

## 201 KAR 20:215. Continuing competency requirements.

RELATES TO: KRS 218A.205(3)(i), 314.011(12), 314.073, 314.991(1)-(3)

STATUTORY AUTHORITY: KRS 218A.205(3)(i), 314.073, 314.131(1), (2)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1), (2), and 314.073 require the Board of Nursing to promulgate administrative regulations to establish continuing competency requirements for nurses. This administrative regulation establishes the fees, procedures, and requirements for continuing competency for nurses.

### Section 1. Definitions.

- (1) "Contact hour" means fifty (50) minutes of an approved, organized learning experience.
- (2) "Earning period" means November 1 through October 31 of a current licensure period.
- (3) "Preceptor" means a nurse with demonstrated competence in a specific clinical area who serves as a role model and mentor to assist in the development and validation of the competencies of a nursing student or new employee.

Section 2. (1) A licensee shall choose a method from Section 3 of this administrative regulation to validate his or her continued competency in nursing for each earning period.

- (2) A licensee shall maintain the documentation of the method chosen.
- (3) A licensee shall provide the documentation if directed by the board.

### Section 3. Methods for continued competency validation shall be as follows:

- (1) Fourteen (14) contact hours of continuing education, which shall:
  - (a) Be from a provider approved by the board pursuant to 201 KAR 20:220;
  - (b) Be completed during the earning period; and
  - (c) Include the continuing education required by Section 5 of this administrative regulation;
- (2) Current national certification or recertification and the continuing education required by Section 5 of this administrative regulation. The certification shall be related to the nurse's practice role and shall:
  - (a) Have been initially attained during the earning period;
  - (b) If issued for a period of time as evidenced by an expiration date, have been in effect during the entire earning period; or
  - (c) Have been recertified during the earning period;
- (3) The continuing education required by Section 5 of this administrative regulation and at least one (1) of the following during the earning period:
  - (a) Completion of a research project that is nursing-related:
    1. As principal investigator, coinvestigator, or project director;
    2. That is qualitative or quantitative in nature;
    3. That utilizes a research methodology;
    4. That increases knowledge, causes an improved outcome, or changes behavior; and
    5. That is evidenced by an abstract of the project, which includes a summary of the findings;
  - (b) Publication of an article in a peer-reviewed health-related journal;
  - (c) Participation as a preceptor for at least one (1) nursing student or new employee.
    1. The preceptorship shall be for at least 120 hours.
    2. There shall be a one (1) to one (1) relationship between the preceptor and the student or employee.
    3. The preceptor may train more than one (1) student or employee and may combine the hours to total 120 hours.
    4. The preceptorship shall be evidenced by written documentation from the educational in-

stitution or preceptor's supervisor; or

(4)(a) Seven (7) hours of continuing education from a provider approved by the board pursuant to 201 KAR 20:220 and earned during the licensure period, which shall include the continuing education required by Section 5 of this administrative regulation if applicable; and

(b) A nursing employment evaluation that is satisfactory for continued employment. The nurse shall submit:

1. The evaluation, which shall:

- a. Cover a period of at least six (6) months during the earning period;
- b. Be signed by the nurse's supervisor; and
- c. Include the name, address, and telephone number of the employer; and

2. The Nursing Employment Evaluation Form.

(5) Contact hours of continuing education earned for subsection (1) or (4) of this section may earned by:

(a)1. A nursing continuing education presentation that is:

- a. Designed and developed by the presenter;
- b. Presented to nurses or other health professionals;
- c. Evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; and
- d. Offered by a provider approved pursuant to 201 KAR 20:220.

2. The number of contact hours that may be earned shall be twice the number of contact hours offered to an attendee of the presentation; or

(b) Successful completion of a postlicensure academic course at a college, university, or postsecondary vocational institution if relevant to nursing practice as determined by this subsection.

1. Contact hours shall be calculated as follows:

a. One (1) semester or trimester hour of academic credit shall equal fifteen (15) contact hours; or

b. One (1) quarter hour of academic credit shall equal twelve (12) contact hours.

2. The following courses shall be relevant to nursing practice:

a. A nursing course, designated by a nursing course number, and beyond the prelicensure curriculum of the individual licensee; or

b. An academic course that is applicable to the nurse's role and beyond the prelicensure curriculum of the individual licensee.

3. A licensee may request course review for approval of applicable nursing content pursuant to Section 7 of this administrative regulation.

4. If it is an academic course in which grades are given, the licensee shall achieve a grade of "C" or better, or a pass on a pass-fail grading system.

Section 4. (1) A licensee shall provide documentation of the method used to validate continued competency if the licensee is the subject of a disciplinary complaint.

(2) A licensee shall provide documentation of the method used to validate continued competency if requested by the board pursuant to a random audit of licensees.

Section 5. (1)(a) Advanced practice registered nurses shall earn a minimum of five (5) contact hours in pharmacology.

(b) Advanced practice registered nurses with a Collaborative Agreement for Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances (CAPA-CS) pursuant to KRS 314.042(10) shall earn, as a part of the requirement of paragraph (a) of this subsection, at least one and one-half (1.5) contact hours related to the use of the KASPER system,

pain management, or addiction disorders.

(c) To qualify as pharmacology pursuant to KRS 314.073, content shall include drug specific information, safe prescribing practices, safe medication administration, prescribing methodologies, new administrative regulations, or similar topics.

(d) Objectives for the contact hours related to pharmacology shall be identified. Casual mention of medications or medical treatments shall not qualify.

(2) Sexual assault nurse examiners shall earn the continuing education required by 201 KAR 20:411, Section 8.

(3) Registered nurses and licensed practical nurses licensed after July 15, 2010 shall earn a minimum of one and one-half (1.5) contact hours in pediatric abusive head trauma as required by KRS 314.073(6) within three (3) years of licensure.

Section 6. (1)(a) A licensee shall maintain records to substantiate methods used to validate competency.

(b) All records shall be retained for at least five (5) years following the current licensure period.

(2)(a) A licensee shall, upon request, furnish to the board or its staff, legible copies of the records required to be maintained by subsection (1) of this section.

(b) Copies shall be furnished within twenty (20) days of the date a written request is mailed by first class to the last known address of the licensee or applicant.

(c) Failure to furnish records as required by this administrative regulation shall be cause for the issuance of a complaint pursuant to 201 KAR 20:161 for failure to comply with KRS 314.073(2).

(3)(a) Except as provided by paragraph (b) of this subsection, if a licensee has failed to comply with the continuing competency requirements, the licensee shall be allowed to rectify the noncompliance if he or she:

1. Meets the continuing competency requirements within thirty (30) days of notification of noncompliance; and

2. Enters a consent decree with the board pursuant to 201 KAR 20:161, Section 2(5), within ten (10) days of notification by the board.

(b) The board shall issue a complaint pursuant to 201 KAR 20:161 if:

1. A licensee fails to furnish records as requested pursuant to subsection (2) of this section; or

2. There is evidence of fraud or deceit in procuring or attempting to procure a license to practice nursing.

(4) A licensee who attends continuing education activities, whether as a presenter, participant, or student, shall attend the entire offering to be eligible to receive the number of contact hours for which the activity has been approved.

(5) It shall be the responsibility of each licensee to select and participate in those continuing education activities that will meet the criteria for acceptable continuing education.

(6) A licensee shall not repeat the same continuing education offering within a licensure period. The board shall determine whether a continued education offering is the same offering based upon the certificate of attendance from the offering that includes items such as the activity number, date, topic, and presenter.

Section 7. (1) A licensee may request an individual review of a nonapproved continuing education activity completed during the earning period if, within thirty (30) days after the expiration of the immediate past licensure period, the licensee has:

(a) Requested the review by submitting an Application for Individual Review; and

- (b) Paid a fee of ten (10) dollars.
- (2) The review shall be based on generally accepted standards of adult education and shall be applicable to the nurse's role.
- (3) Approval of a nonapproved continuing education activity shall:
  - (a) Qualify it as having been obtained from an approved provider for the licensee requesting the review; and
  - (b) Be limited to the particular offering upon which the request for individual review is based.
- (4) The board may offer continuing education hours for programs sponsored by the board. These continuing education hours shall be deemed to have been obtained from an approved provider. The board shall comply with all applicable provider standards.

#### Section 8. Incorporation by Reference.

- (1) The following material is incorporated by reference:
  - (a) "Application for Individual Review", 9/2005; and
  - (b) "Nursing Employment Evaluation Form", 6/2016.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222-5172, Monday through Friday, 8 a.m. to 4:30 p.m. (6 Ky.R. 699; 7 Ky.R. 400; eff. 10-1-1980; 9 Ky.R. 596; eff. 12-1-1982; 11 Ky.R. 1630; eff. 6-4-1985; 14 Ky.R. 583; eff. 11-6-1987; 2193; eff. 8-5-1988; 18 Ky.R. 3212; 19 Ky.R. 18; eff. 7-4-1992; 2671; eff. 8-6-1993; 22 Ky.R. 1337; 1594; eff. 3-7-1996; 23 Ky.R. 3073; eff. 3-19-1997; 27 Ky.R. 824; 1448; eff. 12-21-2000; 28 Ky.R. 126; eff. 9-10-2001; 29 Ky.R. 502; 921; eff. 10-16-2002; 2123; 2450; eff. 4-11-2003; 30 Ky.R. 2100; 2289; eff. 5-24-2004; 31 Ky.R. 799; 1058; eff. 1-4-2005; 32 Ky.R. 718; eff. 1-6-2006; 2322; eff. 9-1-2006; TAm eff. 7-13-2010; 2905; eff. 8-17-2011; 39 Ky.R. 540; eff. 2-1-2013; 42 Ky.R. 492; 1142; eff. 11-6-2015; 43 Ky.R. 1015; eff. 3-3-2017; 45 Ky.R. 1743, 2583; eff. 3.-13-2019.)

KENTUCKY BOARD OF NURSING  
"Application for Individual Review"

Please print or type to complete.

I. PERSONAL DATA

- A. NAME: \_\_\_\_\_
- B. ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
- C. DAY TELEPHONE #: ( ) \_\_\_\_\_ EVENING #: ( ) \_\_\_\_\_
- D. KY LICENSE #: \_\_\_\_\_

II. CONTINUING EDUCATION ACTIVITY

- A. TITLE: \_\_\_\_\_
- B. LOCATION (City/State): \_\_\_\_\_ C. DATE(S): \_\_\_\_\_
- C. ATTACH A COPY OF BROCHURE, ANNOUNCEMENT, OR PROMOTIONAL MATERIALS INDICATING CLASSROOM AGENDA; CERTIFICATE OF ATTENDANCE; and FEE.

III. OFFERING CONTENT: Use the following form, outline the major ideas has application to nursing practice. SUBMIT A SEPARATE SHEET FOR EACH PRESENTATION ATTENDED.

**KBN USE ONLY**

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

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APPROVED FOR \_\_\_\_\_  
CONTACT HOURS (CH)

RETAIN THIS COPY WITH YOUR CONTINUING EDUCATION RECORDS TO DOCUMENT EARNING OF APPROVED CONTACT HOURS DURING NOVEMBER 1, \_\_\_\_\_ THROUGH OCTOBER 31, \_\_\_\_\_ EARNING PERIOD.

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

<b>TITLE OF PRESENTATION:</b>	
<b>PRESENTER(S):</b>	
<b>DATE:</b>	<b>TIME: FROM _____ TO _____</b>
<b>MAJOR IDEA(S) PRESENTED</b>	<b>APPLICATION TO NURSING PRACTICE</b>

502-429-3300  
800-305-2042  
FAX 502-429-3311  
kbn.ky.gov

**KENTUCKY BOARD OF NURSING**  
312 Whittington Parkway, Suite 300  
Louisville, Kentucky 40222-5172



Matthew G. Bevin  
Governor

**NURSING EMPLOYMENT EVALUATION FORM**

A nursing employment evaluation that is satisfactory for continued employment will qualify as verification of seven (7) contact hours. If you wish to take advantage of this option please have this form filled out completely by your employer and submit it to the Board office along with a copy of your employment evaluation as part of your CE Audit Response. This form must be signed by your supervisor with the name, address, and phone number of the employer included. The evaluation must cover at least six (6) months of the earning period. Incomplete forms will be discarded and you will be required to show proof of earning all required contact hours.

Name of Licensee: \_\_\_\_\_

License Number: \_\_\_\_\_

Date of initial licensure: \_\_\_\_\_

Position Held (Job Title): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Does the individual named above have an evaluation that is satisfactory for continued employment on record with your organization?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Does this evaluation cover at least 6 months of the last earning period?  
(November 01, \_\_\_\_\_ through October 31, \_\_\_\_\_).

\_\_\_\_\_ YES \_\_\_\_\_ NO

Dates covered by the evaluation: \_\_\_\_\_

Supervisor's Name (please print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Attach this form to the employment evaluation.

