



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC) Agenda
December 2, 2025, 12:00 p.m. to 1:30 p.m.

Join the Meeting on ZOOM

From your computer, tablet, or smartphone

United States: +1 (253) 205-0468 Meeting ID: 817 0582 5238

Committee Members:	Ella Guilford, MSN, M.Ed., BSN, RN, Member, Chair Quiana Daniels, BSN, RN, LPN, Member Heleena Hufnagel, MBA-HCA, BS, Member Tiffany Randich, RN, LPN, Pro Tem Tamara Green, BA, RN, PMH, Pro Tem
Staff Members:	Shana Johnny, DNP, RN, Nursing Practice Consultant Seana Reichold, JD, BSN, Staff Attorney Luis Cisneros, JD, Staff Attorney Deborah Carlson, MSN, RN, Nursing Practice Director

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, November 20, 2025.

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

Deaf or hard of hearing customers:

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

Meeting Minutes:

WABON records meetings to help write accurate minutes. Minutes are approved at the WABON business meeting. WABON posts minutes on our website [Meetings | WABON](#). All minutes and recordings are public records. They are available on request from the Department of Health (DOH) at [Public Records | WA DOH](#).



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC) Agenda
December 2, 2025, 12:00 p.m. to 1:30 p.m.

- I. Opening – Ella Guilford, Chair**
- II. Call to Order – Ella Guilford**
 - A. Public Disclosure Statement
 - B. Introductions of Members, Staff, and Public: Ella Guilford/Shana Johnny
- III. Standing Agenda Items**
 - A. Announcements, Hot Topics, WABON Business Meeting Updates
 - B. Review of Draft Minutes – October 7, 2025 – ACTION

I. Old Business

- A. Federal Motor Carrier Safety Administration (FMCSA) Department of Transportation (DOT) Physical Examinations FAQs – ACTION

Situation: On September 12, 2025, WABON approved the development of FAQs to clarify the RN scope of practice for comprehensive physical assessments, especially regarding FMCSA DOT physical exams.

Background: The draft FAQs address the RN scope of practice in comprehensive physical assessment and reinforces that WABON recognizes it does not have jurisdiction over FMCSA DOT certification or Washington State DOT regulations.

Assessment: A draft version of the FAQs has been developed. The draft FAQs addresses the role of the RN in comprehensive physical assessments and clarifies the certification process is beyond the jurisdiction of the nursing board.

Recommendation: Recommend sending the draft FAQs to WABON for approval in January 2026.

IV. New Business

- A. School Field Trip FAQs – UPDATE
- B. Medication Organizer Device, Letter from Secretary of Health – ACTION

Situation: The board's current Letter from the Secretary of Health is outdated.

Background: Many years ago, the Secretary of Health issued a letter regarding medication organization devices. Since then, practices regarding medication



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organization have evolved and the authority in making these decisions has changed to WABON.

Assessment: The existing letter no longer reflects current practices and the authority has changed.

Recommendation: Request WABON to rescind the [Medication Organizer Device, Letter from Secretary of Health](#) letter.

C. Medication Management and Prefilling Medication Organizer Devices Device Advisory Opinion

Situation: WABON's current statement on medication boxes is outdated.

Background: Practices regarding medication organization have evolved.

Assessment: This document no longer reflects current practices.

Recommendation: Revise the Medication Organizer document and develop FAQs.

D. "Job Titles-Can an RN work as an LPN?" Advisory Opinion and FAQs Update - DISCUSSION

V. Public Comment – This time allows for members of the public to present comments to the subcommittee. For issues regarding disciplinary cases, call 360-236-4713.

VI. Ending items

- A. Review of Actions
- B. Meeting Evaluation
- C. Date of Next Meeting – February 3, 2026

VII. Adjournment



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

October 6, 2025

12:00 – 1:30 pm

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 (Pro-Tem, BA, RN, PMH-BC

Staff Present:

Shana Johnny, DNP, RN, Nursing Practice Consultant
Seana Reichold, Staff Attorney
Luis Cisneros, Staff Attorney
Deborah Carlson, MSN, RN, Nursing Practice Director

Absent Members and Staff:

Quiana Daniels, BSN, RN, LPN, Member
Tiffany Randich, RN, LPN, Pro Tem

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:
Reminder WABON meeting is November 14, 2025.

B. Review of Draft Minutes – 8/6/2025



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

October 6, 2025

12:00 – 1:30 pm

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

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

III. Old Business

- A. Federal Motor Carrier Safety Administration (FMCSA) Department of Transportation (DOT) Physical Examinations-Ms. Carlson provided an update on the draft FAQs.

IV. New Business

- A. Field Trips and Medication Management Memo
CSPSC members agreed to request WABON rescind the outdated memo, as other guidance covers its content. FAQs will be developed to replace the memo and are planned for presentation at the CSPSC December meeting.
- B. Entrepreneurship FAQs
A consensus was reached to advance the documents to WABON to request approval of the FAQs.

V. Public Comment

Clarification was requested regarding whether public comments are allowed throughout the agenda or only during a specific item. Going forward, the CSPSC will inform attendees about public comment opportunities during the meeting opening.

VI. Ending Items

- A. Action Items:
 1. CSPSC requests WABON approve August 6, 2025, meeting minutes.
 2. Field Trips and Medication Management Memo
 3. Request WABON approve Entrepreneurship FAQs
 4. Date of Next Meeting – **December 2, 2025**
- B. Meeting Evaluation-No Comment
- C. Adjournment: 12:20 pm



Title: DOT FMCSA Physical Examination – RN SOP
Effective Date: **TBD**
Supersedes:
Rescinded:
[Nursing Practice Inquiry](#)
ARNPPpractice@doh.wa.gov Telephone: 360 236-4703

Frequently Asked Questions (FAQs)

Category: Registered Nurse (RN)

Title: Department of Transportation (DOT) Federal Motor Carrier Safety Administration (FMCSA) Department – Physical Examination Certified Medical Examiner (CME)

Can the registered nurse (RN) be approved as a certified medical examiner (CME) with the Department of Transportation (DOT) Federal Motor Carrier Safety Administration (FMCSA) to perform DOT CMEs in Washington State?

Washington's [Chapter 18.79 RCW: Nursing Care](#) does not explicitly authorize the RN to become approved as a CME with the DOT FMCSA to perform physical examinations in WA State. This authority is through the Washington State [Chapter 46.25 RCW: Uniform Commercial Driver's License Act](#). [RCW 46.25.055](#) defers to the DOT FMCSA regulations. Because of the lack of authority and clarity, the Washington State Board of Nursing cannot issue a statement confirming that DOT FMCSA exams are within the RN scope of practice.

FMCSA regulations state the following:

§ 390.103 Eligibility requirements for medical examiner certification

- (a) To receive medical examiner certification from FMCSA, a person must:
- (1) Be licensed, certified, or registered in accordance with applicable State laws and regulations to perform physical examinations. The applicant must be an Advanced Practice Nurse, Doctor of Chiropractic, Doctor of Medicine, Doctor of Osteopathy, Physician Assistant, **or other medical professional authorized by applicable State laws and regulations** to perform physical examinations.

[Getting a Commercial Driver License \(CDL\)](#)

[Department of Transportation \(DOT\) Medical Exam and Commercial Motor Vehicle Certification | FMCSA](#)

[Medical Certificates and Self-Certification | Washington State Department of Licensing](#)

[Medical Examiner's Handbook 2024 Edition | FMCSA](#)

[Medical Applications and Forms | FMCSA](#)



Title: DOT FMCSA Physical Examination – RN SOP

Effective Date: **TBD**

Supersedes:

Rescinded:

[Nursing Practice Inquiry](#)

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[Medical Examiner's Certificate \(MEC\), Form MCSA-5876 | FMCSA](#)
[Title 47 RCW: Public Highways and Transportation](#)
[Chapter 446-65 WAC: Commercial Motor Vehicle Regulations](#)
[Washington State Department of Transportation](#)

Can the registered nurse (RN) perform a comprehensive history and physical assessment (head-to-toe examination)?

Yes, it is within the RN's scope of practice to perform a comprehensive history and physical assessment (head-to-toe examination). This includes obtaining medical history, family history, and environmental factors to assess patient risk factors. The physical assessment may include performing health screening activities.

[Head-to-Toe Assessment Nursing: How to Guide | Nurse.Org](#)

It is not within the RN's scope of practice to make a medical diagnosis or independently perform activities that are considered the "practice of medicine" ([RCW 18.71.011](#)). Any activity that involves making a medical diagnosis, administering or prescribing legend drugs/controlled substances, or severs/penetrates the skin requires direction/orders from an [authorized health care practitioner](#). These can be done using standing orders or verbal orders from 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.

[Registered Nurse and Licensed Practical Nurse Scope of Practice](#)
[Standing Orders Advisory Opinion](#)
[Verbal Orders Advisory Opinion](#)



Title: School Field Trips-Nursing Delegation FAQs-RN
Effective Date: TBD
Supersedes:
Rescinded:
[Nursing Practice Inquiry](#)
ARNPPPractice@doh.wa.gov Telephone: 360 236-4703

Frequently Asked Questions (FAQs)

Category: Registered Nurse (RN)

Title: School Field Trips – Nursing Scope of Practice, Medication Administration, and Nursing Delegation

Can the school registered nurse (RN) provide nursing care or delegate nursing tasks to non-credentialed staff on an out-of-state field trip?

It depends on the destination state. WABON does not have authority for nursing practice in other states. If the nurse is licensed in a state that is not part of the Nurse Licensure Compact (NLC) and does not hold a multistate license (MSL), the nurse may not be allowed provide nursing care or delegate tasks in the destination state. WABON recommends the nurse contact the destination state to determine if the nurse can provide nursing care or delegate tasks to assistive personnel while in the destination state without a license.

[Non-Nurse Licensure Compact \(NLC\) State Comparison Summary School Registered Nurse Delegation – Out of State Field Trips](#)

Even if the destination state is part of the NLC, nursing and delegation rules vary by state. It's important to check with the destination state's board of nursing before the field trip and follow school district policies.

If a nurse from another state holds a multistate license (MSL) and is accompanying students on a school field trip to Washington State, is the nurse permitted to delegate tasks to unlicensed personnel?

Yes, an out-of-state nurse may delegate to unlicensed school personnel accompanying children on a school trip to Washington. Nursing practice includes delegation in school sponsored field trips if it is within Washington's laws and rules.



Title: School Field Trips-Nursing Delegation FAQs-RN
Effective Date: TBD
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If a Washington State Licensed nurse is not accompanying a student on an out-of-state field trip, can they delegate care to unlicensed assistive personnel (UAP) accompanying the student?

Yes, a nurse may delegate care to UAP staff accompanying students on an out-of-state field trip. The nurse does not need to be present but must ensure UAPs are trained for the delegated task, and that supervision, monitoring, and documentation requirements are met. WABON recommends confirming with the destination state whether the nurse can delegate care there. School nurses should follow their district policies for out- of - state field trips. School nurses retain accountability for all nursing tasks delegated to UAPs.

Can the school registered nurse (RN) licensed in another state accompany a student and provide nursing care on a volunteer basis without a Washington State license or multistate license (MSL)?

Yes, the RN licensed in another state may accompany a student and provide nursing care on a volunteer basis without a Washington State License or MSL on a limited basis ([RCW 43.70.117](#)).

[Volunteering as a Health Professional in Washington State on a Limited Basis | Washington State Department of Health](#)

Can the school registered nurse (RN) licensed in another state or territory accompany a student and provide nursing care without a Washington State License or multistate license (MSL)?

Yes, the RN licensed in another state or territory may accompany a student and provide nursing care without a Washington State License or MSL. [RCW 18.79.240](#) allows the practice of nursing in Washington by a legally qualified nurse of another state or territory whose engagement requires them to accompany and care for a patient temporarily residing in this state during the period of one such engagement, not to exceed six months long, if the person does not represent or hold themselves out as a RN to practice in this state.



Nursing Care Quality Assurance Commission

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Joanna Boatman, R.N., Chair
Nursing Care Quality Assurance Commission
Post Office Box 47864
Olympia, Washington 98504

Donna Dockter, R.Ph., Chair
Board of Pharmacy
Post Office Box 47863
Olympia, Washington 98504

Dear Mrs. Boatman and Dr. Dockter:

I am writing regarding my review of the Nursing Care Quality Assurance Commission (NCQAC) July 2002 advisory opinion on medication organizer devices. Under [RCW 18.130.065](#), the Secretary of Health reviews and makes recommendations on commission interpretive and policy statements. That statute requires that I consider the effect of the proposed statement on existing health care policies and the practice of health professionals. I have considered the advisory opinion, and the position of the Board of Pharmacy (the Board) and NCQAC. I conclude that allowing registered nurses and licensed practical nurses to fill customized patient medication packages is safe and consistent with existing law and practice. People in our state, especially those in community based care settings, are better served when nurses can fill medication organizer devices.

The July 2002 advisory opinion expresses the opinions of the NCQAC that registered nurses and licensed practical nurses may fill "customized patient medication packages ('Medisets', medication organizers, etc.)" only if nine specific conditions are met. For example, the filling of the organizer must be a component of medication administration; the medications must have been dispensed by a pharmacist and removed from a container which has been labeled for the patient by a pharmacist or pharmacy service; and the nurse fills the organizers in consultation with prescribers, pharmacists and other health care providers as needed.

The July 2002 advisory opinion is a revised version of an advisory opinion issued in 1991 that authorized nurses to fill medication organizers. Based on that 1991 opinion, registered nurses have been filling medication organizers for residents of community based settings such as boarding homes, and as part of home care services.

The current longstanding practice of nurses filling of medication organizers makes it easier for an individual to be responsible for taking their own medications, or makes it easier and safer for an unlicensed individual to assist them with taking their own medications at the appropriate time and in the appropriate dose. According to the Department of Social and Health Services there have been no reports of harm caused by the use of medication organizers filled by nurses in community settings.

The State of Washington has for years pursued a policy of encouraging people to continue to live in their homes or in community settings. Allowing nurses to fill the medication organizers that are essential to people who need help with medication makes a significant contribution to realizing that policy.

I know that the Board and NCQAC share a concern that care be delivered safely, and have identified important components that constitute best practices for filling medisets. Those best practices are reflected in the nine conditions in the advisory opinion. The Board and NCQAC also agree that there is a need for patient choice of residence, flexibility and options to provide help with medications, that cost is a factor in providing care, and that there are additional difficulties of providing medication assistance in rural areas.

Considering the more than ten years of safe and effective filling of medication organizers by nurses in this state and the options that the practice give residents in community based settings, I support the continued role of nurses in filling medication organizers, and the July 2002 NCQAC advisory opinion that authorizes the practice under nine specific conditions.

I appreciate very much the work that NCQAC and the Board have done to identify the issues and concerns and the practices needed to address them. Thank you for your work on this issue, and for your commitment to protecting and improving the health of the people of Washington State.

Sincerely,

(Signature on file)

Mary C. Selecky
Secretary

cc: Paula Meyer, Executive Director, NCQAC
Don Williams, Executive Director, Board of Pharmacy

Adopted: December 20, 20002



Nursing Care Quality Assurance Commission

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Tel: 360-236-4725 • Fax: 360-236-4738

**Medication Organizer Devices In Community Based, Long Term Care and
Private Homes: Roles for RNs and LPNs**

Advisory Opinion: It is the opinion of the Washington State Nursing Care Quality Assurance Commission that registered nurses and licensed practical nurses may fill customized patient medication packages ("Medisets", medication organizers, etc.) under the following conditions:

- the activity of filling the organizer is a component of medication administration (self-administration, self-administration with assistance or medication administration under nurse delegation) and is intended to ensure resident/consumer safety and accuracy. Medication administration is a recognized nursing skill and function.
- RNs and LPNs may not delegate the filling of medication organizers to assistive personnel, including certified nursing assistants.
- Programs and care settings include: boarding homes, adult family homes, home health, certified programs and homes for the developmentally disabled, private homes, and hospice agencies.
- Medications being placed into an organizer for the resident/consumer have already been dispensed by a pharmacist and are being removed from a container which has been labeled for the resident/consumer by a pharmacist or pharmacy service.
- The registered nurse or licensed practical nurse fills the medication organizer in consultation with prescribers, pharmacists, and other health care providers as needed.
- Must include a system which allows the resident/consumer, caregivers, and the RN/LPN to readily identify the medications after they are placed in the new organizer system or container.
- Must include a method to verify the five rights of medication administration for the resident/consumer (right medication, right resident/consumer, right time, right route, right dose).
- A registered nurse or licensed practical nurse may NEVER interpret a prescription for the purposes of dispensing and may NEVER fill a medication organizer with prescribed legend or controlled drugs for or resident/consumer from a container not already labeled for that particular resident.
- It is not within the scope of practice for a licensed practical nurse to independently perform a nursing assessment for the purposes of developing a complete care plan. However, data gathering and execution of the medication order are fully within the LPN scope of practice.

Adopted: July 12, 2002

NOTE: Replaces and supersedes the May 12, 2002 Statement



Nursing Care Quality Assurance Commission

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Medication Organizers: Supporting Documentation and Rationale

Scope of the issue: Filling of medication organizers by registered nurses is occurring widely in a variety of settings. Registered nurses have been involved with this activity for at least 30 years. The Commission, DSHS, and the Board of Pharmacy have no evidence of patterns of error or resident/consumer harm as a result of nurse involvement with medication organizers. Thousands of Washington residents currently live in community based care settings. These consumers/residents need the services of either a pharmacy or a nurse in order to receive medications safely:

- Adult Family Homes: 10,500 beds
- Boarding Homes: 13,000 beds
- DDD Community Certified: 2,800 beds
- Hospice: 8,000 – 10,000/year
- In-home clients: 20,000/year

Background of the Issue, Regulatory Perspective: A 1991 advisory opinion issued by the former Board of Registered Nursing served as the basis for a number of state agency policies and regulation which allowed registered nurses to fill medication organizers (“Medisets”) for residents of adult family homes, boarding homes, home health, and home care settings. The original opinion was based, in part, on information gathered in 1990 from the Board of Pharmacy staff, and indicated that as long as the original medication container was readily accessible for verification of the medication and related orders, registered nurses could fill “Medisets”.

By 2000, the Nursing Commission had become aware that queries to the Board of Pharmacy from the public and from state agencies charged with delivering care to clients were resulting in confusion for the public: the opinion of the Board of Pharmacy clearly stated that the filling of a medication organizer by anyone other than a pharmacist or a family member is viewed as dispensing, and therefore outside the scope of nursing practice. Because of the disparity in the two opinions, the Nursing Commission archived its 1991 and 1994 advisory opinions on 9/8/2000, in order to further study the issue and to find a way to advise the public.

Current Status of the Issue: In the fall of 2001, the Nursing Commission directed its practice committee to convene a work group, representative of the community based long term care industry, DSHS regulators and program planners, Board of Pharmacy representatives, and nursing organization leaders. The work group was asked to define the issues and recommend a course of action to the Commission. Through a series of workgroup meetings and research, the Commission learned:

- Technology related to the use of medication delivery systems has advanced in the intervening years since the original advisory opinion was written (i.e. “blister packs”, customized patient medication packaging systems from specialized pharmacy services)
- In-home pharmacy services provide a source of convenient, safe delivery systems for consumers/clients across the state.
- Availability of pharmacy services to community based care facilities and homes varies widely, depending on geographic area, costs, ability to pay, and third party payment restrictions.
- For some residents/consumers, “blister packs” present an access problem of their own; the group heard numerous stories of piles of tablets and capsules on tables, opened for consumers with arthritis and physical disabilities by well-meaning neighbors and relatives.
- Consumers/residents often receive medication from multiple physicians and pharmacies; the nurse visiting the home is often able to fully assess the needs.
- Some pharmacies send pharmacy technicians to community based care settings to organize medications, with no on-site supervision by pharmacists; these technicians would not be able to assess the overall client needs as would a nurse in the home.
- Nurses filling medication organizers for clients do so only by removing medication from containers, which have already been labeled and dispensed by pharmacists.

Best Practices: For the safest care possible, with a focus on access to safe, high quality, resident/consumer-centered care, the work group agreed on these principles:

- Clear communication between the interdisciplinary team (resident/consumer, facility operator/owner, provider/prescriber, pharmacist, registered nurse, licensed practical nurse) is essential.
- Needs and safety of the resident/consumer, along with the rights of the resident/consumer to live as independently as desired, must be central to all care delivered.
- Care given should be based on the best evidence for optimal health care outcomes.
- Medication delivery and administration must be based on the “five rights”.
- Medications must always be labeled and identifiable.
- Policies must be consistent in each and every type of community based care setting in which a resident/consumer might live.
- The process for providing the right medications to residents/consumers safely is not the exclusive province of any single agency or profession.
- Assessment of resident/consumer needs must be ongoing and collaborative: physicians, nurses, pharmacists, social workers and facility owner/operators must be involved with assessment and re-assessment, as well as interdisciplinary communication.



Title: Nurses Practicing in a Position other than their Nursing Credential or with Dual Credentials
Effective Date: **TBD**
Supersedes: Date Unknown
Rescinded: Click to enter date rescinded.
RN, LPN, NT, and NA: [Nursing Practice Inquiry](#)
ARNP: ARNPPPractice@doh.wa.gov Telephone: 360 236-4703

The Washington State Board of Nursing (WABON) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the WABON 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 WABON. 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. This advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

Advisory Opinion: Nurses Practicing in a Position other than their Nursing Credential or with Dual Credentials

Introduction

WABON frequently receives questions about nurses practicing at a level other than their nursing credential or with additional credentials across different professions. This advisory opinion clarifies the responsibilities and scope of practice of the registered nurse (RN), licensed practical nurse (LPN), and advanced registered nurse practitioner (ARNP) for the following scenarios:

- Nurse without dual credential practicing in a position/role other than their nursing credential.
- Nurse who holds dual nursing credentials.
- Nurse who holds dual credentials in another profession or discipline.

Definitions/Key Terms

- **Credential:** A license, certification, or registration issued to a person to practice a regulated health care profession. Whether the credential is a license, certification or registration is determined by the law regulating the profession ([WAC 246-12-010](#)).
- **Identification:** The use of a professional title, credential, or role designation in documentation, introductions, or name tags.
- **Dual Credential:** Holding more than one nursing credential or other credential.
- **Scope of Employment:** Limitations or conditions imposed by the employer or facility on the nurse's practice, which cannot exceed the legal scope of practice.
- **Legal Scope of Practice:** The specific activities and responsibilities that Washington state statutes and rules permit a nurse to perform based on their credential.



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Background

Nurses may work in positions/roles other than their nursing credential in various health care disciplines. For example:

- The LPN may work in a position as a nursing assistant (NA), home care aide (HCA), medical assistant (MA), or surgical technician (ST).
- The RN may work in a role of an LPN, NA, HCA, MA, or ST.
- The ARNP may work in a role of a RN, LPN, NA, HCA, MA, or ST (Note: the ARNP has an RN credential).
- The RN, LPN, or ARNP may hold other health care credentials, such as a Massage Therapist/East Asian Medicine Practitioner, Birth Doula, Midwife, Speech Therapist, Mental Health Counselor, Physical Therapist, Paramedic, or Radiologic Technologist.

Legal Background

The nursing laws and rules ([Chapter 18.79 RCW](#) and [Chapter 246-840 WAC](#)) do not prohibit the RN, LPN, or ARNP from working in roles other than their highest level of licensure or with dual credentials in another profession. Nurses may only identify themselves (e.g., in documentation, patient introductions, or on a name tag) by a credential or title for which they are properly licensed or credentialed in that role ([RCW 18.79.030](#)).

Regardless of job title, role, or assignment, a nurse is always responsible and accountable for practicing within the scope and standards of their most advanced active license, including all aspects of patient care. Employment status or short-term assignments do not change this responsibility. Nurses must always follow the standards of nursing conduct and practice. ([WAC 246-840-700](#)).

WABON does not regulate employers or facilities, other healthcare disciplines, or other professions.



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Conclusion and Recommendations

Regardless of the scope of employment, the nurse is required to act as a patient advocate and to provide care that is in the best interest of the patient. Nurses are held to the standard of care expected of a reasonably prudent nurse with comparable education and experience.

The nurse maintains accountability for the standards of practice associated with their credential if they legally represent themselves with that credential, regardless of the role or scope of their current position. A nurse **may not** legally identify themselves as holding a different credential unless they are credentialed in that role.

Nurses must maintain current knowledge of their responsibilities, and safe nursing practices within their scope. When working in roles different from their most advanced license, nurses and employers should:

- Consider the challenges and complexities of the employment arrangement.
- Determine which credential may be used for identification in each role.
- Consider identification of the nurse, such as in medical records documentation, introduction to patients, and name tags.
- Communicate roles, responsibilities, and accountabilities clearly with employers and team members. Employers may restrict tasks but cannot expand a nurse's legal scope of practice or standards.
- Employers should require nurses to disclose their role to health care team when practicing in a position or role about their scope of employment using a different scope of practice than their credential.

References and Resources

[Support for Practicing Nurses | WABON](#)



Title: Practicing at a Level Other than Highest Licensure FAQs– LPN

Effective Date: **TBD**

Supersedes:

Rescinded:

[Nursing Practice Inquiry](#)

ARNPPPractice@doh.wa.gov

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Frequently Asked Questions (FAQs)

Category: Licensed Practical Nurse (LPN)

Title: Practicing at a Level Other than Highest Licensure /Dual Licensure

Can a person, after graduating from nursing school and getting their licensed practical nurse (LPN) license keep their nursing assistant (NA) credential active?

Yes, a person may keep their NA credential active after graduating and obtaining their LPN license.

INSERT Practicing at a Level Other than their Highest Licensure/Dual Licensure Advisory Opinion

Is the licensed practical nurse (LPN) required to have dual credentials to work in a position as a nursing assistant (NA), medical assistant (MA), or surgical technologist (ST)?

No, the Washington State nursing laws and rules ([Chapter 18.79 RCW](#) and [Chapter 246-840 WAC](#)) do not require the LPN to have dual credentials to work in a position as an NA, MA, or ST. The employer may require dual credentials.

INSERT Practicing at a Level Other than their Highest Licensure/Dual Licensure Advisory Opinion

Is the licensed practical nurse (LPN) required to identify themselves with their legal title (e.g., in documentation, introductions to patients) when working in a position nursing assistant (NA), home care aide (HCA), medical assistant (MA), or surgical technologist?

If the LPN is working in a position as an NA, MA, or ST and **does not** have a dual health care license or credential, the nurse must identify themselves **with their legal title usage** (e.g., in documentation, introductions to patients) as an LPN. The nurse may not identify themselves at a level other than their highest licensure regardless of employment, role, title, status, or position description without that dual license or credential.



Title: Practicing at a Level Other than Highest Licensure FAQs– LPN

Effective Date: **TBD**

Supersedes:

Rescinded:

[Nursing Practice Inquiry](#)

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If the LPN working in a position as an NA, HCA, MA, or ST, **and has dual licensure** for that health care role, they may choose to identify themselves with that license or credential and not identify themselves as an LPN. The employer and LPN must ensure that identification, role assignments and job duties are consistent with the scope of the license being used.

INSERT Practicing at a Level Other than their Highest Licensure/Dual Licensure Advisory Opinion

Is the licensed practical nurse (LPN) restricted to the scope of practice of the licensed nursing assistant (NA), medical assistant (MA), home care aide (HCA), or surgical technologist (ST) while working in that position without having a license or credential for that position?

If the LPN is working in a position as an NA, HCA, MA, or ST and does not have a license or credential for that position, the LPN is held to their highest licensure.

Regardless of job title, employment status, or role description, the LPN remains responsible and accountable for practicing within the scope of their **highest active nursing license (WAC 246-840-700)**. If the individual identifies as an LPN, whether in documentation, verbal communication, or professional conduct, they are held to the standards and scope of LPN practice.

The LPN may not legally identify themselves at a level other than their highest licensure unless they also have that license or credential. If the LPN has dual license or credential, the LPN may choose which title to use. If the nurse does not use the title of LPN, then the individual can only work up to the scope of practice of the licensure or credential they identify themselves as. The employer and LPN must ensure that identification, role assignments and job duties are consistent with the scope of the license being used

INSERT Practicing at a Level Other than their Highest Licensure/Dual Licensure Advisory Opinion

Can the licensed practical nurse (LPN) work in a position as a para-educator in the school setting?



Title: Practicing at a Level Other than Highest Licensure FAQs– LPN

Effective Date: **TBD**

Supersedes:

Rescinded:

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Yes, the LPN may work in a position as a para-educator in the school setting. The LPN may function up to their full scope of practice. The Washington State Board of Nursing cautions that hours working in a para-educator position may not fulfill the continuing competency practice hour requirements to maintain LPN licensure if the role is not related to nursing practice.

INSERT Practicing at a Level Other than their Highest Licensure/Dual Licensure Advisory Opinion



Title: Practicing at a Level Other than Highest Licensure FAQ-RN
Effective Date: **TBD**
Supersedes:
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Frequently Asked Questions (FAQ)

Category: Registered Nurse (RN)

Title: Practicing at Level Other than Highest Licensure

Can a person, after graduating from nursing school and getting their registered nurse (RN) license keep their nursing assistant credential active?

Yes, a person may keep their NA credential active after graduating and obtaining their RN license.

INSERT Practicing at a Level Other than their Highest Licensure/Dual Licensure Advisory Opinion

Is the registered nurse (RN) required to have dual credentials to work in a position as a licensed practical nurse (LPN), nursing assistant (NA), home care aid (HCA), medical assistant (MA), or surgical technologist (ST)?

No, the Washington State nursing laws and rules ([Chapter 18.79 RCW](#) and [Chapter 246-840 WAC](#)) do not require the RN to have dual credentials to work in a position as an LPN, NA, MA, or ST. The employer may require dual credentials.

INSERT Practicing at a Level Other than their Highest Licensure/Dual Licensure Advisory Opinion

Is the registered nurse (RN) required to identify themselves (e.g., in documentation, introductions to patients) when working in a position as a licensed practical nurse (LPN), nursing assistant (NA), home care aide (HCA), medical assistant (MA), or surgical technologist?

If the RN is working in a position as an LPN, NA, MA, or ST and **does not** have a dual health care license or credential, the nurse must identify themselves (e.g., in documentation, introductions to patients) as an RN. The nurse may not identify themselves at a level other than their highest licensure regardless of employment, role, title, status, or position description without that dual license or credential.

If the RN working in a position as an LPN, NA, HCA, MA, or ST, **and has dual licensure** for that health care role, they may choose to identify themselves with that license or



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Effective Date: **TBD**
Supersedes:
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credential and not identify themselves as an RN. This should be decided between the employer and RN.

INSERT Practicing at a Level Other than their Highest Licensure/Dual Licensure Advisory Opinion

Is the registered nurse (RN) restricted to the scope of practice of the licensed practical nurse (LPN), nursing assistant (NA), medical assistant (MA), home care aide (HCA), or surgical technologist (ST) while working in that position without having a license or credential for that position?

If the RN is working in a position as an LPN, NA, HCA, MA, or ST and does not have a license or credential for that position, the RN is held to their highest licensure.

Regardless of job title, employment status, or role description, the RN remains responsible and accountable for practicing within the scope of their **highest active nursing license (WAC 246-840-700)**. If the individual identifies as an RN, whether in documentation, verbal communication, or professional conduct—they are held to the standards and scope of RN practice.

The RN may not legally identify themselves at a level other than their highest licensure unless they also have that license or credential. If the RN has dual license or credential, the RN may choose which title to use. If the nurse does not use the title of RN, then the individual can only work up to the scope of practice of the licensure or credential they identify themselves as. This should be decided between the nurse and the employer.

INSERT Practicing at a Level Other than their Highest Licensure/Dual Licensure Advisory Opinion

Can the registered nurse (RN) work in a position as a para-educator in the school setting?

Yes, the RN may work in a position as a para-educator in the school setting. The RN may function up to their full scope of practice. The Washington State Board of Nursing cautions that hours working in a para-educator position may not fulfill the continuing competency practice hour requirements to maintain RN licensure if the role is not related to nursing practice.