following resources will provide guidance regarding healthcare activities that may be provided to individuals under 18 years old without consent from a parent or legal guardian: [Washington Confidentiality Toolkit for Providers \(Healthcare Authority-CA 60-0077\)](#)

Is the licensed practical nurse (LPN) required to have a [Tattooing, Body Piercing, Body Art, and Permanent Cosmetics License](#) to perform medical tattooing?

No, the LPN is not required to have a [Tattooing, Body Piercing, Body Art, and Permanent Cosmetics License](#) to perform medical tattooing under the [direction and supervision](#) of an [authorized health care practitioner](#) or registered nurse (RN). Medical tattooing is a form of tattooing utilizing specialized techniques to aesthetically improve an area of the body that has been adversely affected by a procedure, disease, disorder, or other defect that has compromised the skin tissue. [RCW 18.79.060](#) allows the LPN to carry out selected aspects under the direction and supervision of an [authorized health care practitioner](#) or RN. [RCW 18.79.270](#) allows the LPN to administer medications, treatments, tests, injections, and inoculations, whether or not piercing of the skin is involved under the direction and supervision of an [authorized health care practitioner](#) or RN.

[Understanding Medical Tattooing — Alliance of Medical Tattooing](#)

Can the licensed practical nurse (LPN) remove a tattoo using laser, dermabrasion, or surgical procedure?

It may be within the LPN's scope of practice to remove a tattoo using laser or dermabrasion under the [direction and supervision](#) of an [authorized health care practitioner](#) or RN. It is beyond the scope of the LPN to perform a surgical procedure to remove a tattoo.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) administer off-label medications or biologics?

Yes, it may be within the LPN's scope of practice to administer off-label medications or biologics under the [direction and supervision](#) of an [authorized health care practitioner](#) or registered nurse.

The nursing laws and rules do not prohibit administration of "off-label" medications or biologics. "Off-label" means the prescribed use of a drug which is other than that stated in its FDA approved labelling ([WAC 284-30-450](#)). Off-label use should be done with careful insight and understanding of the risks and benefits to the patient considering high-quality evidence supporting efficacy, effectiveness, and safety.

The nurse should be aware of the Washington Medical Commission's [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#) describing when off-label medications or biologics are used for aesthetic or cosmetic purposes.

[Understanding Unapproved Use of Approved Drugs "Off Label" | FDA](#)
[WABON Aesthetics Resources Website](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

What are examples of procedures related to medical, aesthetic or cosmetic dermatological procedures that may be within the LPN's scope of practice to perform?

The following table provides examples (not inclusive) of medical, aesthetic, or cosmetic dermatological procedures that may be within the LPN's scope of practice.

Medical, Aesthetic, or Cosmetic Dermatological Procedures WABON Aesthetics Resources Website	
Neuromodulator Injections	Under the direction and supervision of an authorized health care practitioner or registered nurse
Sclerotherapy	Under the direction and supervision of an authorized health care practitioner or registered nurse
Fine Needle Aspiration Biopsies, Shave biopsies, or Punch biopsies	Under the direction and supervision an authorized health care practitioner or registered nurse
Skin Growth Removal using Electrodesiccation and Curettage	Under the direction and supervision of an authorized health care practitioner or registered nurse
Intralesional Injections	Under the direction and supervision of an authorized health care practitioner or registered nurse
Dermal Fillers	Under the direction and supervision of an authorized health care practitioner or registered nurse
Superficial Facial Chemical Peels	Under the direction and supervision of an authorized health care practitioner or registered nurse

Microdermabrasion	Under the direction supervision of an authorized health care practitioner or registered nurse
Cryotherapy/Body Sculpting	Under the direction and supervision of an authorized health care practitioner or registered nurse
Thermotherapy (Thermage)	Under the direction and supervision an authorized health care practitioner or registered nurse
Electrolysis Hair Removal	Under the direction and supervision of an authorized health care practitioner or registered nurse
Laser, Light, Radiofrequency, and Plasma (LLRP) Therapy	<p>Under the direction and supervision of an authorized health care practitioner or registered nurse</p> <p>Under the direction and supervision of the registered nurse (RN) to perform LLRP procedures using a non-prescription (over the counter) device).</p>
Eyelash Extensions or Application of Color Additives to Eyelashes or Eyebrows	<p>Under the direction and supervision of an authorized health care practitioner or registered nurse</p> <p>Under the direction and supervision of the RN to apply eyelash extensions or color additives to eyelashes or eyebrows using non-prescription (over the counter) products. The LPN must follow the Federal Register: Listing of Color Additives Exempt From Certification; Silver Nitrate if applying color additives to eyelashes. False eyelashes and extensions, as well as their adhesives, must meet the safety and labeling requirements for cosmetics. Color Additives and Cosmetics: Fact Sheet FDA</p>
Medical Tattooing	Under the direction of an authorized health care practitioner or registered nurse
Intravenous Hydration Therapy	<p>Under the direction of an authorized health care practitioner or registered nurse</p> <p>The nurse must perform compounding following the U.S. Pharmacopeia (USP) compounding standards Compounding and the FDA: Questions and Answers FDA FDA Highlights Concerns with Compounding of Drug Products by Medical Offices and Clinics under Insanitary Conditions FDA WABON Compounding and Reconstituting Medications Advisory Opinion WABON Infusion Therapy Management Advisory Opinion</p>

Regenerative Aesthetic/Cosmetic Therapy (Stem Cell Therapy, Platelet-Rich Plasma, Platelet-Rich Fibrin, Prolotherapy Cartilage Regeneration, and Viscosupplementation)	<p>Under the direction of an authorized health care practitioner or registered nurse</p> <p>Not all regenerative injection therapies are approved by the Food and Drug Administration (FDA), and this means the biologic would be given “off-label”. "Off-label" means the prescribed use of a drug which is other than that stated in its FDA approved labelling. Understanding Unapproved Use of Approved Drugs "Off Label"-FDA Important Patient and Consumer Information About Regenerative Medicine Therapies- FDA Biologics Guidances-FDA Stem Cell and Exosome Products Health Associated Infections-Centers for Disease Control and Prevention Best Practice Standards for Stem Cell Medicine-International Cellular Medicine Society</p>
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WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) establish a business to perform medical, aesthetic, or cosmetic dermatological procedures?

Yes, the laws and rules do not prohibit the LPN from establishing a business to perform medical, aesthetic, or cosmetic dermatological procedures. Regardless of whether the LPN is the owner of the business, the LPN must practice under the direction and supervision of an [authorized health care practitioner](#) or registered nurse as the LPN does not practice independently. Nurses must follow Federal and State laws and rules, practice within their legal scope, follow clinical practice/standards of care regardless of the setting. WABON does not regulate business formation or have authority regarding establishing a business. **WABON recommends the nurse consult with a legal advisor.** The following are resources (not inclusive) that may be helpful:

[WABON Aesthetics Resources Website](#)

[State of Washington Department of Revenue - Business Licensing Service](#)

[Open a Business | Washington Department of Revenue](#)

[RCW 18.100 Professional Service Corporations](#)

[Facilities New, Renew or Update | Washington State Department of Health Chapter 246-904 WAC: Health Care Entities](#)

[WAC 247-04-010 Determination of Facilities as Health Care Facilities](#)

[10 Steps to Start your Business | U.S. Small Business Administration](#)
[Washington State Department of Labor and Industries](#)
[Occupational Safety and Health Administration](#)
[Chapter 49.17 RCW: Washington Industrial Safety Health Act](#)
[Washington State Laboratory Quality Assurance Website](#)
[Medical Test Sites \(MTS\) | Washington State Department of Health](#)
[Summary of the HIPAA Privacy Rule | Health and Human Services](#)
[Business Practices for the Advanced Licensed practical nurse Practitioner Advisory Opinion](#)

What are the requirements for a medical director if the licensed practical nurse (LPN) is the owner of a health care business that provides aesthetic or cosmetic procedures?

The Washington State Board of Nursing (WABON) does not have authority regarding the requirements for medical director in a health care business. WABON recommends consulting with a legal advisor.

[WABON Aesthetics Resources Website](#)

Can the licensed practical nurse (LPN) administer medications or perform medical treatments following standing orders approved by an [authorized health care practitioner](#) or registered nurse (RN)?

Yes, it may be within the LPN's scope of practice to administer medications or perform medical treatments following standing orders approved by an [authorized health care practitioner](#) or RN. The nurse should be aware of the Washington Medical Commission's [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#).

[WABON Aesthetics Resources Website](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

FREQUENTLY ASKED QUESTIONS (FAQs)

Registered Nurse (RN)

Category: Uniform Telehealth Act

What is telehealth for the purposes of the Uniform Telehealth Act?

“Telehealth” *includes telemedicine* and means the use of synchronous or asynchronous telecommunication technology by a practitioner to provide health care to a patient at a different physical location than the practitioner. “Telehealth” does not include the use, in isolation, of email, instant messaging, text messaging, or fax ([RCW 18.134.010](#))

Can the registered nurse (RN) provide care using telehealth services with a multistate license (MSL) to patients in Washington State and in other member states and territories?

Yes, the RN with a MSL may provide care using telehealth services to patients in Washington State and other member states, if the RN is following the laws in the state where the patient is located ([RCW 18.80.020](#)). In addition, the RN must check with non-MSL states to determine if they can provide telehealth services to a patient in that state without a license in that state.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) licensed in another state without a Washington State or multistate license (MSL) provide telehealth services to a patient in Washington?

The Uniform Telehealth Act ([RCW 18.134.050](#)) allows the RN licensed in another state without a Washington state or MSL to provide telehealth services within their scope of practice to a patient temporarily in Washington State to ensure continuity of care under the direction of a health care practitioner as defined in [RCW 18.134.010](#) as long as the patient received treatment in the state where the practitioner is licensed. “Telehealth” does not include the standalone use of email, instant messaging, text messaging, or FAX ([RCW 18.134.010](#)).

Can the registered nurse (RN) located in another country with a Washington State license provide telehealth services to a patient in Washington?

Yes, the RN located in another country with a Washington State nursing license may provide telehealth services to a patient in Washington State. The RN must follow all applicable laws and rules, such as taking the required telemedicine training ([RCW 43.70.495](#)).

Can the registered nurse (RN) follow standing orders when providing telehealth services?

Yes, the RN may follow standing orders when providing telehealth services following standing orders approved by an [authorized healthcare practitioner](#).
[Standing Orders Advisory Opinion](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, practice standards, and other applicable factors.

Does the registered nurse (RN) need to comply with privacy and confidentiality laws and rules when they are providing telehealth services?

Yes, the RN must comply with privacy and confidentiality laws and rules when they are providing telehealth services.

[Health Care Accountability and Portability Act \(HIPAA\)](#)

[Federal Education and Privacy Act \(FERPA\)](#)

[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)

[eCFR :: 38 CFR 17.417 -- Health Care Providers Practicing via Telehealth](#)

Can the registered nurse (RN) provide direction and supervision to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) via telehealth modalities?

Yes, the RN may use telehealth modalities to provide direction and supervision to the NA-R/NA-C but must exercise nursing judgment to determine whether using telehealth is appropriate or, if face-to-face direction and supervision is required. The RN should evaluate the type of care being directed and prioritize patient safety when deciding on the type of supervision needed. Telehealth may not be appropriate in some circumstances. WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) delegate tasks to assistive personnel (AP), such as a nursing assistant, using telehealth modalities?

Yes, the RN may use telehealth modalities to delegate tasks to AP (such as nursing assistants) following the nurse delegation process ([RCW 18.79.260](#)). The RN must:

- Determine the competency of the individual to perform the tasks.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the delegated task.
- Delegate only those tasks that are within the registered nurse's scope of practice.

The RN must exercise nursing judgment to determine what aspects of the initial, ongoing assessment, supervision, and evaluation need to be done face-to-face. Telehealth may not be appropriate in some circumstances.

Are there limitations to the setting where the registered nurse (RN) cannot use telehealth services to provide care?

No. State laws and rules do not limit the setting where the RN can use telehealth to provide care.

What resources are available related to telehealth?

Examples of resources related to telehealth include the following:

[Principles of Practice: Telehealth as an Imperative Modality of Care – American Telemedicine Association \(ATA\)](#)

[Best practice Guides: Telehealth – Human Health services \(HHS\)](#)

[Telehealth Educational and Training Standards – HHS](#)

[Telehealth Policy – HHS.gov](#)

[HIPAA Rules for Telehealth Technology – HHS](#)

[Licensure for Telehealth – HHS](#)

[Billing for Telehealth – HHS](#)

[What is Telehealth? – Center for Connected Health Care Policy \(CCHP\)](#)



Title: Informed Consent FAQ – LPN
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ARNPPPractice@doh.wa.gov Telephone: 360 236-4703

FREQUENTLY ASKED QUESTIONS (FAQs)

Licensed Practical Nurse (LPN)

Category: Uniform Telehealth Act

What is telehealth for the purposes of the Uniform Telehealth Act?

“Telehealth” *includes telemedicine* and means the use of synchronous or asynchronous telecommunication technology by a practitioner to provide health care to a patient at a different physical location than the practitioner. “Telehealth” does not include the use, in isolation, of email, instant messaging, text messaging, or fax ([RCW 18.134.010](#))

Can the licensed practical nurse (LPN) provide care using telehealth services with a multistate license (MSL) to patients in Washington State and in other member states and territories?

Yes, the LPN with a MSL may provide care using telehealth services to patients in Washington State and other member states, if the LPN is following the laws in the state where the patient is located ([RCW 18.80.020](#)). In addition, the LPN must check with non-MSL states to determine if they can provide telehealth services to a patient in that state without a license in that state.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) licensed in another state without a Washington State or multistate nursing license (MSL) provide telehealth nursing services to a patient in Washington?

The Uniform Telehealth Act ([RCW 18.134.050](#)) allows the LPN licensed in another state without a Washington state or MSL to provide telehealth services within their scope of practice to a patient temporarily in Washington State to ensure continuity of care under the direction and supervision of a health care practitioner as defined in [RCW 18.134.010](#) as long as the patient received treatment in the state where the practitioner is licensed. “Telehealth” does not include the standalone use of email, instant messaging, text messaging, or FAX ([RCW 18.134.010](#)).

Can the licensed practical nurse (LPN) located in another country with a Washington State license provide telehealth services to a patient in Washington?

Yes, the LPN located in another country with a Washington State nursing license may provide telehealth services to a patient in Washington State. The LPN must follow all applicable laws and rules, and practice standards, such as taking the required telemedicine training. ([RCW 43.70.495](#)).

Can the licensed practical nurse (LPN) follow standing orders when providing telehealth services?

Yes, the LPN may follow standing orders when providing telehealth services in Washington State approved by an [authorized healthcare practitioner](#).

[Standing Orders Advisory Opinion](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Does the licensed practical nurse (LPN) need to comply with privacy and confidentiality laws and rules when they are providing telehealth services?

Yes, the LPN must comply with privacy and confidentiality laws and rules when they are providing telehealth services.

[Health Care Accountability and Portability Act \(HIPAA\)](#)

[Federal Education and Privacy Act \(FERPA\)](#)

[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)

[eCFR :: 38 CFR 17.417 -- Health Care Providers Practicing via Telehealth](#)

Can the licensed practical nurse (LPN) provide direction and supervision to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) via telehealth modalities?

Yes, the LPN may use telehealth modalities to provide direction and supervision to the NA-R/NA-C but must exercise nursing judgment to determine whether using telehealth is appropriate, or, if face-to-face direction and supervision is required. The LPN should evaluate the type of care being directed and prioritize patient safety when deciding on the type of supervision needed. Telehealth may not be appropriate in some circumstances.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) delegate tasks to assistive personnel (AP), such as a nursing assistant, using telehealth modalities?

No. It is not within the LPN's scope of practice to delegate tasks to AP (such as a nursing assistant).

Are there limitations to the setting where the licensed practical nurse (LPN) can use telehealth services to provide care?

No. State laws and rules do not limit the setting in which the LPN can provide telehealth services.

What resources are available related to telehealth?

Examples of resources related to telehealth include the following:

[Principles of Practice: Telehealth as an Imperative Modality of Care – American Telemedicine Association \(ATA\)](#)

[Best practice Guides: Telehealth – Human Health services \(HHS\)](#)

[Telehealth Educational and Training Standards – HHS](#)

[Telehealth Policy – HHS.gov](#)

[HIPAA Rules for Telehealth Technology – HHS](#)

[Licensure for Telehealth – HHS](#)

[Billing for Telehealth – HHS](#)

[What is Telehealth? – Center for Connected Health Care Policy \(CCHP\)](#)



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ARNPPPractice@doh.wa.gov Telephone: 360 236-4703

FREQUENTLY ASKED QUESTIONS (FAQs)

Registered Nurse (RN)

Category: Telemedicine Training Requirements

Is the registered nurse (RN) required to take telemedicine training if providing clinical services through telemedicine?

Yes, the RN is required to take telemedicine training if providing clinical services through telemedicine ([RCW 43.70.495](#)). This also applies to the RN licensed in other member Nurse Licensure Compact states who are practicing nursing using their multi-state license caring for patients in Washington State. For the purposes of the telemedicine training requirement, telemedicine is defined as the following: "Telemedicine" means the delivery of health care services through the use of 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. "Telemedicine" includes audio-only telemedicine, but does not include facsimile or email." [RCW 70.41.020](#)

[Washington State Healthcare Professional Telemedicine Training - NRTRC](#)

Does the telemedicine training requirement apply to the registered nurse (RN) who provides Virtual Directed Observed Therapies (VDOT)?

VDOT is the use of a videophone or other video/computer equipment to observe the patient taking their medications remotely.

- Yes, the RN providing synchronous (real-time audio and video) VDOT is required to take the telemedicine training.
- No, the RN providing asynchronous (store-and-forward) VDOT is not required to take the training.

[Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere Telehealth in Washington State | Washington State Department of Health](#)

Does the registered nurse (RN) need to send in an attestation of completion of telemedicine training to the Washington State Board of Nursing (WABON)?

No, the RN does not need to send in an attestation of completion to the WABON unless requested. However, the RN is required to sign and retain an attestation of completion ([RCW 43.70.495](#)).

When is the registered nurse (RN) required to complete telemedicine training?

The RN is required to complete telemedicine training prior to providing clinical services through telemedicine. There is no grace period. This also applies to RNs licensed in other member Nurse Licensure Compact states who are practicing nursing using their multi-state license caring for patients in Washington State using telemedicine.

Does telemedicine training taken by the registered nurse (RN) prior to January 1, 2021, meet the telemedicine training requirement?

It depends. Telemedicine training taken prior to January 1, 2021 meets the requirement if it includes the content listed in [RCW 43.70.495](#).

What are the options for the registered nurse (RN) to meet telemedicine training requirements?

[RCW 43.70.495](#) defines the options to meet the telemedicine training requirements. The law required the Telehealth Collaborative to develop a training module. This is training at no cost available on the [Washington State Healthcare Professional Telemedicine Training – Northwest Regional Telehealth Resource Center \(NRTRC\)](#) website.



FREQUENTLY ASKED QUESTIONS (FAQs)

Licensed Practical Nurse (LPN)

Category: Telehealth Training Requirements

Is the licensed practical nurse (LPN) required to take telemedicine training if providing clinical services through telemedicine?

Yes, the LPN is required to take telemedicine training if providing clinical services through telemedicine ([RCW 43.70.495](#)). This also applies to the LPN licensed in other member Nurse Licensure Compact states who are practicing nursing using their multi-state license caring for patients in Washington State. For the purposes of the telemedicine training requirement, telemedicine is defined as the following: "Telemedicine" means the delivery of health care services through the use of 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. "Telemedicine" includes audio-only telemedicine, but does not include facsimile or email." [RCW 70.41.020](#)

[Washington State Healthcare Professional Telemedicine Training - NRTRC](#)

Does the telemedicine training requirement apply to the licensed practical nurse (LPN) who provides Virtual Directed Observed Therapies (VDOT)?

VDOT is the use of a videophone or other video/computer equipment to observe the patient taking their medications remotely.

- Yes, the LPN providing synchronous (real-time audio and video) VDOT is required to take the telemedicine training.
- No, the LPNN providing asynchronous (store-and-forward) VDOT is not required to take the training.

[Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere Telehealth in Washington State | Washington State Department of Health](#)

Does the licensed practical nurse (LPN) need to send in an attestation of completion of telemedicine training to the Washington State Board of Nursing (WABON)?

No, the LPN does not need to send in an attestation of completion to WABON unless requested. However, the LPN is required to sign and retain an attestation of completion ([RCW 43.70.495](#)).



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When is the licensed practical nurse (LPN) required to complete telemedicine training?

The LPN is required to complete telemedicine training prior to providing clinical services through telemedicine. There is no grace period. This also applies to LPNs licensed in other member Nurse Licensure Compact states who are practicing nursing using their multi-state license caring for patients in Washington State using telemedicine.

Does telemedicine training taken by the licensed practical nurse (LPN) taken prior to January 1, 2021, meet the telemedicine training requirement?

It depends. Telemedicine training taken prior to January 1, 2021 meets the requirement if it includes the content listed in [RCW 43.70.495](#).

What are the options for the registered nurse (RN) to meet telemedicine training requirements?

[RCW 43.70.495](#) defines the options to meet the telemedicine training requirements. The law required the Telehealth Collaborative to develop a training module. This is training at no cost available on the [Washington State Healthcare Professional Telemedicine Training – Northwest Regional Telehealth Resource Center \(NRTRC\)](#) website.



Frequently Asked Questions (FAQ)

Category: Licensed Practical Nurse (LPN)

Title: Informed Consent

What is informed consent?

“Informed consent” is a process in which a health care provider informs a patient of material facts relating to a specific treatment or procedure so the patient can make an informed decision to accept or reject the treatment or procedure. This includes informing the patient of the nature and character of the treatment, anticipated results, possible alternative forms of treatment, and recognized serious possible risks, complications, and anticipated benefits involved in the treatment administered and in the recognized possible alternative forms of treatment, including nontreatment.

Informed consent is needed for treatments or procedures that are high risk, complex, or invasive. This may include things like surgery, anesthesia, blood transfusions, complex diagnostic procedures, or treatments with significant side effects.

Hospitals are required by law and accreditation standards to have policies related to informed consent, including those that identify who may obtain informed consent, the process used, and which interventions require informed consent. LPNs should review their organization’s policies to understand their role.

If a recognized health care emergency exists and the patient does not have the capacity to give informed consent and/or a person legally authorized to consent on the patient’s behalf is not readily available, consent to required treatment is implied.

Informed consent is different than general consent. “General consent” permits a health care provider to perform standard or routine medical examinations, procedures, or treatments. It is typically obtained upon registration, admission, or by verbal agreement and covers routine nursing care within hospitals and health care facilities.

[RCW 7.70.050: Failure to Secure Informed Consent—Necessary Elements of Proof—Emergency Situations.](#)

[WAC 246-320-141: Patient Rights and Organizational Ethics](#)

[eCFR: 42 CFR Part 482 -- Conditions of Participation for Hospitals](#)

[RCW 70.41.380: Notice of Unanticipated Outcomes](#)



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[WAC 246-320-166: Management of Information](#)

[Informed Consent-Washington Medical Commission](#)

[Informed Consent: More Than Getting a Signature - The Joint Commission](#)

[Informed Consent | American Medical Association-Code](#)

What is the role of the licensed practical nurse (LPN) in obtaining informed consent from patients?

Before a treatment or procedure, the health care provider* treating the patient must provide the patient with all material facts about the proposed treatment or procedure. This includes the nature and character of the treatment, anticipated results, possible alternative forms of treatment, and recognized serious possible risks, complications, and anticipated benefits involved in the treatment administered and in the recognized possible alternative forms of treatment, including nontreatment.

The patient or their legally authorized representative must understand the information provided, voluntarily consent, and have the capacity to consent to the treatment. The informed consent process and the patient's signed consent form should be documented in the medical record.

State law does not require a signed consent form, but written consent constitutes prima facie evidence that the patient gave informed consent, so it is routine to obtain. In some cases, oral consent may be obtained in cases when written cannot, but written confirmation from the patient or an authorized representative of the patient should be obtained subsequently, if possible. [RCW 7.70.060](#) also provides an alternative to the use of an informed consent form in obtaining and documenting informed consent called an acknowledgment of shared decision making.

*"Health care provider" for purposes of informed consent generally means a physician or other prescribing health care provider or licensed independent health care provider. Alexander v. Gonser, 42 Wn. App. 234, 711 P.2d 347 (1985).

[RCW 7.70.020: Definitions.](#)

[RCW 7.70.050: Failure to Secure Informed consent—Necessary Elements of Proof—Emergency Situations.](#)

[RCW 7.70.065: Informed consent—Persons Authorized to Provide for Patients who do not have Capacity—Priority—Unaccompanied Homeless Minors.](#)



Who is responsible for obtaining informed consent?

The primary role of the licensed practical nurse (LPN) is to facilitate the process of informed consent rather than obtaining the consent itself. Health care providers who perform, order, or prescribe the treatment or procedure are responsible for obtaining informed consent. Obtaining informed consent is a fiduciary duty¹ that arises when a health care provider, “is in the process of diagnosing, has made a diagnosis, or has pursued a course of treatment.”² The LPN does not practice independently and cannot make a medical diagnosis or determine a patient’s course of medical treatment.^{3 4}

“Health care provider” for purposes of informed consent generally means a physician⁵ or other prescribing health care provider or licensed independent health care provider.

¹*Miller v. Kennedy*, 11 Wn.App. 282, 522 P.2d 852 (1974).

²Edwin Rauzi, Informed Consent in Washington: Expanded Scope of Material Facts that the Physician Must Disclose to His Patient, 55 Wash. L. Rev. 655, 660 (1980).

³["Informed Consent in Washington: Expanded Scope of Material Facts That " by Edwin Rauzi](#)

⁴[RCW 18.79.260: Registered nurse—Activities allowed—Delegation of Tasks.](#)

[RCW 18.79.270: Licensed Practical Nurse—Activities allowed](#)

⁵*Alexander v. Gonser*, 42 Wn. App. 234, 711 P.2d 347 (1985).

What is the role of the licensed practical nurse (LPN) in facilitating the informed consent process?

The LPN has an ethical obligation regarding informed consent of proposed care, service, treatment, or research. The ethical obligations of nurses are to recognize, respect, and promote the patient’s right to be informed and make informed choices.

The LPN is responsible for advocating for their patient’s rights, facilitating the informed consent process, and ensuring that patients have the necessary information to make informed decisions. This includes:

- **Ensuring Understanding:** It is essential for the LPN to confirm that the patient understands the information provided to them. This may involve the patient explaining the procedure in their own words and ensuring that all their questions have been answered. If a patient appears confused or lacks understanding, the LPN should advocate for the patient by facilitating further discussion with the healthcare practitioner who obtained the consent.

- Documentation: If involved, the LPN should document the informed consent process, including any discussions held with the patient regarding the procedure and their understanding of it, in the medical record.
- Special Considerations: In cases where patients have language barriers, the LPN should arrange for qualified medical interpreters to assist patients to ensure the patient comprehends the information being provided. For patients with cognitive impairments, the LPN should arrange for decision making support such as a legal guardian to assist patients to ensure the patient comprehends the information being provided. For literacy concerns, using plain talk and visual aids can help patient understanding.
- Obtaining signatures: The LPN may be asked to obtain the patient's signature on an informed consent form.
- Witnessing Signatures: The LPN may be asked to witness the patient's signature on a consent form, but witnessing a patient's signature is not required by law. The purpose of the witness is to verify that the patient (or their legally authorized representative) signed the form, that they had the capacity to consent, and that the consent was voluntary. In some cases, witnesses may also serve to confirm that the consent given was in fact "informed," that the form had been fully explained, that the patient had read it or had it read to them, and that they acknowledged they understood it. The LPN should document the process in the medical record. The health care provider, however, is responsible for ensuring the patient understands the procedures and its implications. Health care facilities and providers may have policies that address who on the care team (or employed by the entity) may or may not witness consent forms. LPNs should review their organization's policies to understand their role.

Hospitals are required by law and accreditation standards to have policies related to informed consent, including those that identify who may obtain informed consent and which interventions require informed consent.^{6 7 8 9 10} RNs should review their organization's policies to understand their role.

⁶[WAC 246-320-141: Patient Rights and Organization Ethics](#)

⁷[eCFR: 42 CFR Part 482 -- Conditions of Participation for Hospitals](#)

⁸[RCW 70.41.380: Notice of Unanticipated Outcomes](#)

⁹[WAC 246-320-166: Management of Information](#)



¹⁰Rationale for RI.01.03.01, The Joint Commission (2016) - [Informed Consent – Other Practitioners or Students Performing Tasks Related to Surgery, or Examinations or Invasive Procedures | Joint Commission](#)

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The ordering physician or other ordering health care provider or licensed independent health care provider is responsible for providing information and material risks about the treatment or procedure, but the LPN should review and reinforce this information with the patient. The LPN should ensure the necessary consent has been obtained before providing care ordered by another health care provider. This may include the functions listed in the question “What is the role of the licensed practical nurse (LPN) in facilitating the informed consent process?” and providing patient education. The LPN should discuss their role with the ordering health care provider and review their organization’s policies on informed consent.

Can the licensed practical nurse (LPN) provide care to a patient in a healthcare emergency without consent?

Yes, the LPN may provide care to a patient if a recognized health care emergency exists and the patient does not have the capacity to give informed consent and/or a person legally authorize to consent on behalf of the patient is not readily available ([RCW 7.70.050](#)).

Who may provide informed consent?

An adult patient (age 18 or older) who is mentally competent may provide informed consent. [RCW 7.70.065](#) lists persons authorized to provide for patients who do not have capacity. Washington State law ([RCW 26.28.010](#)) defines the age of majority as eighteen (18) years old to make decisions regarding healthcare. Exceptions include:

- A person under the age of 18 who is married to an adult.
- A person is legally emancipated from their parents.
- A person determined by a healthcare provider to be a mature minor.



Title: Informed Consent FAQ – LPN

Effective: **TBD**

Supersedes:

Rescinded:

[Nursing Practice Inquiry](#)

ARNPPpractice@doh.wa.gov

Telephone: 360 236-4703

- A person under age 18 who is homeless (in certain situations).

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Yes, there are specific health care activities that can be provided to individuals under the age of 18 without consent from a parent or legal guardian. The following resources will provide guidance regarding healthcare activities that may be provided to individuals under the age of 18 without consent from a parent or legal guardian:

[Washington Confidentiality Toolkit for Providers \(Healthcare Authority-CA 60-0077\)](#)

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[Informed Consent FAQs | Human Health Services.gov](#)

[FDA Regulations Relating to Good Clinical Practice and Clinical Trials](#)

[The AHRQ Informed Consent and Authorization Toolkit for Minimal Risk Research](#)

What are the requirements for informed consent prior to treatment with investigational products?

[RCW 69.77.050](#) defines the requirements regarding informed consent prior to treatment with investigational products. The treating physician is responsible for obtaining written informed consent prior to treatment, consistent with the requirements of RCW 7.70.060(1). The Health and Human Services ([45 CFR part 46](#)) and the Food and Drug Administration ([21 CFR part 50](#) and [56](#)) stipulates the requirements for informed consent for the protection of human subjects in research

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Frequently Asked Questions (FAQ)

Category: Registered Nurse (RN)

Title: Informed Consent

What is informed consent?

“Informed consent” is a process in which a health care provider informs a patient of material facts relating to a specific treatment or procedure so the patient can make an informed decision to accept or reject the treatment or procedure. This includes informing the patient of the nature and character of the treatment, anticipated results, possible alternative forms of treatment, and recognized serious possible risks, complications, and anticipated benefits involved in the treatment administered and in the recognized possible alternative forms of treatment, including nontreatment.

Informed consent is needed for treatments or procedures that are high risk, complex, or invasive. This may include things like surgery, anesthesia, blood transfusions, complex diagnostic procedures, or treatments with significant side effects.

Hospitals are required by law and accreditation standards to have policies related to informed consent, including those that identify who may obtain informed consent, the process used, and which interventions require informed consent. RNs should review their organization’s policies to understand their role.

If a recognized health care emergency exists and the patient does not have the capacity to give informed consent and/or a person legally authorized to consent on the patient’s behalf is not readily available, consent to required treatment is implied.

Informed consent is different than general consent. “General consent” permits a health care provider to perform standard or routine medical examinations, procedures, or treatments. It is typically obtained upon registration, admission, or by verbal agreement and covers routine nursing care within hospitals and health care facilities.

[RCW 7.70.050: Failure to Secure Informed Consent—Necessary Elements of Proof—Emergency Situations.](#)

[WAC 246-320-141: Patient Rights and Organizational Ethics](#)

[eCFR :: 42 CFR Part 482 -- Conditions of Participation for Hospitals](#)

[RCW 70.41.380: Notice of Unanticipated Outcomes](#)

[Informed Consent-Washington Medical Commission](#)

[Informed Consent: More Than Getting a Signature - The Joint Commission](#)

[Informed Consent | American Medical Association-Code](#)

What is required to obtain informed consent?

Before a treatment or procedure, the health care provider* treating the patient must provide the patient with all material facts about the proposed treatment or procedure. This includes the nature and character of the treatment, anticipated results, possible alternative forms of treatment, and recognized serious possible risks, complications, and anticipated benefits involved in the treatment administered and in the recognized possible alternative forms of treatment, including nontreatment.

The patient or their legally authorized representative must understand the information provided, voluntarily consent, and have the capacity to consent to the treatment. The informed consent process and the patient's signed consent form should be documented in the medical record.

State law does not require a signed consent form, but written consent constitutes prima facie evidence that the patient gave informed consent, so it is routine to obtain. In some cases, oral consent may be obtained in cases when written cannot, but written confirmation from the patient or an authorized representative of the patient should be obtained subsequently, if possible. [RCW 7.70.060](#) also provides an alternative to the use of an informed consent form in obtaining and documenting informed consent called an acknowledgment of shared decision making.

*"Health care provider" for purposes of informed consent generally means a physician or other prescribing health care provider or licensed independent health care provider. Alexander v. Gonser, 42 Wn. App. 234, 711 P.2d 347 (1985).

[RCW 7.70.020: Definitions.](#)

[RCW 7.70.050: Failure to Secure Informed consent—Necessary Elements of Proof—Emergency Situations.](#)

[RCW 7.70.065: Informed consent—Persons Authorized to Provide for Patients who do not have Capacity—Priority—Unaccompanied Homeless Minors.](#)

Who is responsible for obtaining informed consent?

The primary role of the registered nurse (RN) is facilitating the process of informed consent rather than obtaining the consent itself. Health care providers who perform, order, or prescribe the treatment or procedure are responsible for obtaining informed consent. Obtaining informed consent is a fiduciary duty that arises when a health care provider, "is

in the process of diagnosing, has made a diagnosis, or has pursued a course of treatment.” RNs practice independently when providing nursing care and interdependently when implementing medical treatments. The RN cannot make a medical diagnosis or determine a patient’s course of medical treatment.

“Health care provider” for purposes of informed consent generally means a physician¹ or other prescribing health care provider or licensed independent health care provider.

¹*Miller v. Kennedy*, 11 Wn.App. 282, 522 P.2d 852 (1974).

²Edwin Rauzi, Informed Consent in Washington: Expanded Scope of Material Facts that the Physician Must Disclose to His Patient, 55 Wash. L. Rev. 655, 660 (1980).

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Nursing Practice Advisory Opinion Request

The Washington State Board of Nursing (WABON) is here to assist you with nursing scope of practice questions. Please review the nursing law and rule, the [Interactive Scope of Practice Decision Tree](#) and our [Practice Webpage](#) for current statements, commonly asked questions, or other guidance documents that might help you with your question. You may also contact us for consultation:

Registered Nurse, Licensed Practical Nurse, and Nursing Assistant:

[Ask the Practice Team](#)

Advanced Registered Nurse Practitioner:

ARNPPpractice@doh.wa.gov

Requestor Information

Name: Josephine Swenson Farinacci

Address: 443 Nikula Rd

City: Winlock

State: WA

Telephone: 360-269-4655

Email: chigs4141@yahoo.com

Organization or Facility/Employer Represented (if applicable):

HomeDOT

Submit Request:

NursingPractice@doh.wa.gov

Registered Nurses, Licensed Practical Nurses, and Nursing Assistant Scope of Practice

ARNPPpractice@doh.wa.gov

Advanced Practice Registered Nurse Scope of Practice

Practice Advisory Opinion Request Information

Describe the activity or procedure on which you would like an advisory opinion:

I am requesting an advisory opinion and proposing an amendment to WAC 246-840-705 to explicitly permit Registered Nurses (RNs), who are certified through the Federal Motor

Carrier Safety Administration (FMCSA) National Registry, to independently perform Department of Transportation (DOT) physical examinations and issue medical certificates, in accordance with 49 CFR § 390.103.

Describe the event, concerns, or issues that precipitated the issue or question:

Although FMCSA provides national certification for qualified healthcare professionals to conduct DOT physicals, Washington State's current interpretation of WAC 246-840-705 does not allow Registered Nurses to independently perform physical exams for the purposes of DOT medical certification, even when they are FMCSA-certified. This limitation is inconsistent with federal guidelines and with policies in other states, such as Colorado, that permit RNs to independently perform these evaluations under their state's scope of practice.**

How does the issue or question impact you, your profession, your organization, other organizations, or the public?

This restriction creates unnecessary barriers to care in occupational health services, especially in rural and underserved areas of Washington where access to physicians or advanced practice providers is limited. RNs certified by the FMCSA are trained to follow federally established procedures and criteria for DOT physical exams, which include identifying disqualifying medical conditions, reviewing specialist documentation, and pending certifications when needed. By not allowing certified RNs to function in this role, Washington undermines workforce flexibility and delays timely access to required physical exams for commercial drivers—an essential workforce sector.

Allowing RNs to perform this function would:

- Improve access to timely DOT medical exams
- Reduce healthcare costs
- Help address provider shortages, particularly in occupational health
- Empower nurses to practice to the full extent of their education and training
- Align Washington with other states' progressive healthcare workforce models**

Explain how public safety will be enhanced by the action you request:

The FMCSA National Registry Medical Examiner Handbook outlines clear clinical criteria and protocols for medical examiners, including:

- Mandatory referrals to a treating provider or specialist when abnormal findings require further evaluation or diagnosis
- The ability to "pend" certification while awaiting additional documentation (e.g., treatment compliance, specialist evaluations)
- The examiner's role is **not** to diagnose or treat, but to determine fitness for duty based on defined federal standards

This structured and evidence-based framework ensures that DOT medical certificates are only issued when the individual meets federal safety criteria. Certified RNs are fully capable of operating within these guidelines, ensuring that public safety is maintained while also expanding access. The FMCSA framework supports a **standardized process**, not dependent on professional title, but on **training, certification, and compliance with the National Registry protocols**.

RNs who are trained under this model would continue to:

- Follow strict FMCSA protocols
- Refer any abnormal findings for medical diagnosis or management
- Withhold certification when safety is compromised

This enhances public safety by maintaining rigorous health standards and increasing access to appropriate screenings.**

Provide evidence-based literature or research:

- **Federal Regulation: 49 CFR § 390.103(a)(1)** states that medical examiners must be "licensed, certified, or registered, in accordance with applicable State laws and regulations to perform physical examinations."
 - **National Council of State Boards of Nursing (NCSBN)** supports RNs practicing to the full scope of their education, training, and licensure.
 - **Colorado State Board of Nursing** allows FMCSA-certified RNs to independently perform DOT exams based on their interpretation that such exams fall within nursing assessment functions.

American Association of Occupational Health Nurses (AAOHN) supports expanding RN roles in occupational health to address access and workforce challenges.**

FMCSA Medical Examiner Handbook: The FMCSA outlines clear clinical criteria and protocols for medical examiners, including mandatory referrals to treating providers when abnormal findings require further evaluation or diagnosis. The examiner's role is to perform structured assessments and determine fitness for duty based on defined federal standards.

FMCSA Eligibility

Requirements: According to FMCSA, a medical examiner must be "licensed, certified, or registered in accordance with applicable State laws and regulations to perform physical examinations." This provision emphasizes state authorization rather than specific professional titles, indicating that RNs certified by the FMCSA are eligible to perform DOT physicals independently. **Colorado's Approach:** In Colorado, RNs are eligible to become certified medical examiners under the FMCSA's National Registry, provided they meet the necessary state licensure requirements. This approach aligns with federal regulations and demonstrates that RNs can independently perform DOT physical examinations when authorized by state law.

- Specific reference to the Statute(s) and/or Administrative Rule that may relate to your request:
- **WAC 246-840-705:** Functions of the Registered Nurse

☒ [RCW 18.79 Nursing Care](#)

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

- ☒ Other: **roposed Change** Amend WAC 246-840-705 to state that: "A Registered Nurse licensed in Washington State, who is also certified by the Federal Motor Carrier Safety Administration as a Medical Examiner under 49 CFR § 390.103, is authorized to perform Department of Transportation (DOT) physical examinations and issue medical certificates independently, in accordance with FMCSA regulations and guidelines."

Rationale for Change or Decision:

Alignment with Federal Regulations: The FMCSA's National Registry program sets baseline training and testing standards for medical professionals who perform commercial driver physicals. RNs certified under this program are trained to assess drivers' fitness for duty based on federal standards. **Consistency with Other States:** States like Colorado permit FMCSA-certified RNs to independently perform DOT physical examinations, demonstrating that such practices are feasible and effective. **Improved Access to Care:** Allowing RNs to perform DOT physicals independently would increase access to these essential services, particularly in rural and underserved areas. **Cost-Effectiveness:**

Expanding RNs' roles in occupational health services can reduce healthcare costs by utilizing existing healthcare professionals more efficiently.

April 23, 2025

Federal Motor Carrier Safety Administration (FMCSA)

Good morning

The Washington State nursing laws allow the registered nurse (RN) to perform nursing assessment, including physical examinations, using the nursing process. Based on the assessment the RN makes a nursing diagnosis – they cannot make a medical diagnosis. The RN practices independently when providing nursing care. The RN practices interdependently when carrying out medical procedures under the direction of a physician or other authorized health care practitioner. RN's may follow approved standing orders to carry out medical procedures. WABON recommends the nurse use the [Scope of Practice Decision Tree](#) to determine if an activity is within their individual scope of practice based on legal parameters, competence, organizational policies, and other factors.

[RCW 18.71.011: Definition of Practice of Medicine](#)

The following state laws and rules define the RN's scope of practice:

[RCW 18.79.040: Registered Nursing Practice](#)

"Registered nursing practice" means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the principles of the biological, physiological, behavioral, and sociological sciences in either the observation, assessment, diagnosis, care or counsel, and health teaching of individuals with illnesses, injuries, or disabilities, or in the maintenance of health or prevention of illness of others.'

[WAC 246-840-700: Standards of Nursing Conduct or Practice](#)

[WAC 246-840-705: Functions of the Registered Nurse and Licensed Practical Nurse](#)

Please let me know if I can be of any further assistance.

Sincerely,

Deborah Carlson, MSN, RN
Nursing Practice Director

RN-CME Role Handout

Understanding the Registered Nurse as Certified Medical Examiner (CME)

Aligning with Washington State law & FMCSA federal standards – clear, factual, evidence-based

1. Scope of Practice: WA Legal Framework

- WAC 246-840-700 mandates:
 - RNs are accountable for nursing care quality, including protocol-based procedures and standing orders.
 - Core nursing process: Assessment → Planning → Implementation → Evaluation.
 - RNs must act within defined scope, use evidence-based guidelines, and escalate care as needed.
- RCW 18.79.040 supports RNs executing standardized medical regimens without diagnosing or prescribing—perfectly fitting the CME function.

2. FMCSA CME Program = Structured Federal Standing Orders

- 49 CFR § 390.103 outlines eligibility:
 - Must be a licensed RN, register on NRCME, complete approved FMCSA training, and pass the same exam as MDs/NPs/PAs.
- Per 49 CFR § 390.105, FMCSA-approved curriculum covers:
 - Medical history review, physical exam, when to refer, certification decision-making, reporting requirements.
- The FMCSA Medical Examiner Handbook functions as a federal, algorithm-based decision tree—akin to standing orders RNs already follow.

3. RN Training & Certification Rigor

To become an RN-CME, the candidate must:

1. Complete FMCSA-approved training (driver exam rationale, algorithms, follow-up criteria).
2. Pass a 120-question, NCCA-accredited test with the same standard as physicians and NPs.
3. Maintain credentials with ongoing testing/training and NRCME registry compliance.

4. RN Clinical Process & Algorithm Alignment

RN Nursing Process vs. FMCSA Algorithm:

- Assessment – History, vitals, vision, neuro checks
- Analysis – Apply FMCSA flowcharts
- Documentation – Use FMCSA MCSA-5876 forms, intervals, referrals
- Referral – Pend and refer cases outside scope (e.g., untreated sleep apnea)

5. No Medical Diagnosis or Treatment

- RN-CMEs do not diagnose or prescribe.
- They screen per FMCSA protocol and pend/refuse when conditions exceed defined thresholds.

6. Evidence & Precedent

- Colorado RN-CME policy (since 2016): No reported FMCSA violations or malpractice.
- National FMCSA audit data shows no increase in unsafe certifications in RN-authorized states.

7. Addressing Public Need

- 15,000+ DOT certificates voided nationally due to improper exams.
- Washington faces examiner shortages.
- RN-CMEs can expand access and improve safety.

8. Alignment with WA RN Standards

RN-CME work complies with:

- WAC 246-840-700 – Nursing process, accountability
- RCW 18.79.040 – Non-diagnostic protocol execution
- 49 CFR 390.101–115 – Federal algorithmic standards


References

- WAC 246-840-700: <https://apps.leg.wa.gov/wac/default.aspx?cite=246-840-700>
- RCW 18.79.040: <https://apps.leg.wa.gov/rcw/default.aspx?cite=18.79.040>
- 49 CFR Part 390: <https://www.law.cornell.edu/cfr/text/49/390.103>
- FMCSA Medical Examiner Handbook: <https://www.fmcsa.dot.gov>
- NRCME Certification Guide: <https://nationalregistry.fmcsa.dot.gov>

FMCSA Guidelines in Practice: RN-CME Decision Tree Examples

This handout provides five real-world examples showing how a Registered Nurse functioning as a Certified Medical Examiner (RN-CME) applies FMCSA medical certification guidelines using the nursing process and structured decision trees. These workflows align with the use of standardized standing orders and are fully consistent with the scope of RN practice in Washington State (RCW 18.79.040; WAC 246-840-700).

1. Blood Pressure Screening

 *Source: FMCSA Medical Examiner Handbook (2022), Ch. 4: Cardiovascular*

- Assess: Measure BP accurately using calibrated equipment.
- Analyze:
 - If <140/90 → Certify up to 2 years.
 - If 140–159/90–99 (Stage 1) → Certify 1 year; counsel driver to see PCP.
 - If 160–179/100–109 (Stage 2) → Certify once for 3 months → must bring proof of treatment.
 - If ≥180/110 (Stage 3) → Do not certify. Refer to provider.
- Refer: If Stage 2/3 → refer to PCP or cardiology for treatment.
- Document: Record BP, certification duration, and complete MCSA-5876.

✓RN Role: Follow BP thresholds only—no treatment or diagnosis involved.

2. Hearing Screening

 *Source: FMCSA Handbook, Ch. 3: Hearing*

- Assess:
 - Administer whisper test at 5 feet in both ears OR
 - Use audiometric test with thresholds <40 dB in better ear.
- Analyze:
 - If pass either → Certify up to 2 years.
 - If fail both → Do not certify. Must refer to audiologist or ENT.
- Refer: If failed → must obtain specialist documentation with hearing aid use.
- Document: Record type of test used and results in FMCSA forms.

✓RN Role: Screen and refer per guidelines—no interpretation of pathology.

3. Vision Screening

 *Source: FMCSA Handbook, Ch. 2: Vision*

- Assess: Use Snellen chart to test:
 - Distant visual acuity $\geq 20/40$ (each eye separately and both eyes)
 - Field of vision $\geq 70^\circ$ horizontal in each eye.
- Analyze:
 - Meets criteria → Certify.
 - Does not meet → Do not certify; must get specialist evaluation.
- Refer: Refer to optometrist or ophthalmologist for further evaluation.
- Document: Record acuity, use of corrective lenses, and any referrals.

✓RN Role: Follow algorithm—no diagnosis of vision disorders.

4. Urinalysis (Dipstick)

 *Source: FMCSA Handbook, Ch. 1: General Requirements*

- Assess: Collect and perform dipstick urinalysis for glucose, protein, and blood.
- Analyze:
 - Normal → Proceed with certification.
 - Abnormal → Do not interpret; proceed to referral.
- Refer: Refer to PCP for glucose, renal, or hematuria evaluation as needed.
- Document: Record basic findings; do not interpret clinical meaning.

✓RN Role: Screen only—no diagnosis of diabetes, kidney disease, etc.

5. Obstructive Sleep Apnea (OSA) Screening

 *Source: FMCSA Handbook, Ch. 4: Sleep Disorders*

- Assess: Use BMI, neck circumference, Epworth scale, and sleep history.
- Analyze:
 - BMI ≥ 40 or witnessed apnea → Do not certify; refer.
 - BMI 33–39 with multiple risk factors → Certification is pending until cleared.
- Refer: Refer to sleep specialist for study or CPAP compliance documentation.
- Document: Note “pending” decision; give 45-day window to return.

✓RN Role: Identify risk and refer—no sleep disorder diagnosis.

Why Washington Should Allow FMCSA-Certified RNs to Perform DOT Exams

1. RNs already have the core competencies

- Physical assessment, history-taking, vital signs, and clinical judgment are core parts of RN training.
- FMCSA certification adds the specific regulatory training and decision-making standards required for DOT exams.
- RNs don't diagnose or treat in this context—they determine fitness-for-duty per strict FMCSA criteria.

2. DOT exams follow structured, federally mandated protocols

- The FMCSA exam process is highly standardized (not open-ended diagnosis).
- Once trained and certified by FMCSA, any provider—MD, NP, PA, chiropractor, or RN—is held to the same standard.
- RNs who pass the same national exam as physicians and APRNs should be allowed to practice equally.

3. It expands access, especially in rural and underserved areas

- Many rural areas lack NPs or physicians available to perform DOT exams.
- Allowing qualified RNs to fill this role improves public safety by ensuring drivers can get timely certification.
- Colorado has successfully implemented this with no documented harm.

4. FMCSA credentialing is a federal endorsement of competency

- If the federal government says an RN is qualified to perform these exams after passing their rigorous certification, why would Washington override that?
- It undermines interjurisdictional consistency and workforce efficiency.

5. It reduces unnecessary scope barriers

- Washington already allows RNs to conduct complex assessments in other areas (e.g. hospice, home health, psychiatric intake).
- Allowing FMCSA-certified RNs to perform DOT exams is consistent with safe, incremental scope expansion.



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CONTENTS

Executive Summary	1
Student Engagement Program.....	2
Historical Data.....	2
Over the Years	2
Academic Institutions	3
Degree Types	3
2024-2025 Academic Year	4
Academic Institutions	4
Degree Types	4
Student Hours	5
Student Projects.....	7
Exit Survey	8

Executive Summary

The Washington State Board of Nursing (WABON) protects the public's health and safety by regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners and nursing technicians.

The Research Subcommittee works to improve access and utilization of available data to inform policy decisions, evidence-based regulatory practice, and research. Every year the subcommittee takes on several different projects along with standing annual items including external data requests, the Student Engagement Program, and assisting with the preparation and analysis of data-driven reports. This report summarizes the newly developed Student Engagement Program activities, and accomplishments of the subcommittee related to this program.

Student Engagement Program

The **Student Engagement Program**, run by the Director of Research and supporting staff, is a formal student internship program with the board of nursing (formerly the Nursing Care Quality Assurance Commission, NCQAC). The program runs from Fall to Spring of the academic year with a break for summer. Students can participate in the program for any length of time within the program's start and end dates (September to July) including quarterly, by semester, or for the entire academic year, often aligned with their class schedule.

Onboarding is done through the Department of Health and facilitated by the Director of Research and supporting staff. Students are then introduced to what the board of nursing is, what we do, and why it matters. Typically, students bring projects they have in mind to be conducted, or they will assist with current or ongoing projects within the board of nursing. Students are then paired with a mentor and conduct their project(s) over the course of time they are in the program. Once completed, the students can present their work to the board of nursing staff, subcommittees, panels, or the full board at a scheduled business meeting.

During their time in the program, students' hours, projects, and experiences are cataloged by the board of nursing and included in this annual report.

Historical Data

Students were interning with the board of nursing as early as 2016. By 2022, the internship experience had been developed as the Student Engagement Program. Below is a synopsis of the information gathered since 2016.

Over the Years

Since 2016, the board of nursing has had several students participate in the program. The chart below describes student participation by academic year. The highest number so far being 2019-20.

Year	2016-17	2017-18	2018-19	2019-20*	2020-21	2021-22	2022-23	2023-24	2024-25	Total
# Students	2	5	5	10	6	6	6	4	8	52

**In response to the coronavirus disease 2019 (COVID-19) public health emergency, the board of nursing paused participation in the program to reallocate staff resources to the emergency at hand. The program resumed in January 2020.*

Academic Institutions

Of the many colleges and universities in Washington State, below are the academic institutions that the board of nursing has received students from to date. The majority come from Gonzaga and the University of Washington, Tacoma. As availability allows, the board of nursing looks forward to welcoming more institutions to participate in the program. **Since 2016, the board of nursing has had 52 students participate in the program.**

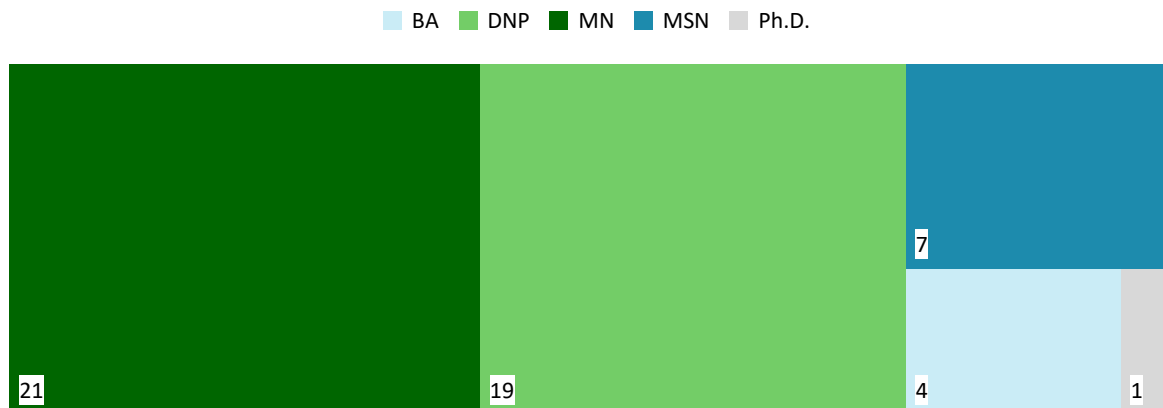
School	Capella	Gonzaga	PLU	Seattle U	SPU	UW - B	UW - S	UW-T	WSU	Liberty U	Boise State U	Total
# Students	2	8	1	3	3	1	8	23	1	1	1	52

Degree Types

Of the 51 students, 3 were pursuing Bachelor of Arts (BA), 15 were Doctorates of Nursing Practice (DNP), 18 were Masters of Nursing (MN), 7 were Masters of Science in Nursing (MSN), and 1 was Ph.D. in Nursing Education.

Degree Type	BA	DNP	MN	MSN	Ph.D.	Total
# Students	4	19	21	7	1	52

Students by Degree Type



All degree types sought by students participating in WABON's student engagement program since 2016

2024-2025 Academic Year

In past years, the Research Subcommittee has worked to improve the Student Engagement Program by developing a onboarding and offboarding process, providing more opportunities for students to present their projects within the board of nursing, highlighting and creating a space for student's completed projects on the board of nursing website, including students' projects and experiences in the Research Subcommittee's annual report, and collecting feedback from students through an exit survey in order to continue to improve the program. This information is included with the running total data below.

Academic Institutions

Since April of 2025, the board of nursing has had **8 students** for the 2024-2025 academic year participating in the program. As availability allows, the board of nursing looks forward to welcoming more institutions and their students to participate in the program.

School	University of Washington - Seattle	University of Washington - Tacoma	Gonzaga	Total
# Students	4	3	1	8

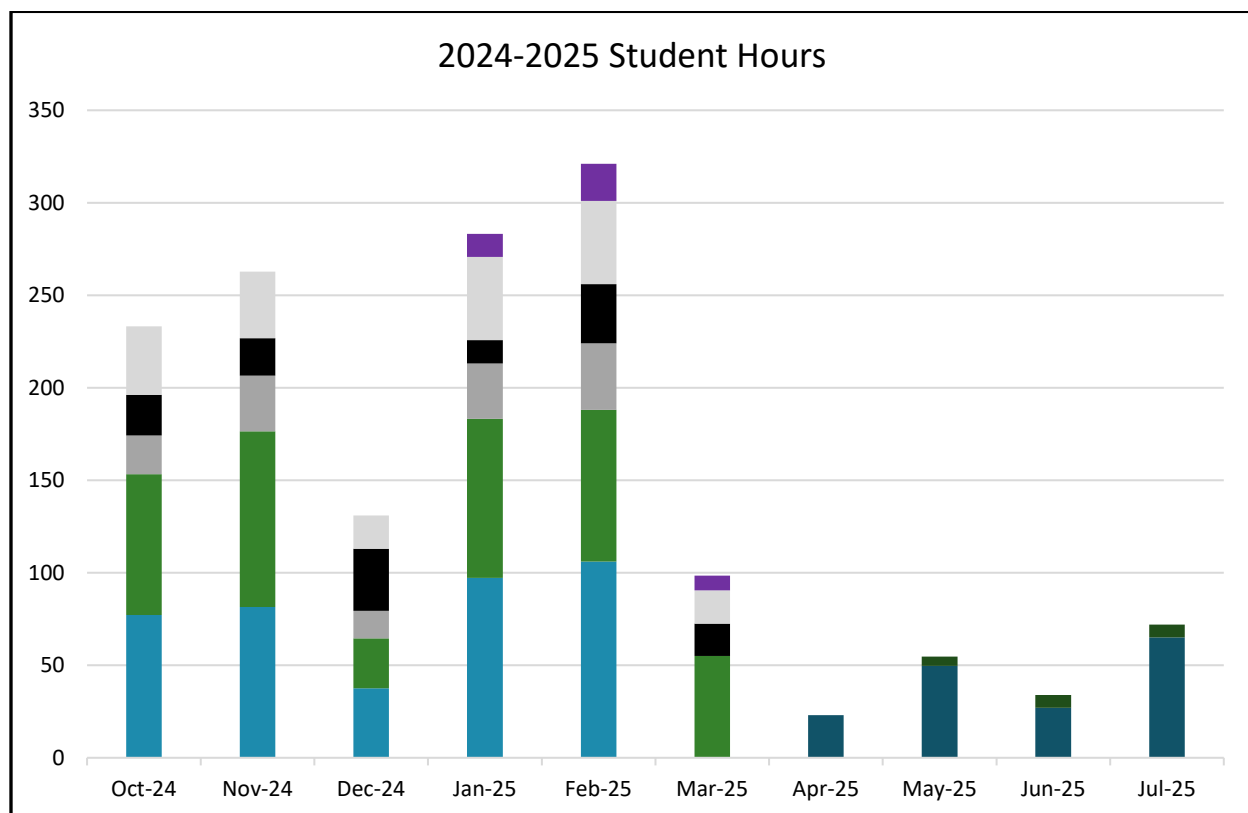
Degree Types

Of the 8 students in the 2024-2025 school year, 4 are pursuing a Doctorate of Nursing Practice (DNP), and 3 are pursuing a Master of Nursing (MN), 1 is pursuing a Bachelor's of Science in Nursing (BSN).

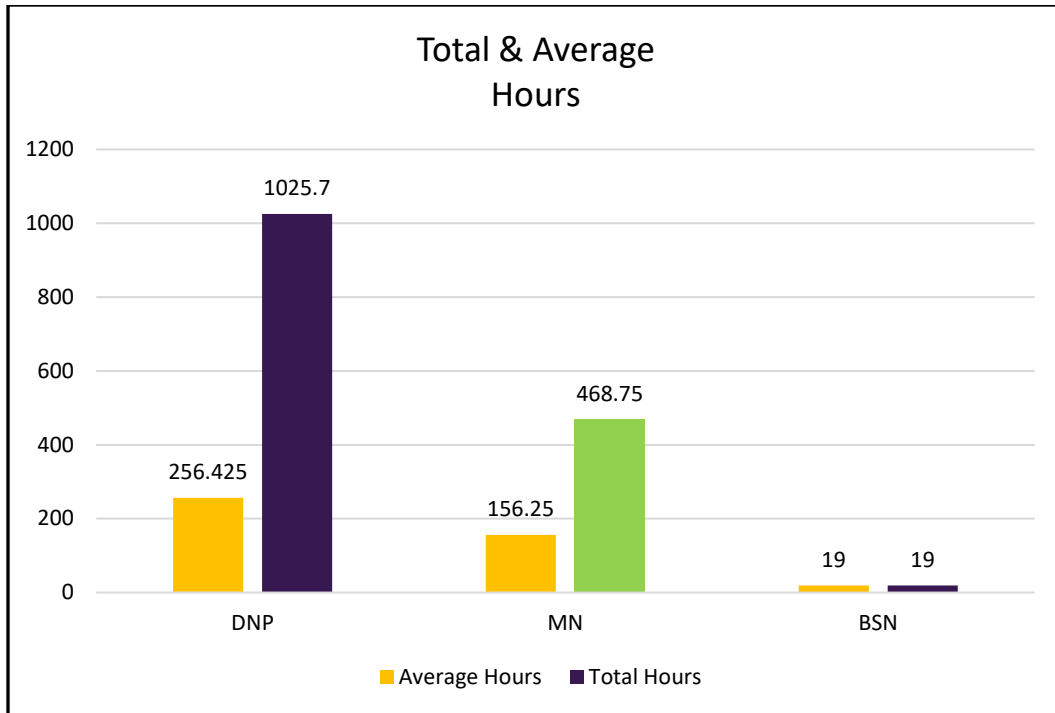
Degree Type	BSN	DNP	MN	MSN	Total
# Students	1	4	3	0	8

Student Hours

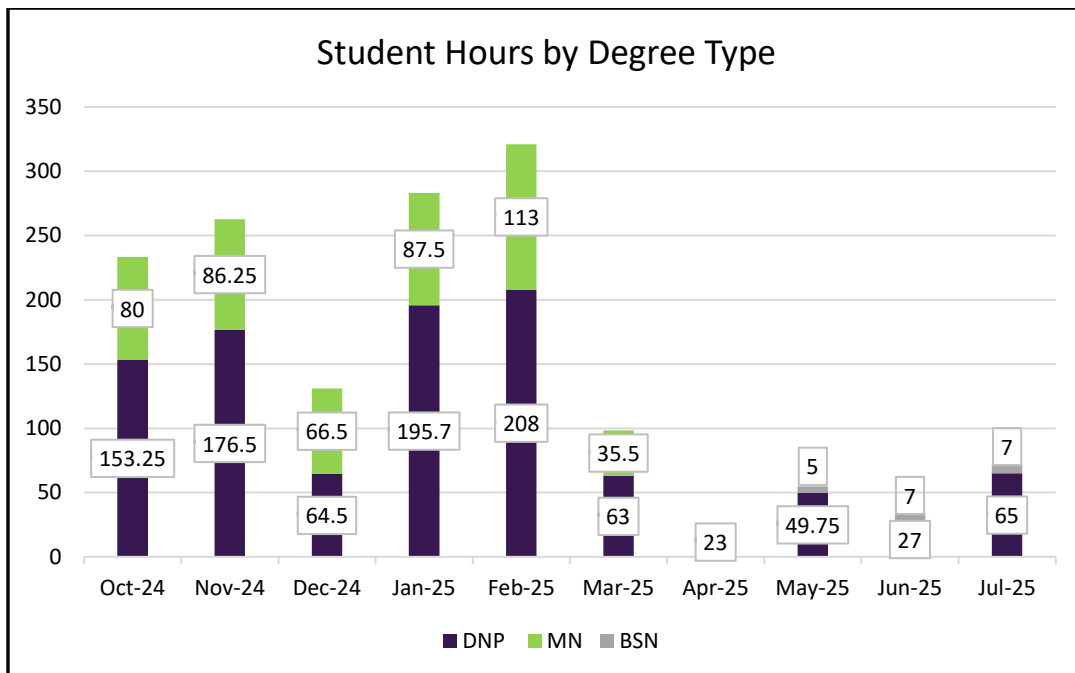
As part of DOH's internship requirements, the board of nursing tracks how many hours each student dedicates to their projects during their time in the program. Hours have been self-reported by students since 2021. Since 2021, a total of 3769 hours of service have been recorded across 19 students. This academic school year students contributed over 1300+ hours. Below is a graph of how many hours each student spent working on their projects each month from the 2024-2025 academic year.



Of the 8 students noted by color above that worked with the board from 2024-2025, students contributed an average of 151 service hours each. The majority of service hours occurred between January-March during the 2024-2025 school year. February 2025 recorded the most service hours of any month during this time. Please note that two students are continuing their work with the board through the summer period; hours collected between August 2025 and June 2026 will be reported on the next annual student engagement report.



Average and Total hours per Degree Type



2024-2025 student hours contributed each month by degree type

Student Projects

In the 2024-2025 academic year, students have developed projects based on their areas of interest in collaboration with their mentor within the board of nursing. This year's students' projects were primarily in:

- Midwifery Workforce Analysis
- English Language Proficiency
- Policy Development
- Bias Free language Models
- Inquiries Analysis and Recommendation
- Education Reform

In the 2023-2024 academic year, students have developed projects based on their areas of interest in collaboration with their mentor within the board of nursing. The 2024 students' projects were primarily in:

- LPN academic progression strategic initiative.
- Trends for use of simulation hours for nursing programs in Washington State.
- Compile, categorize, and analyze practice questions received by WABON.
- Compile, categorize and analyze student incident reports.

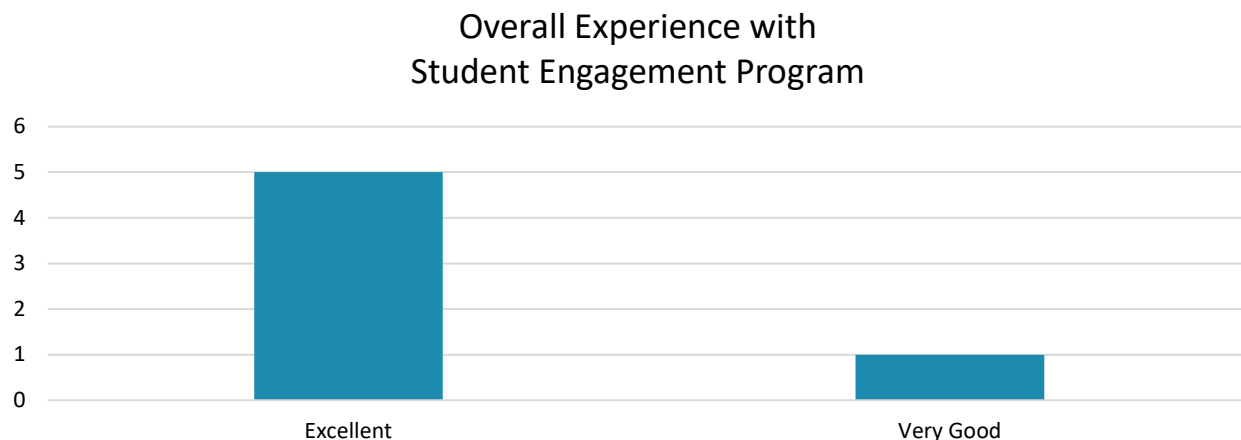
Exit Survey

The Research Subcommittee developed an exit survey as part of the program's offboarding process. Thus far, students from the 2021-2022, 2022-2023, and 2024-2025 academic years have been surveyed. The purpose of the exit survey is to:

- Capture students' work, projects, and accomplishments in their own words
- Determine student satisfaction with the experience
- Enable data-driven improvement strategies
- Identify process strengths and opportunities to improve student experience

Of the 8 students from 2024-2025, 6 completed all questions in the exit survey by the end of May 2025. Results of the exit survey are listed below. Please note that questions 1-13 include personal information and are not included in the results.

- 4/6 students reported developing a better understanding of the regulatory structure of nursing through this experience.
- All students reported that they received orientation, their mentor continually connected their work with the work of the Board of Nursing, and that the experience met their expectations.
- All students said they would recommend the program to other nursing students.
- All students agreed that the experience was flexible and attentive to their objectives. One student had trouble completing the required hours per week.
- "Likes" included: mentorship, supportive staff on collaborative projects, learning more in-depth about bias free language models, and learning regulatory processes.
- "Dislikes" included: unknown final results, assigned tasks without completion date, DEI being paused, wanting more engagement with staff and board members.
- All 6 students would be interested in employment opportunities at the Board of Nursing.



What did you gain (learn) during this experience?

- Data analysis, research focused thinking, presenting on data
- leadership skills and ability to see how the WABON guidance is formulated and how it directs processes and policies of WA state nurses
- learned about WABON's different units/committees and their roles, legislative processes, quality improvement projects, advocacy and community engagement, different communication styles (presentations, etc.), and generally, the role that WABON plays in protecting the health of the public in WA.
- Professional working experience and more research/writing experience
- I gained master's level experience in professional development as a nurse.

What did you find most valuable about the experience?

- The mentorship
- Having an active part in the WABON data collection and decision-making process. making a difference for the state of WA nurses.
- The most valuable aspect of my practicum experience was developing the research poster presentation on the new nursing assistant skills testing process. I learned to work with WABON team members with diverse backgrounds in planning, disseminating, gathering, analyzing, and presenting data on the pilot project.
- The chance to work and learn with WABON
- Policy development experience and interpersonal coordination and workforce/task force inclusion.

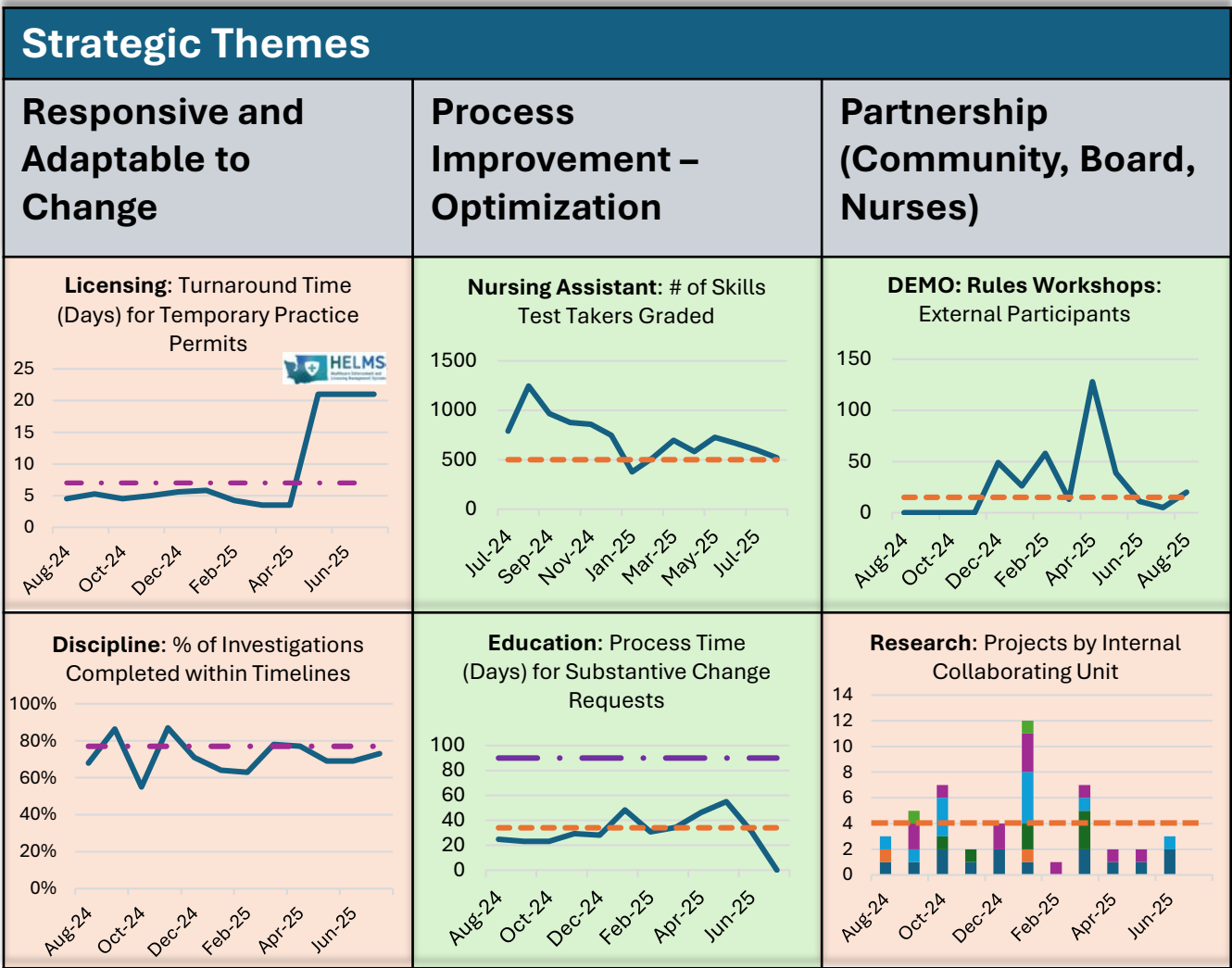
Summary Next Steps



The student engagement program has increased access to student experiences with the board of nursing. Students engage in service learning, working on projects that connect with the work of the board. Student involvement in ongoing projects brings new perspectives to the work of the board and helps health care professionals learn more about nursing regulation.

There are opportunities for improvement of the student experience, informed by feedback through the exit survey. The program and exit survey continue to be revised to address feedback and improve the process.

The Research Subcommittee will continue to gather the information in this report for annual review to ensure the processes remain relevant and maximize the support of student experience and board members and staff.

Performance Measures Scorecard



- Measures have an internal target outcome indicated with an Orange line. - - - - -
- Measures have a target outcome externally benchmarked indicated with a Purple line. - . - . - . - . - . - .
- Green  indicates that outcome has been met, and red  indicates not met.



VII.

Legislation

&

Rules

Update

RCW 18.79.260**Registered nurse—Activities allowed—Delegation of tasks. (Effective until June 30, 2027.)**

(1) A registered nurse under ~~his or her~~their license may perform for compensation nursing care, as that term is usually understood, to individuals with illnesses, injuries, or disabilities.

(2) A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, advanced registered nurse practitioner, or midwife acting within the scope of ~~his or her~~their license, administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of registered nursing practice.

(3) A registered nurse may delegate tasks ~~of nursing care~~ to other individuals where the registered nurse determines that it is in the best interest of the patient and within the nurse's scope of practice. ~~(a)~~ The delegating nurse shall:

(~~a~~i) Determine the competency of the individual to perform the tasks, including verifying certification or documentation where required by rule or law;

(~~b~~ii) Evaluate the stability of the patient and appropriateness of the delegation; and

(~~c~~iii) Supervise the actions of the person performing the delegated task, ~~and~~

(4) Except as authorized in section (7) of this subsection, a registered nurse may not delegate the administration of medications, tasks involving piercing or severing of tissues, or acts that require substantial skill. Acts that require nursing judgment shall never be delegated. (~~iv~~) ~~Delegate only those tasks that are within the registered nurse's scope of practice.~~

~~(b) A registered nurse, working for a home health or hospice agency regulated under chapter 70.127 RCW, may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care.~~

~~(c) Except as authorized in (b) or (e) of this subsection, a registered nurse may not delegate the administration of medications. Except as authorized in (e) or (f) of this subsection, a registered nurse may not delegate acts requiring substantial skill, and may not delegate piercing or severing of tissues. Acts that require nursing judgment shall not be delegated.~~

~~(5d)~~ No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall

not be subject to any employer reprisal or disciplinary action by the ~~*nursing care quality assurance commission~~board for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

~~(e) For delegation in community-based care settings or in-home care settings, a registered nurse may delegate nursing care tasks only to registered or certified nursing assistants under chapter 18.88A RCW or home care aides certified under chapter 18.88B RCW. Simple care tasks such as blood pressure monitoring, personal care service, diabetic insulin device set up, verbal verification of insulin dosage for sight-impaired individuals, or other tasks as defined by the *nursing care quality assurance commission are exempted from this requirement.~~

~~(i) "Community-based care settings" includes: Community residential programs for people with developmental disabilities, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and assisted living facilities licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.~~

~~(ii) "In-home care settings" include an individual's place of temporary or permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings as defined in (e)(i) of this subsection.~~

~~(iii) Delegation of nursing care tasks in community-based care settings and in-home care settings is only allowed for individuals who have a stable and predictable condition. "Stable and predictable condition" means a situation in which the individual's clinical and behavioral status is known and does not require the frequent presence and evaluation of a registered nurse.~~

~~(iv) The determination of the appropriateness of delegation of a nursing task is at the discretion of the registered nurse. Other than delegation of the administration of insulin by injection for the purpose of caring for individuals with diabetes, the administration of medications by injection, sterile procedures, and central line maintenance may never be delegated.~~

~~(v) When delegating insulin injections under this section, the registered nurse delegator must instruct the individual regarding proper injection procedures and the use of insulin, demonstrate proper injection procedures, and must supervise and evaluate the individual performing the delegated task as required by the *commission by rule. If the registered nurse delegator determines that the individual is competent to perform the injection properly and safely, supervision and evaluation shall occur at an interval determined by the *commission by rule.~~

~~(vi)(A) The registered nurse shall verify that the nursing assistant or home care aide, as the case may be, has completed the required core nurse delegation training required in chapter 18.88A or 18.88B RCW prior to authorizing delegation.~~

~~(B) Before commencing any specific nursing tasks authorized to be delegated in this section, a home care aide must be certified pursuant to chapter 18.88B RCW and must comply with RCW 18.88B.070.~~

~~(6vii)~~ The nurse is accountable for ~~his or her~~their own individual actions in the delegation process. Nurses acting within ~~the protocols of~~ their delegation authority are immune from liability for any action performed in the course of their delegation duties.

~~(7) If trained and delegated the task by a nurse, a nursing assistant-certified or home care aide, licensed under RCW 18.88A and RCW 18.88B respectively, may administer medications, including those that pierce the skin through subcutaneous injections, and may perform capillary blood sticks.~~

~~(8viii)~~ Nursing task delegation protocols are not intended to regulate the settings in which delegation may occur, but are intended to ensure that nursing care services have a consistent standard of practice upon which the public and the profession may rely, and to safeguard the authority of the nurse to make independent professional decisions regarding the delegation of a task.

~~(9) Education and training provided by a registered nurse to a caregiver who is a parent, guardian, or family member who is designated to provide care for a patient is not considered delegation of nursing care tasks.~~

~~(f) The delegation of nursing care tasks only to registered or certified nursing assistants under chapter 18.88A RCW or to home care aides certified under chapter 18.88B RCW may include glucose monitoring and testing.~~

~~(10g)~~ The ~~*nursing care quality assurance commission~~board may adopt rules to implement this section.

~~(a) By January 1, 2028, the board shall adopt rules to address appropriate delegation parameters.~~

~~(4) Only a person licensed as a registered nurse may instruct nurses in technical subjects pertaining to nursing.~~

~~(5) Only a person licensed as a registered nurse may hold herself or himself out to the public or designate herself or himself as a registered nu~~

RCW 18.88A.210

Delegation—Basic and specialized nurse delegation training requirements.

(1) A nursing assistant ~~meeting the requirements of this section who provides care to individuals in community-based care settings or in-home care settings, as defined in RCW 18.79.260(3),~~ may accept delegation of nursing care tasks by a ~~registered~~ nurse as provided in RCW 18.79.260~~(3)~~.

~~(2) Nursing assistants are accountable for their own individual actions in the delegation process. Nursing assistants accurately following delegation instructions from a nurse are immune from liability regarding the performance of the delegated duties.~~

~~(2) For the purposes of this section, "nursing assistant" means a nursing assistant-registered or a nursing assistant-certified. Nothing in this section may be construed to affect the authority of nurses to delegate nursing tasks to other persons, including licensed practical nurses, as authorized by law.~~

~~(3)(a) Before commencing any specific nursing care tasks authorized under this chapter, the nursing assistant must (i) provide to the delegating nurse a certificate of completion issued by the department of social and health services indicating the completion of basic core nurse delegation training, (ii) be regulated by the department of health pursuant to this chapter, subject to the uniform disciplinary act under chapter 18.130 RCW, and (iii) meet any additional training requirements identified by the *nursing care quality assurance commission. Exceptions to these training requirements must adhere to RCW 18.79.260(3)(e)(vi).~~

~~(b) In addition to meeting the requirements of (a) of this subsection, before commencing the care of individuals with diabetes that involves administration of insulin by injection, the nursing assistant must provide to the delegating nurse a certificate of completion issued by the department of social and health services indicating completion of specialized diabetes nurse delegation training. The training must include, but is not limited to, instruction regarding diabetes, insulin, sliding scale insulin orders, and proper injection procedures.~~

RCW 18.88A.230

Delegation—Liability—Reprisal or disciplinary action.

(1) ~~N~~~~The~~ nursing assistants shall be accountable for their own individual actions in the delegation process. Nursing assistants following ~~written~~ delegation instructions from ~~registered~~ nurses performed in the course of their accurately written, delegated duties shall be immune from liability.

(2) Nursing assistants shall not be subject to:

~~(a) A~~ any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing task based on patient safety issues. No ~~facility or~~

~~employercommunity-based care setting as defined in RCW 18.79.260(3)(e), or in-home services agency as defined in RCW 70.127.010~~, may discriminate or retaliate in any manner against a person because the person made a complaint or cooperated in the investigation of a complaint.

~~(b) Liability, reprisal, or disciplinary action when administering medications in an emergency response situation if the patient has a prescribed and available medication for that specific type of emergency event.~~

RCW 18.88B.070

Nurse delegated tasks.

(1) The legislature recognizes that nurses have been successfully delegating nursing care tasks to family members and others for many years. The opportunity for a nurse to delegate nursing care tasks to home care aides certified under this chapter may enhance the viability and quality of health care services in community-based care settings and in-home care settings to allow individuals to live as independently as possible with maximum safeguards.

(2)~~(a)~~ A certified home care aide who wishes to perform a nurse delegated task pursuant to RCW 18.79.260 must complete nurse delegation core training under chapter 18.88A RCW before the home care aide may be delegated a nursing care task by a registered nurse delegator. ~~Before administering insulin, a home care aide must also complete the specialized diabetes nurse delegation training under chapter 18.88A RCW. Before commencing any specific nursing care tasks authorized under RCW 18.79.260, the home care aide must:~~

~~(i) Provide to the delegating nurse a transcript or certificate of successful completion of training issued by an approved instructor or approved training entity indicating the completion of basic core nurse delegation training; and~~

~~(ii) Meet any additional training requirements mandated by the *nursing care quality assurance commission. Any exception to these training requirements is subject to RCW 18.79.260(3)(e)(vi).~~

~~(b) In addition to meeting the requirements of (a) of this subsection, before providing delegated nursing care tasks that involve administration of insulin by injection to individuals with diabetes, the home care aide must provide to the delegating nurse a transcript or certificate of successful completion of training issued by an approved instructor or approved training entity indicating completion of specialized diabetes nurse~~

~~delegation training. The training must include, but is not limited to, instruction regarding diabetes, insulin, sliding scale insulin orders, and proper injection procedures.~~

(3) ~~The h~~Home care aides ~~are is~~ accountable for ~~his or her~~their own individual actions in the delegation process. Home care aides accurately following ~~written~~ delegation instructions from a ~~registered~~ nurse are immune from liability regarding the performance of the delegated duties.

(4) Home care aides ~~shall are~~ not ~~be~~ subject to:

(a) ~~A~~any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing care task based on ~~his or her~~their concerns about patient safety issues. No ~~provider of a community-based care setting as defined in RCW 18.79.260, or in-home services agency as defined in RCW 70.127.010~~facility or employer, may discriminate or retaliate in any manner against a person because the person made a complaint about the nurse delegation process or cooperated in the investigation of the complaint.

(b) Liability, reprisal, or disciplinary action when administering medications in an emergency response situation if the patient has a prescribed and available medication for that specific type of emergency event.

RCW 70.127.010

Definitions.

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Administrator" means an individual responsible for managing the operation of an agency.

(2) "Department" means the department of health.

(3) "Director of clinical services" means an individual responsible for nursing, therapy, nutritional, social, and related services that support the plan of care provided by in-home health and hospice agencies.

(4) "Family" means individuals who are important to, and designated by, the patient or client and who need not be relatives.

(5) "Home care agency" means a person administering or providing home care services directly or through a contract arrangement to individuals in places of temporary or permanent residence. A home care agency ~~that provides where nurses~~ delegated tasks of nursing under RCW 18.79.260 ~~(3)(e) are is~~ not considered a home health agency for the purposes of this chapter.

(6) "Home care services" means nonmedical services and assistance provided to ill, disabled, or vulnerable individuals that enable them to remain in their residences. Home care services include, but are not limited to: Personal care such as assistance with dressing, feeding, and personal hygiene to facilitate self-care; homemaker assistance with household tasks, such as housekeeping, shopping, meal planning and preparation, and transportation; respite care assistance and support provided to the family; or other nonmedical services or delegated tasks of nursing under RCW 18.79.260~~(3)(e)~~.

(7) "Home health agency" means a person administering or providing two or more home health services directly or through a contract arrangement to individuals in places of temporary or permanent residence. A person administering or providing nursing services only may elect to be designated a home health agency for purposes of licensure.

(8) "Home health services" means services provided to ill, disabled, or vulnerable individuals. These services include but are not limited to nursing services, home health aide services, physical therapy services, occupational therapy services, speech therapy services, respiratory therapy services, nutritional services, medical social services, and home medical supplies or equipment services.

(9) "Home health aide services" means services provided by a home health agency or a hospice agency under the supervision of a registered nurse, physical therapist, occupational therapist, or speech therapist who is employed by or under contract to a home health or hospice agency. Such care includes ambulation and exercise, assistance with self-administered medications, reporting changes in patients' conditions and needs, completing appropriate records, and personal care or homemaker services.

(10) "Home medical supplies" or "equipment services" means diagnostic, treatment, and monitoring equipment and supplies provided for the direct care of individuals within a plan of care.

(11) "Hospice agency" means a person administering or providing hospice services directly or through a contract arrangement to individuals in places of temporary or permanent residence under the direction of an interdisciplinary team composed of at least a nurse, social worker, physician, spiritual counselor, and a volunteer.

(12) "Hospice care center" means a homelike, noninstitutional facility where hospice services are provided, and that meets the requirements for operation under RCW 70.127.280.

(13) "Hospice services" means symptom and pain management provided to a terminally ill individual, and emotional, spiritual, and bereavement support for the individual and family in a place of temporary or permanent residence, and may include the provision of home health and home care services for the terminally ill individual.

(14) "Immediate jeopardy" means a situation in which the in-home services agency's noncompliance with one or more statutory or regulatory requirements has placed the

health and safety of patients in its care at risk for serious injury, serious harm, serious impairment, or death.

(15) "In-home services agency" means a person licensed to administer or provide home health, home care, hospice services, or hospice care center services directly or through a contract arrangement to individuals in a place of temporary or permanent residence.

(16) "Person" means any individual, business, firm, partnership, corporation, company, association, joint stock association, public or private agency or organization, or the legal successor thereof that employs or contracts with two or more individuals.

(17) "Plan of care" means a written document based on assessment of individual needs that identifies services to meet these needs.

(18) "Quality improvement" means reviewing and evaluating appropriateness and effectiveness of services provided under this chapter.

(19) "Service area" means the geographic area in which the department has given prior approval to a licensee to provide home health, hospice, or home care services.

(20) "Social worker" means a person with a degree from a social work educational program accredited and approved as provided in RCW 18.320.010 or who meets qualifications provided in 42 C.F.R. Sec. 418.114 as it existed on January 1, 2012.

(21) "Survey" means an inspection conducted by the department to evaluate and monitor an agency's compliance with this chapter.



Washington State Board of Nursing

2026 LEGISLATIVE PRIORITIES

Nurse Delegation

WABON Request Legislation

Amend RCW 18.79.260 to improve clarity and flexibility, reduce barriers to access, and eliminate regulatory inconsistency.

Mental Health Support for Healthcare Providers

Expand access to mental health services for healthcare workers by funding wellness programs, reducing stigma, and creating confidential, on-demand support.

Advanced Practice Reimbursement Parity

Support insurance reimbursement for ARNPs and physician assistants at the same rate as physicians.

Workforce Retention

- Promote nurse wellness programs
- Invest in expanding and maintaining access to substance use treatment programs
- Prevent healthcare workplace violence
- Subsidize nursing faculty salaries to reduce disparities across the industry, stabilize, retain, and recruit diverse nursing faculty

Continue to Build the Nursing Workforce

- Build new pipelines of entry to nursing
- Reduce barriers to nursing education and careers
- Identify and test new models of care delivery
- Align academia and practice to support new nurse transition
- Advance diversity of the nursing workforce and nursing faculty

WABON Business Meeting
September 12, 2025

WHO WE ARE



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	Nursing Assistant	Amendments to: Sections in Chapter 246-841A WAC	<p>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.</p> <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>WSR: 24-20-087 Filed: 9/27/2024 Withdrawn:</p> <p>New WSR: 25-05-087 Filed: 2/18/2024</p> <p>Note: The board approved rulemaking on 1/10/2025.</p>	<p>4/11/2025 4/17/2025 4/25/2025 4/30/2025 5/16/2025 (Skills Testing) 5/30/2025 (Skills Testing) 6/27/2025 (Skills Testing) 7/21/2025 (SB 5051 Additions) 7/31/2025 (SB 5051 Additions)</p> <p>Additional workshops will be held in Fall 2025.</p>			

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			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.					
2	Phase 1 of Chapter Rewrite: RN and LPN Licensing and Continuing Competency	Amendments to: WAC 246-840-015 through 246-840-260	<p>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.</p> <p>The purpose of this rulemaking is to:</p> <ul style="list-style-type: none"> clarify, update, and restructure language as necessary, as part of the Board's 5-year formal rule review process in accordance with RCW 43.70.041 simplify regulations for multistate licensure applicants reduce barriers for applicants educated outside the U.S. explore limiting NCLEX attempts before remediation address any potential impacts resulting from relevant bills passed in the 2025 legislative session 	<p>WSR: 24-24-011 Filed: 11/21/2024</p> <p>Note: The board approved rulemaking on 9/13/2024.</p>	<p>2/6/2025 2/10/2025 2/13/2025 2/21/2025 2/25/2025 3/21/2025 4/04/2025</p> <p>Draft language was approved on the 5/9/2025.</p>	In progress		
3	Phase 2 of Chapter Rewrite: Advanced Practice and Pain Management	Amendments to: WAC 246-840-010 and WAC 246-840-300 through 246-840-4990	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	<p>WSR: 25-15-033 Filed: 7/8/2025</p> <p>Note: The board approved rulemaking on 9/13/2024.</p>				

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			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
	None at this time.		

RECENTLY FILED RULES

#	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	Nurse Administrator Requirements	Amendments to: WAC 246-840-517	Education and experience requirements for nurse administrators of baccalaureate nursing education programs in Washington state, amending WAC 246-840-517 and other related sections in chapter 246-840 WAC. The board is considering amendments to education and experience requirements for nurse administrators of baccalaureate nursing education programs in response to Engrossed Second Substitute Senate Bill (ESSSB) 5582 (Chapter 126, Laws of 2023) codified as RCW 18.79.150.	WSR: 24-21-151 Filed: 10/22/2024 Note: The board approved rulemaking on 5/12/2023.	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	WSR: 25-12-079 Filed: 6/2/2025	7/11/2025	WSR: 25-17-091 Filed 8/20/2025 Effective: 9/20/2025
2	ARNP Education Requirements for Licensure	Amendments to: WAC 246-840-010 WAC 246-840-340 WAC 246-840-342	On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board: (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. 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.	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
3	Nursing Fee Rule Corrections (Secretary Authority) Expedited Rule	WAC 246-840-990	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).			WSR:24-14-126 File: 24-14-126		WSR: 24-21-150 Filed: 10/22/2024 Effective: 11/22/2024

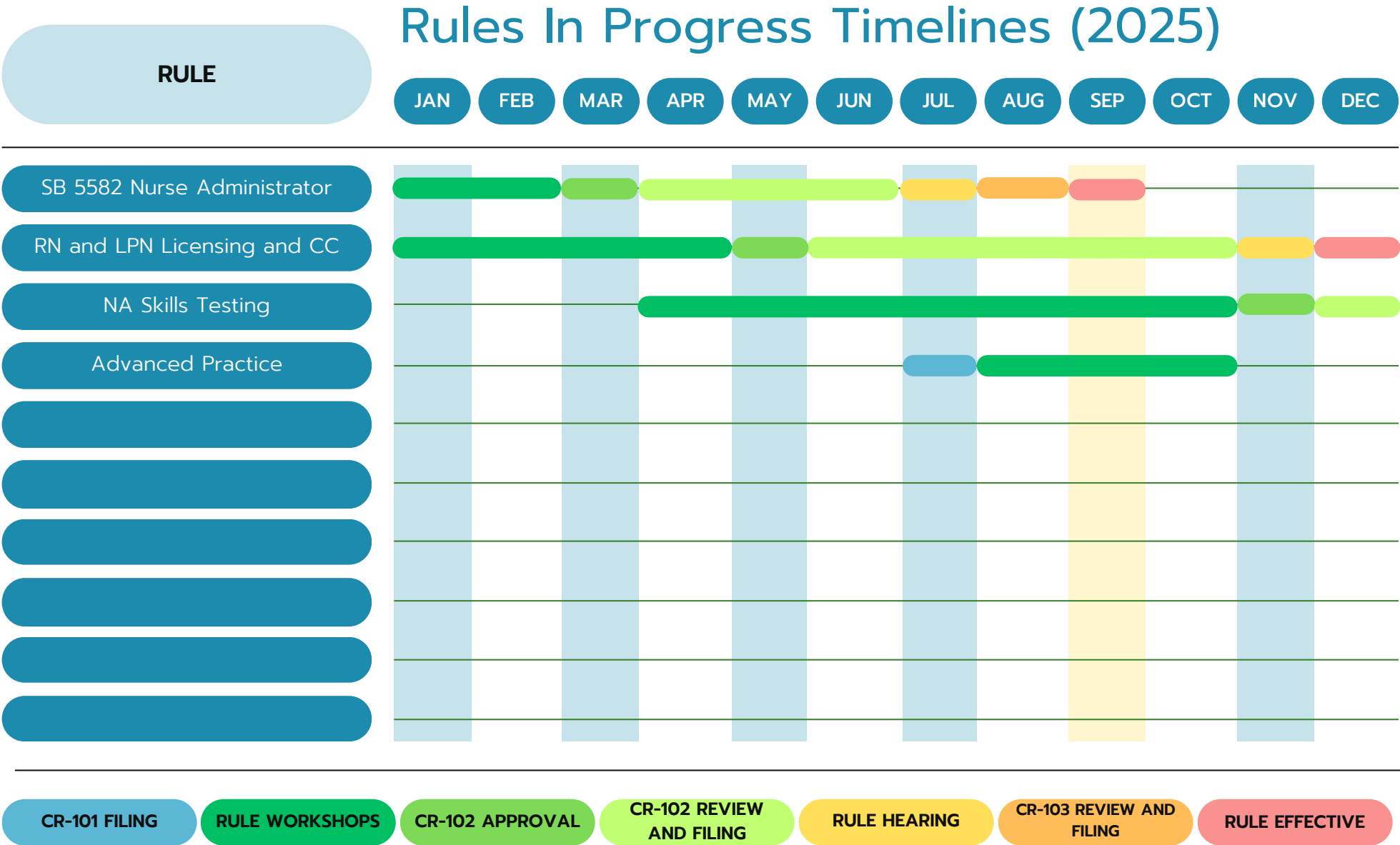
#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/ EMERGENCY
			However, it was discovered that the fee totals for retired active and inactive licenses in WAC 246-840-990 were incorrect and 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.					
4	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
5	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"> 1. 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. 2. 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
6	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

#	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	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
8	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	WSR: 24-03-055 Filed: 1/11/2024 Effective: 2/11/2024
9	Multistate License Fee	Amendments to: WAC 246-840-990	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.	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	WSR: 24-02-057 File: 12/28/2023 Effective: 1/31/2024

#	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
10	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> <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>	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>
11	Nursing Assistants and NAC Training Program Standards	Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary.	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	WSR: 21-05-021 Filed: 2/8/2021	October 2022 through February 2023.	WSR: 23-15-091 Filed: 7/18/2023 Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See	8/30/2023	<p>WSR: 23-20-117 Filed: 10/3/2023</p> <p>Effective: 11/3/2023</p>

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/ EMERGENCY
		Chapter 246-842 WAC (repealing)	will also result in standardizing scope of practice across work settings.			#2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business		
12	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
13	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
14	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
15	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
16	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
17	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	WSR: 21-23-053 Filed: 11/10/2021	Held by Dept.	WSR: 22-10-104 Filed: 5/4/2022	6/13/2022	WSR: 22-15-074 Filed: 7/18/2022 Effective: 12/1/2023

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





VIII.

Education

Session

Trauma-Informed Nursing

Education and Neurodiversity

Panel Discussion



Trauma-Informed Nursing Education and Neurodiversity Panel Discussion

Kara LaValley, PhD, MN, RN: Robert Wood Johnson Future of Nursing Scholar, Dean of Nursing and Healthcare Studies, Green River College

[Trauma-informed pedagogy in nursing: A participatory action research exploration of individual and system approaches for increasing resilience - ScienceDirect](#)

Najood Azar, PhD, RN and Asma Taha, PhD, RN: Associate Professors, California State University, Fullerton

Full text available via HealWA:

[10.1097/01.NAJ.0001094684.03544.03](#)

James White, BSc (Health Studies), diploma Social Policy and Psychopharmacology; Master's student, School of Applied Social Studies, University College Cork, Ireland

[Neurodiversity & nursing: Reflection of a final year general nursing student - ScienceDirect](#)



IX.

Public

Comment



X.

Education

Report

Nursing Assistant Education Updates

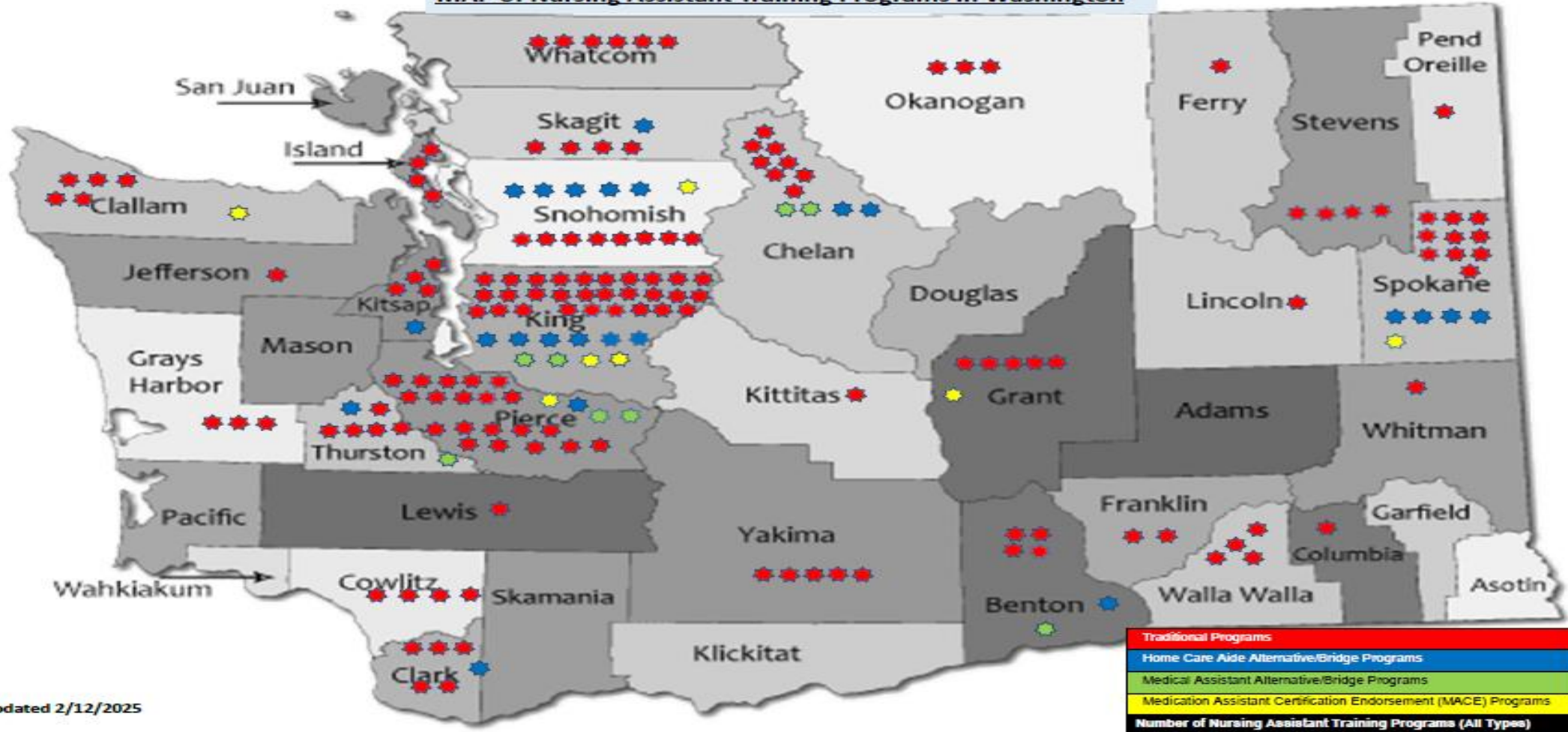
Reuben Argel, MBA, BSN, RN Program Director

Christine Tran, BA Program Specialist

www.nursing.wa.gov

Approved Nursing Assistant Certification Programs in Washington State

MAP of Nursing Assistant Training Programs in Washington



Updated 2/12/2025

Introducing a new way to do the NAC written exam:



Background:

Nursing Assistant written exam current requirements:

- Individual computer meeting technical specifications, equipped with a camera
- Isolated room
- Cell phone with camera
- Online proctor is required, which can cause testing delays.
- Limitations: Not always accessible or practical for candidates to own a computer meeting these requirements or having the isolated testing space.

Washington State Board of Nursing
8/28/2025

Introducing a new way to do the NAC written exam:



Pilot Model (Computer Lab Setting):

- NAC Training Programs can proctor for the written exam in a computer lab setting.
- Multiple students can take the written exam at the same time with no online proctor.

Testing vendor Credentia went on to two program site visits to test out the new pilot.

Launching early September.

NAC Skills Exam Data: Quarterly Data

Quarter 1: Nov 2024 - Feb 2025

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

Quarter 2: Mar 2025 – June 2025

Programs:	Test Takers	Passed	Pass Rate
Pilot Programs	1856	1683	91%
Non-Pilot Programs	2233	1897	85%

NAC Skills Exam Data and Credentialing Updates

March 2025 – June 2025

Testing Method:	Total Test Takers:	# Passed:	Pass Rate:
Traditional:	1881	1665	89%
Pilot:	1422	1346	95%
Regional Test Candidates:	786	569	72%

Skills Exam News:

- Starting on October 1st 2025, all programs who want to participate in skills testing will be required to do the pilot.

Credentialing Timeframes :

- Nursing Assistant Registered (NAR): To Updated During Brief
- Nursing Assistant Certified (NAC): To Updated During Brief

Student Feedback Nursing Assistant Common Curriculum

Amy Murray, MSN, RN
Nurse Consultant

Ella Marie Renon
Workforce Pathway Summer Student Intern
BS Public Health (Graduating in June 2026)
University of Washington

WABON NA Education Team received 154 student responses to the feedback survey

- Students responded to questions that helped us gauge how students felt about the common curriculum
- The survey contained Likert Scale and open response questions that allowed WABON to investigate areas that need improvement and what worked for students
- They were asked about:
 - The course materials and its usefulness in understanding the skills needed to treat a patient in basic nursing care
 - The ability to navigate and use course materials
 - Usefulness of the activities

Likert-Scale responses showed that Students' experience with the common curriculum was mainly positive!

- 90% of students who filled out the survey agreed that the course materials helped them understand the importance of treating the whole person as a CNA
- 82% of the students who filled out the survey felt that the layout of the course materials were useful, easy to navigate, and engaging
- 84% of the students who filled out the survey felt that the layout of the course materials were useful, easy to navigate, and engaging

The open response questions had given us a more in depth understanding of how students viewed the common curriculum

Positive responses:

- Materials were easy to read
- Students appreciated how the materials emphasized the needs of the whole patient
- The Hands-on approach to skills and practice was greatly appreciated
- In person engagement with staff and fellow students were helpful

Negative responses:

- Some content seemed repetitive and long (videos and pyramid activities specifically)
- There needs to be better organization of the student guide and course materials
- Communication was not consistent between different staff
- Not enough hands-on practice opportunities

Spreading Our Passion



**NCSBN ANNUAL CONFERENCE
CHICAGO, ILLINOIS
AUGUST 2025**

QUESTIONS??

NA Education Team

Reuben, Amy, Sandra, Eunice, Christine, Alana
Ella and Baerajouwkw



XI.

Board Pay

Summary

Review



Board Pay Summary

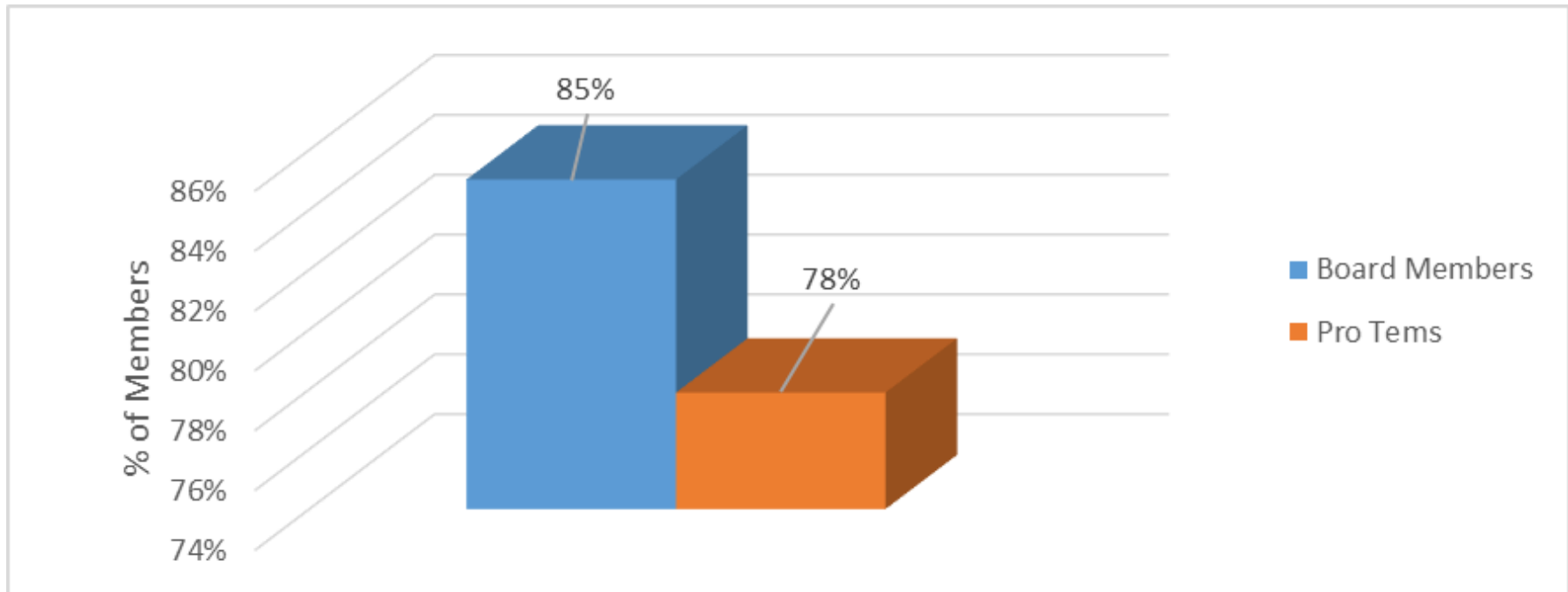
FY 24-25

WABON Business Meeting
September 12, 2025

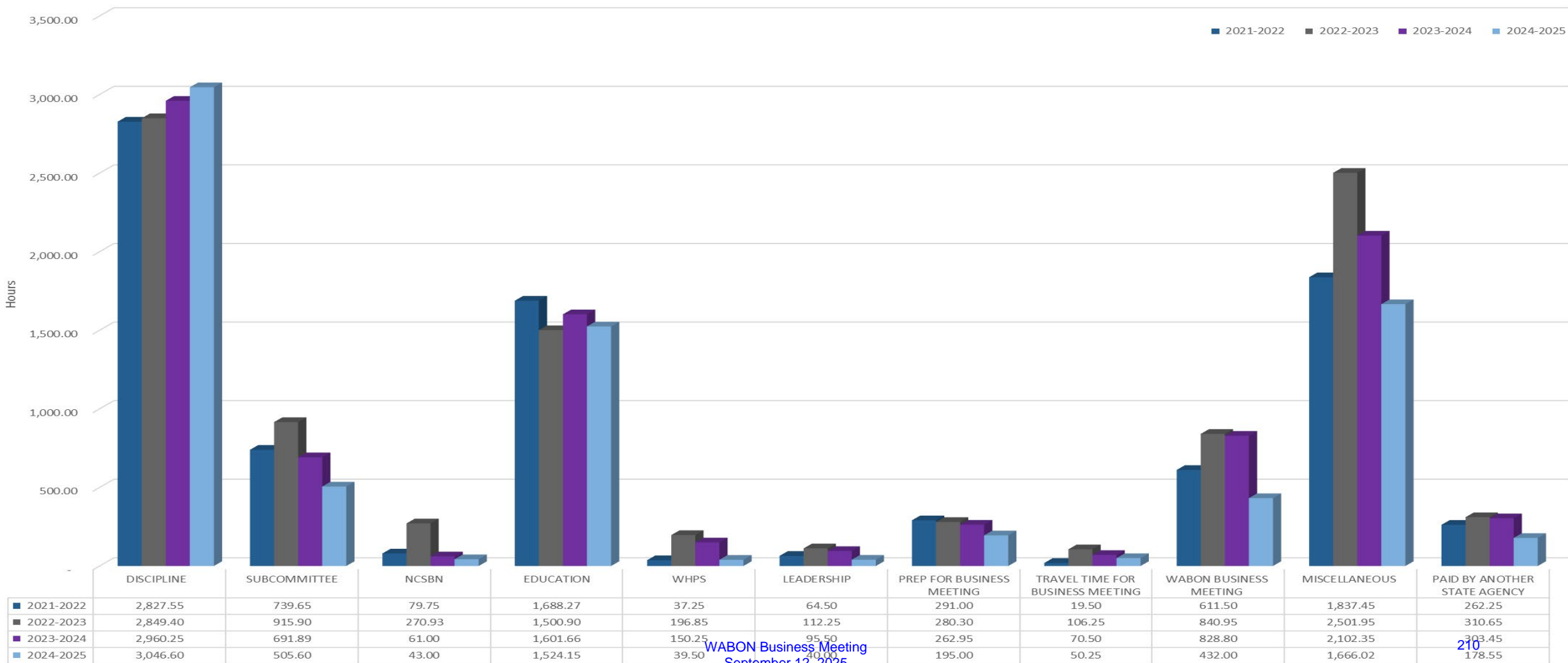


Board Hours Response Rates

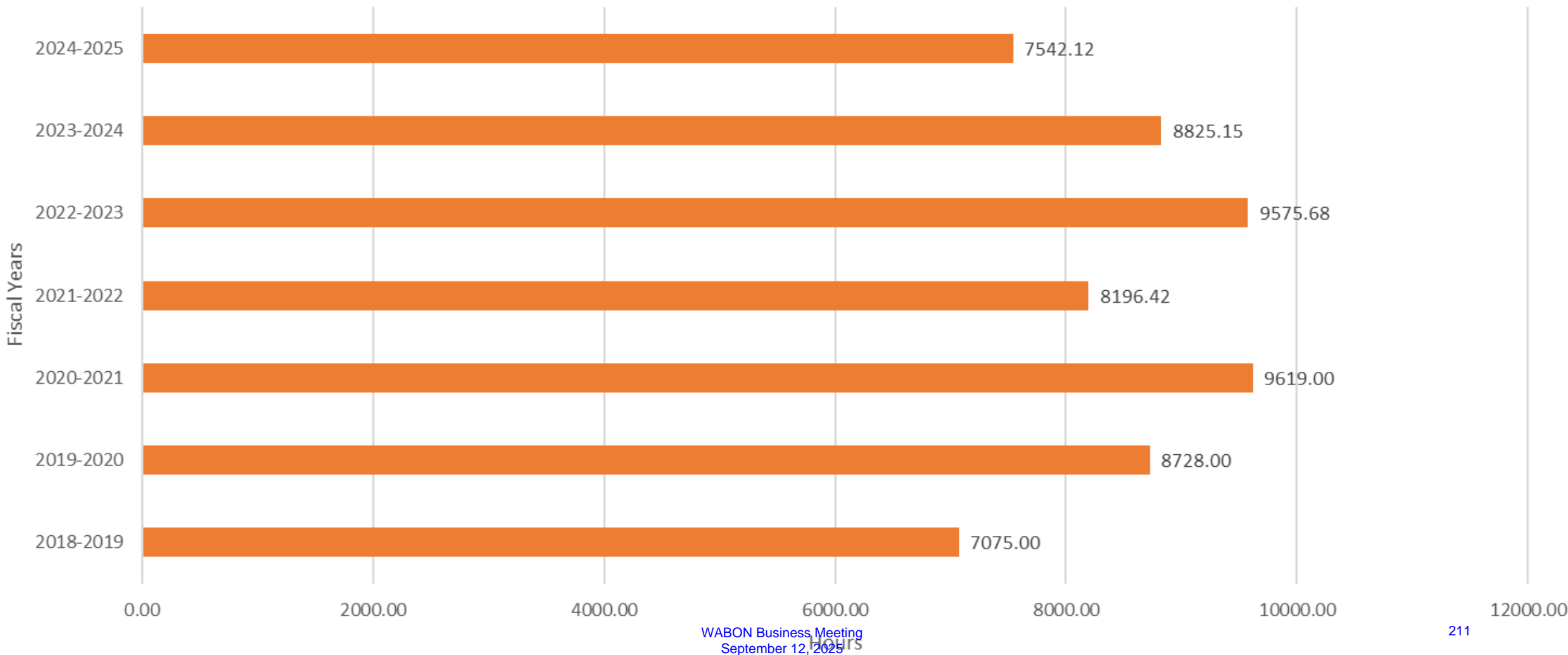
Average by Month



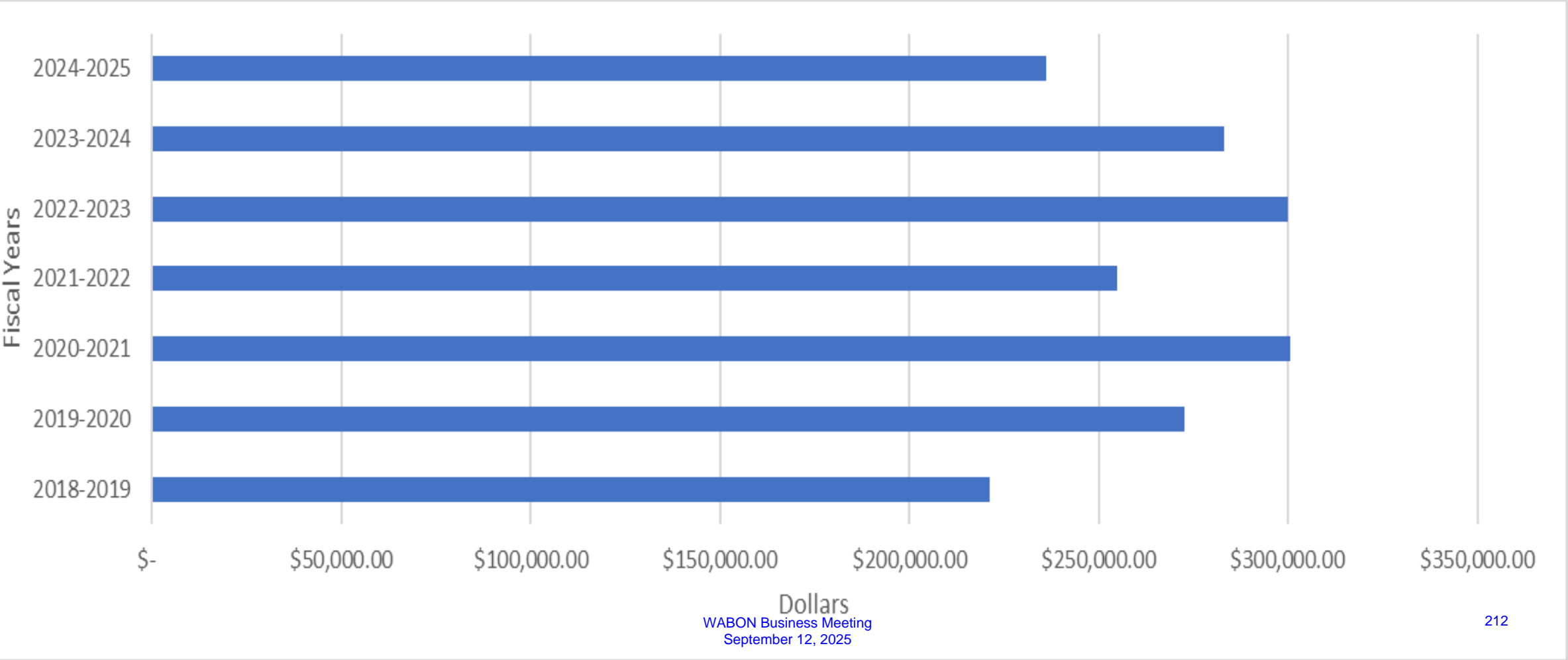
Comparison of Hours by Year



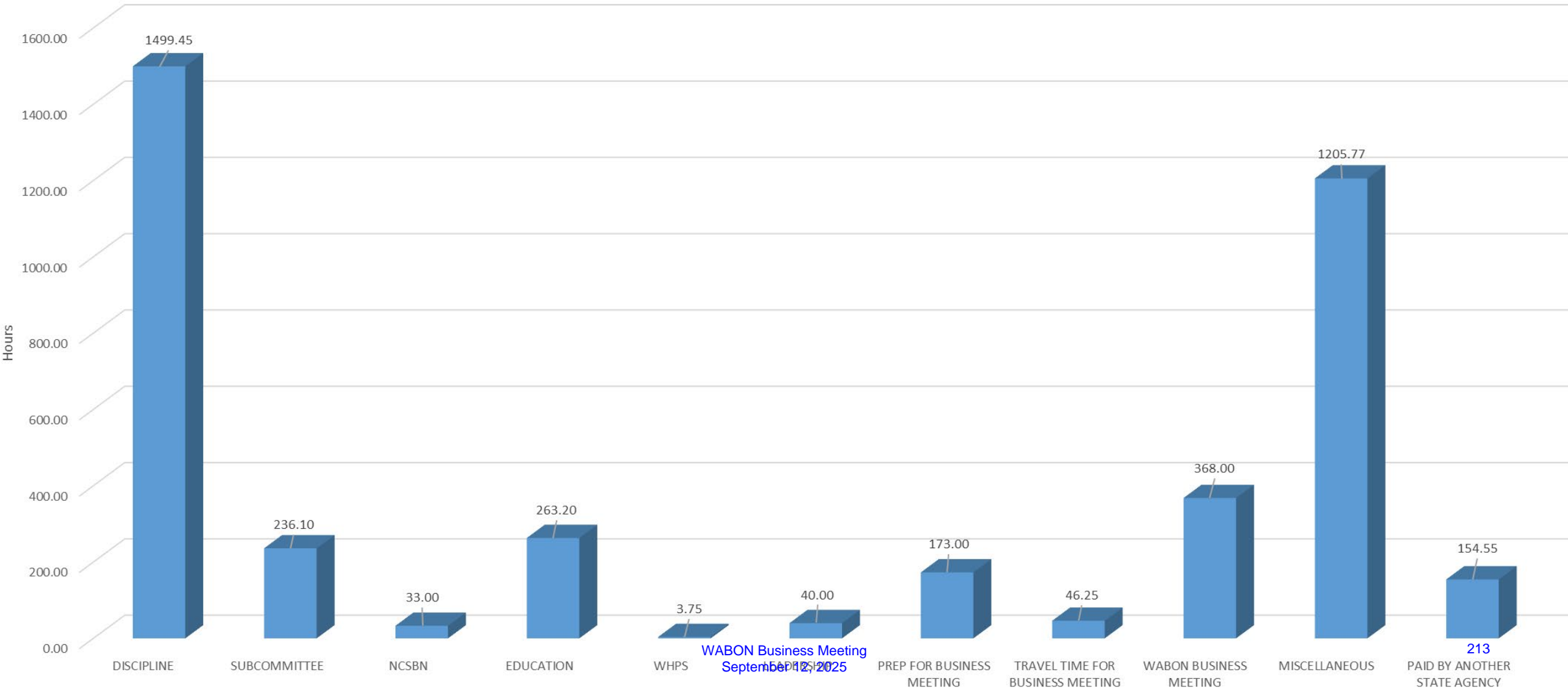
Total Hours Worked – By Year



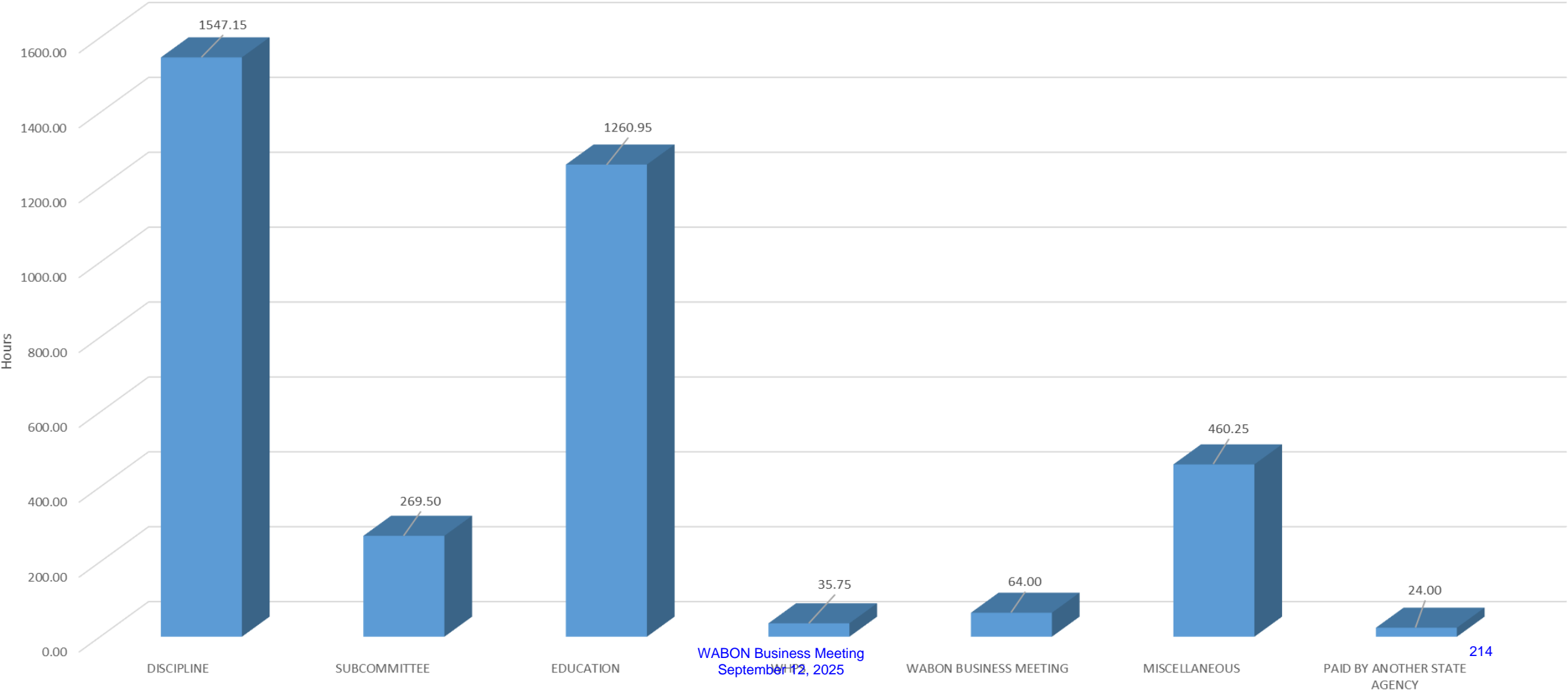
Total Board Pay – By Year



Total Hours by Category – Board Members



Total Hours by Category – Pro Tems



Total Hours Per Month – Comparison

Average Hours

