



Kentucky Board of Nursing Jurisprudence Examination

STUDY GUIDE
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WELCOME TO THE COURSE!



Welcome! The Kentucky Board of Nursing (KBN) developed this course to accompany the Kentucky Jurisprudence Examination, which must be completed by all licensure applicants.

Course Objectives

- To provide nurses and all other stakeholders a concise explanation of the Kentucky Nursing Laws (KRS 314), Administrative Regulations (Title 201, Chapter 20) and Advisory Opinions
- To serve as a guide for nurses and provides a foundation for safe practice in the delivery of quality care for all citizens of the Commonwealth
- To prepare participants to pass the Kentucky Jurisprudence Examination

This course does not have an instructor. You will move through the course at your own pace. You can start the course at any time and there is no end date.

INTRODUCTION



The Kentucky Board of Nursing (KBN) Jurisprudence course provides nurses and all other stakeholders a concise explanation of the Kentucky Nursing Laws Kentucky Revised Statutes (KRS) Chapter 314, Kentucky Administrative Regulations (Title 201, Chapter 20) and Advisory Opinion Statements (AOS). These documents can be accessed in their entirety at [Kentucky Board of Nursing](#); links to these documents are also embedded throughout the course.

This course is written to accompany the Kentucky Jurisprudence Examination, which must be completed by RN and LPN licensure applicants. It is the intent of KBN that this content serves as a guide for nurses and provides a foundation for safe practice in the delivery of quality care for all citizens of the Commonwealth.

Kentucky Board of Nursing



KENTUCKY BOARD OF NURSING

The Kentucky Board of Nursing (KBN) is an agency of the Commonwealth of Kentucky, governed by the Kentucky Nursing Laws, which are found in the Kentucky Revised Statutes (KRS) Chapter 314. Some refer to the Kentucky Nursing Laws as the Nurse Practice Act. The purpose of nursing regulation in Kentucky is public protection.

The Governor appoints 17 members to the Board of the KBN per [KRS 314.121 \(1\)\(a-e\)](#). Of these members, there are the following:

- Registered Nurse - RN (10)
 - 3 RN members actively engaged in clinical practice
 - 1 RN member who is a service administrator actively engage in practice
 - 4 RN members actively engaged in nursing education
 - 2 RN members experienced in long term care

- Advanced Practice Registered Nurse - APRN (3)
 - 3 APRN members actively engaged in clinical practice
- Licensed Practical Nurse – LPN (2)
 - 2 LPN members actively engaged in clinical practice
- Citizens at large (2)
 - 2 members who are citizens at large and are not associated with or financially interested in the practice or business regulated

Though the KBN is an agency of the state government, the Board is fiscally self-sustaining through fees for licensure services and mandatory fines collected from disciplinary action. The Board receives no money from state tax revenues.

Why Regulations Matter



Nursing is regulated because, as a health profession, it poses risk of harm if practiced by the unqualified and/or incompetent nurse. Nursing regulation protects the health, safety and/or, and welfare of a public vulnerable to unsafe practitioners. Regulation also provides a mechanism for documentation of educational preparation and ongoing clinical competency.

Regulation of nursing practice helps to ensure that consumers get reliable information and safe care. Regulatory boards also provide a process for approval of nursing education programs. Kentucky law sets nursing faculty education requirements, faculty-to-student clinical ratios, and guidelines for program of nursing curricula.

The duties of the KBN include the following tasks:

- Enforcing the Kentucky Nursing Laws and nurse licensure requirements
- Approving nurse education programs in schools and universities in Kentucky that lead to licensure
- Developing laws and administrative regulations
- Taking disciplinary action when the nurse provides unsafe nursing care or otherwise violates KRS Chapter 314

Scopes of practice vary from state-to-state; therefore, nurses are responsible for knowing the regulatory requirements for nursing and the nurse practice act in every state in which they practice. According to Kentucky law, [KRS 314.021\(2\)](#), all individuals licensed or privileged to practice in Kentucky shall be responsible and accountable for making decisions that are based upon their educational preparation and experience and shall practice with reasonable skill and safety.

The Kentucky Nursing Laws

The Kentucky Nursing Laws are enforced by KBN. Nurses must comply with these laws and related regulations to maintain their licenses. The laws, among other things, describe the following:

- Qualifications for licensure
- Nursing titles that are allowed to be used
- Scope of practice (what the nurse is allowed to do)
- Actions that can or will happen if the nurse does not follow the nursing law

Professional Associations

The KBN recognizes that some confusion exists in what nurses perceive to be the role and function of the Board of Nursing as compared to that of nursing professional associations.

Nursing professional associations are membership driven organizations that advance the nursing profession by addressing the practice, political and professional issues affecting nurses. They carry out this mission by establishing standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and lobbying the legislature and regulatory agencies regarding health care issues impacting nurses and the public. Membership in these organizations is voluntary for nurses.

LESSON 1: LICENSURE



Licensure & Credentialing

A nursing license is mandatory in Kentucky if an individual wishes to practice as or use the title Advanced Practice Registered Nurse (APRN), Registered Nurse (RN) or Licensed Practical Nurse (LPN). If one holds oneself out to be an APRN or RN or LPN, a license is required even though an individual is not employed as a nurse.



According to [KRS 314.101\(1\)\(a\)-\(e\)](#), the following is **not** prohibited:

- The practice of nursing which is incidental to the program of study by individuals enrolled in nursing education programs approved by the Board or in graduate programs in nursing
- The practice of any currently licensed nurse in good standing in another state from being recognized as having a temporary work permit in this state
- The practice of any legally qualified nurse of another state who is employed by the United States government
- The practice of any currently licensed nurse of another state that is a member of the Nurse Licensure Compact set forth in [KRS 314.475](#)
- The practice of volunteer health practitioners under [KRS Chapter 39A](#)

Nurse Licensure Compact

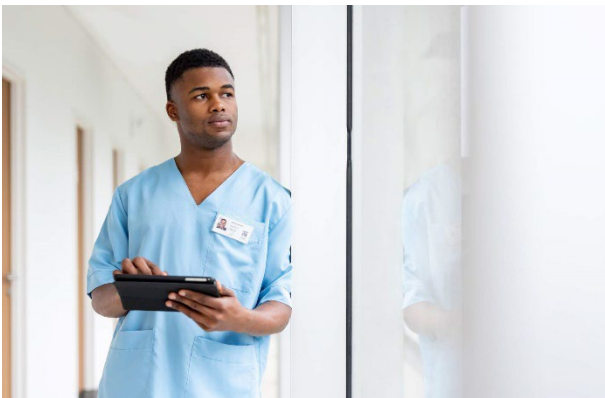
Kentucky is a member of the Nurse Licensure Compact. This means that for nurses in good standing, KBN will issue a multistate license that grants Kentucky nurses the privilege to practice in other compact states. For nurses to have a compact license, they must declare their permanent residence in a state that is a member of the compact and have an unencumbered (no current disciplinary action, not convicted of a felony or practice related misdemeanor, or not participating in an alternative to discipline program) active RN or LPN license.

A primary state of residence is the state where you pay taxes, vote, have your driver's license, etc. Nurses are required to follow the nursing laws/regulations for licensure in the state of their primary residence.

Nurses who hold an active multistate license in their primary state of residence (home state) have the privilege to practice nursing in other compact states (remote states). You can use this link to access a list of current [NLC Member States](#). Nurses are required to follow the nursing laws/regulations where they practice nursing.

Should the nurse violate nursing laws and regulations in a compact state other than the primary state of residence (remote state), the remote state may take disciplinary action on the nurse's privilege to practice in its state; and the home state may take disciplinary action on the nurse's license.

At this time, the compact does not apply to APRNs. APRNs who hold a compact (multistate) RN license are still required to obtain a Kentucky APRN license to practice.



A nurse may only hold one multistate license in the compact state that is issued by the primary state of residence board of nursing. Nurses changing their primary residence from one compact state to another must endorse into the new compact state. Nurses who wish to hold a multistate license and have changed their primary state of residence must file an endorsement/reinstatement application within 60 days of the change of primary state of residence. Provisional licenses or other temporary permits are not valid in other compact states.

Nurses who claim their primary residence in a state that is not a member of the compact (non-compact state) must obtain a license in every state in which they practice nursing. When nurses change their primary state of

residence to a non-compact state, the Kentucky license will become a non-compact, single state license and they can no longer practice in other compact states on the Kentucky single state license.

Criminal History Reporting

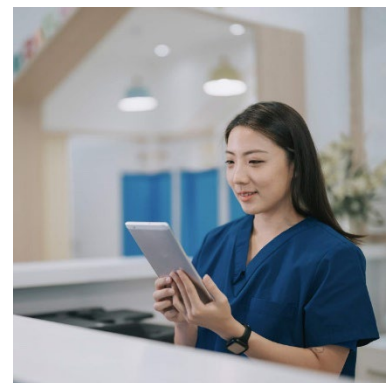
All applicants for licensure in Kentucky must report any misdemeanor and/or felony conviction(s) EVER received by listing each occurrence on the application for licensure. Driving under the influence (DUI) convictions are required to be reported. Traffic violations do not have to be reported.

Failure to report any criminal conviction EVER received is deemed to be falsification of the application and subjects the applicant to potential disciplinary action by KBN.

Criminal Background Checks

Federal criminal background checks, via the fingerprinting process, are required from all applicants for initial licensure and reinstatement. KBN's statutory authority for obtaining fingerprint reports is [KRS 314.103](#). The federal background report is obtained for the sole purpose of licensure and reinstatement.

The state and federal background reports must be obtained from IdentoGo®. Information on the fingerprinting process can be found [here](#). IdentoGo® typically makes the state and federal background reports available to KBN within 3 business days after the live scan process is completed. If an applicant/nurse chooses to complete an out of state card scan process with IdentoGo®, it typically may be processed and made available to KBN within 6-8 weeks.



Reporting Disciplinary Action

All applicants for a Kentucky nursing license must report any action pending (open) and/or any final action taken on a nursing license or other professional license in any other state, as detailed below:

MUST REPORT	SUBMIT
Denial of a nursing license, for reasons other than being unsuccessful on the nurse licensure examination	Certified copies of the Board's order/agreement and a letter of explanation
Disciplinary action on a nursing license or privilege to practice in any state	Certified copies of the Board's order/agreement and a letter of explanation
Disciplinary action or complaint pending (open) on a nursing license or privilege to practice in any state	A letter of explanation
Current participation in a state board monitoring program, including alternative to discipline, diversion, or peer assistance programs	Certified copies of the Board's order/agreement and a letter of explanation
If any licensing or regulatory authority in any U.S. state or jurisdiction EVER denied, limited, suspended, probated, revoked, or otherwise disciplined a nursing or other professional or occupational license, certificate, or multistate privilege to practice	Certified copies of the Board or other licensing authority's order/agreement and a letter of explanation

Annual Continuing Education Post-Licensure

The purpose of mandatory continuing education (CE)/compliance, as cited in the Kentucky Nursing Laws (KRS 314), is to require evidence of the nurse's efforts to maintain and update nursing knowledge and skills needed to make competent judgments and decisions in nursing practice, nursing administration, nursing education, and/or nursing research. RNs and LPNs are required to obtain fourteen (14) contact hours between November 1 – October 31 of each year. There are multiple ways to meet this requirement (See [201 KAR 20:215](#)).

For licensees whose initial license was issued/reinstated on or after May 1st, the license will expire the following year. For example, an initial license issued on May 1st, the current year, would be valid through October 31st, of the following year. The same holds

true for continuing education. The licensee whose initial license/reinstated license is issued on or after May 1st would have an earning period of November 1st through October 31st of the following year to obtain the required CE.

Content Specific Continuing Education

The following content specific CE hours must be completed within three years of licensure for those individuals who did not receive their nursing education in Kentucky. Nurses shall earn, the following one-time continuing education requirements:

Area of Study	One-Time CE Requirements (contact hours)	Completion Date	Legal Authority
Alzheimer's Disease & Other Forms of Dementia	1 (See KRS 314.073 for specific topics.)	Within three (3) years of licensure.	KRS 314.073
Domestic Violence	3	Within three (3) years of licensure.	KRS 194A.540
Pediatric Abusive Head Trauma	1.5	Within three (3) years of licensure.	KRS 314.073
Suicide Prevention	2 (See 201 KAR 20:215 for specific topics.)	Within three (3) years of licensure.	201 KAR 20:215

Name, Mailing Address, & Electronic Mailing Address Changes

The Kentucky Nursing Law requires all nurses to maintain a current mailing address and an electronic mailing address with the Board of Nursing. According to [KRS 314.107](#), any person licensed by the Board shall maintain a current mailing address and an electronic mailing address with the Board and shall immediately notify the Board and change their address [online here](#).

Legal documentation is required for a name change. Acceptable documents can be found [here](#).

Licensure by Examination

In Kentucky, to be eligible for licensure by examination [201 KAR 20:070](#), the following criteria must be met:

1. Completion of a Board approved pre-licensure program of nursing
2. Ability to read, write, and speak English (KRS 314.041 and KRS 314.051)
3. Submission of a completed application and the required fee
4. Completion of the State and Federal Background Check through IdentoGO®
5. Completion and passing with a score of at least 80% on the KBN Jurisprudence Examination
6. Successful completion of the National Council Licensure Examination (NCLEX®)

Failure to meet all licensure requirements prior to the application expiration requires the applicant to submit a new application for licensure by examination and meet the requirements listed above.

A provisional RN or LPN license may be issued when requirements 1 through 5 above are met.

Provisional License

The provisional license allows an individual to begin employment as a Registered Nurse Applicant (RNA) or Licensed Practical Nurse Applicant (LPNA). While practicing under the provisional license, the RNA must practice direct patient care under the direct supervision of an APRN or RN, the LPNA must practice under the direct supervision of an APRN, RN, or LPN. The provisional license is valid for six months or until KBN receives notification that the applicant was unsuccessful on the NCLEX® after two attempts.

Direct patient care is not only "hands on" care given at the bedside, but includes additional nursing activities such as multidisciplinary meetings, obtaining and giving report, charting, communicating with physicians, etc. The intent of the law is to ensure that new graduates will have a licensed nurse readily available should they have questions or need immediate assistance.

When all regulatory requirements are met (items 1 through 6 in the above table), a permanent license may be issued, and the applicant may begin practicing as an RN or LPN. Provisional Licenses cannot be reissued, extended, or reinstated.

Licensure by Endorsement

Nurses who wish to practice in Kentucky who are not licensed in a state that is part of the Nurse Licensure Compact, are required to obtain licensure by endorsement. Nurses who permanently move to Kentucky, making Kentucky their primary state of residence, are required to obtain a Kentucky license through the process of endorsement ([201 KAR 20:110](#)). The following minimum criteria must be met:

1. Completion of a Board approved pre-licensure program of nursing
2. Ability to read, write, and speak English
3. Submission of a completed application and the required fee
4. Completion of the State and Federal Criminal Background Check through IdentityGO®
5. Receipt of the official transcript, if the state of original licensure was California, Connecticut, Florida, Hawaii or from any state that does not validate graduation from an approved program of nursing
6. Evidence of continuing competency (see below table)
7. Completion and passing with a score of at least 80% of the KBN Jurisprudence Examination
8. Verification of original licensure, which includes licensure examination results, date of licensure examination, date of original licensure, and validation of graduation from an approved program of nursing

Failure to meet all licensure requirements prior to the application expiration requires the applicant to submit a new application for licensure by endorsement and meet the requirements listed above.

Use the following table to determine practice and continuing education requirements for licensure by endorsement:

If you:	Is the Requirement Met?	Documentation Needed
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Graduated within the past 1 year	Yes	No documentation needed
Were licensed within the 5 years preceding the date your application was received at KBN	Yes	No documentation needed
Practiced as a nurse for at least 100 hours within the 5 years preceding the date your application was received at KBN	No	Contact the Endorsement Coordinator
Have not practiced as a nurse within the 5 years preceding the date your application was received at KBN	No	Evidence of completing 120 continuing education contact hours within one year of preceding the application date.

Verification of Original Licensure

Verification of original licensure, which includes licensure examination results, date of licensure examination, date of original licensure, and validation of graduation from an approved program of nursing, must be submitted to the KBN directly from the Nursys® verification system or the licensing board. Nursys® is a national database for verification of nurse licensure, discipline, and practice privileges.

As an example, if your state of original licensure is a Nursys® participant, you must go to nursys.com to request a verification to be sent to KBN. If your state of original licensure is not a Nursys® participating state, you must contact your board of original licensure to have a verification sent to KBN. A list of participating states can be found at [Nursys®](https://nursys.com).

Temporary Work Permit

An applicant for licensure by endorsement may be eligible for a temporary work permit (TWP), which is valid for six months from the date of issue. This TWP allows the RN or LPN to practice the full scope of nursing pending issuance of the Kentucky license. If the TWP expires, the individual may no longer practice as a nurse in Kentucky until permanent licensure is issued. TWPs cannot be re-issued, extended, or reinstated.

Licensure Renewal



After a nurse is issued a license to practice, that license must be maintained through a renewal process. All nurses are required to attain continuing competency with each renewal. A complete list of acceptable competencies for renewal can be found on the [KBN website](https://kbn.ky.gov). In Kentucky, nurses must renew a license by midnight EDT October 31st of every year. The renewed license is active for one year and will expire on October 31st of the following year. Email notifications with renewal information are sent to all nurses who provided KBN with a valid email address.

Additionally, renewal information is provided in the KBN Connection, which is sent to all active licensees. Licensees are required by law to maintain a current mailing address and electronic mailing address (email) with the Board. See [KRS 314.107](https://krs.ky.gov).

If you hold a Kentucky nursing license, [click here](#) for information on how to update your email address.

Applicants for renewal must follow the same process for reporting criminal convictions as described above. In addition, licensees are required to submit documentation of any disciplinary action pending on licenses in other jurisdictions. The renewal process for licenses and credentials is accomplished online through the KBN Nurse Portal on the [KBN website](#). After a license or credential is renewed, a confirmation email notification is sent to nurses who provided KBN with a valid email address.

Reinstatement of a Lapsed License

A license shall lapse if the licensee fails to meet all the requirements for renewal before the current expiration date. See [KRS 314.071](#) and [201 KAR 20:230](#). A lapsed license must be reinstated to enable the nurse to practice in Kentucky. Practicing without a current license may subject the individual to disciplinary action.

Requirements for reinstating a lapsed license include the following:

1. Submission of a completed application and the required fee
2. Completion of the State and Federal Criminal Background Check through IdentoGO®
3. Individuals applying for reinstatement of a lapsed license within one year of the date the license lapsed may provide evidence of having completed the required 14 contact hours of continuing education as evidence of competency validation
4. Individuals applying for reinstatement of a license that has been lapsed for more than one year [must submit](#): either a validation of competency via verification of employment as a licensed nurse in another state for 500 hours within the past 5 years; or earning the required continuing education based on the numbers of years lapsed
5. Individuals applying for reinstatement of a license that has been lapsed for more than one year must also complete and pass with a score of at least 80% the [KBN Jurisprudence Examination](#)

REINSTATEMENT OF A LAPSED LICENSE FOLLOWING DISCIPLINARY ACTION

If the license has been revoked, suspended or voluntarily surrendered, the individual may apply for reinstatement by meeting the terms of the disciplinary decision or agreed order.

In some cases, a hearing may be conducted to determine if issuing a license to the individual would no longer be a threat to public safety and health, see [201 KAR 20:225](#).

REINSTATEMENT FOR FAILURE TO RENEW

In order to apply for reinstatement after failure to renew, APRNs must apply [here](#), RNs must apply [here](#), and LPNs must apply [here](#).

Nurses who fail to renew a license by midnight EDT on October 31st of the year the license expires, must meet all the requirements for reinstatement of the license.

Retired License

Nurses in Kentucky may choose to [retire their license](#). A retired license is validated as retired. Having a retired license allows the individual to use the title Registered Nurse (RN) or Licensed Practical Nurse (LPN) but does not allow the individual to practice as a nurse. Active licensure is mandatory to practice as a nurse in Kentucky.

There is a one-time fee to obtain a retired license. The license does not have to be renewed, and continuing education does not have to be earned.

Sexual Assault Nurse Examiner Credential



The Sexual Assault Nurse Examiner (SANE) program is a statewide commitment to provide a compassionate and comprehensive response to individuals who have been the victims of sexual assault.

The SANE is a Registered Nurse educated in the forensic examination of victims of sexual assault and credentialed by KBN. A SANE may conduct the physical examination, collect and preserve evidence, and testify in legal proceedings. Because the SANE is knowledgeable in the nursing process, forensic nursing concepts, victim's issues, and legal responsibilities, a SANE is an integral part of the multidisciplinary team.

To be eligible for credentialing as a SANE in Kentucky, one must have a current, active license as a Kentucky RN or a privilege to practice pursuant to the Nurse Licensure Compact and have completed a KBN approved SANE training program. A Kentucky-credentialed SANE RN must renew the credential every year by midnight EDT on October 31st and earn 5 contact hours in sexual assault/forensic nursing with [each renewal](#).

Online Verification of Licensees

The KBN web site is considered primary source verification of licensure and is the preferred method of licensure validation. The Joint Commission, the Cabinet for Health and Family Services, and the US Department of Health & Human Services, Office of the Inspector General, consider verification through the KBN website as evidence of licensure. The KBN web validation displays not only the license expiration date but also, in real time, any disciplinary action taken on the license or privilege to practice.

The KBN no longer issues licensure cards. Newly licensed nurses receive an electronic notification that includes their license number and the expiration date. Licensure may be validated via the [KBN website](#) and [Nursys®](#).

Fee Schedule

The Board is authorized by law to set fees for services including licensure and credentialing, see [201 KAR 20:240](#). Current fee schedules are listed on the [KBN website](#).

Bad Transactions (Checks, Drafts, Electronic Transfers and Credit Cards)

If a payment for a license, credential or other service fee is dishonored by the bank, the licensee must reimburse the Board the application or service fee plus any additional fees within 30 days of written notification from the Board.

If the licensee fails to reimburse the Board for fees paid for the renewal of a license, the Board may initiate action for the immediate temporary suspension of the license or credential, see [KRS 314.075](#).

Applications or Other Forms

All applications for licensure are online and licensure fees are payable by credit/debit card or ACH/electronic check. Also available on [the website](#) are other online forms with detailed instructions and requirements for licensure and credentialing.

LESSON 2: SCOPE OF PRACTICE



Licensee Scope of Practice

The Scopes of Practice for all licensees (RN, LPN, APRN) are found in Kentucky Revised Statutes (KRS) Chapter 314 and in Kentucky Administrative Regulations [201 KAR Chapter 20](#).

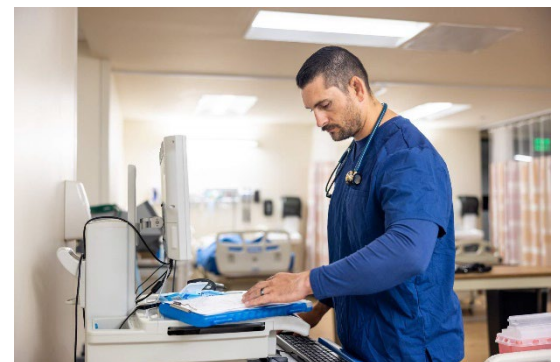
In addition to these laws, the Board of Nursing has issued Advisory Opinion Statements (AOS) to provide guidelines on safe patient care. These are written to reflect statutes and administrative regulations, as well as standards of practice and evidence-based practice research.

RN Scope of Practice

The Kentucky Nursing Laws define the scope of practice for the RN in [KRS 314.011 \(6\)](#).

Registered Nursing Practice is defined as: the performance of acts requiring substantial specialized knowledge, judgment, and nursing skills based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured, or infirmed
- b) The maintenance of health or prevention of illness in others
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or APRN and as further authorized or limited by the Board, and with standards of practice established, which are consistent either with the American Nurses Association Standards of Practice or with standards of practice established by nationally accepted organizations of Registered Nurses. Components of medication administration include, but are not limited to:
 - 1) Preparing and giving medications in the prescribed dosage, route, and frequency, including dispensing medications (only as defined in subsection (17) (b))



- 2) Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy
 - 3) Intervening when emergency care is required as a result of drug therapy
 - 4) Recognizing accepted prescribing limits and reporting deviations to the prescribing individual
 - 5) Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual
 - 6) Instructing an individual regarding medications
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care
 - e) The performance of other nursing acts which are authorized or limited by the Board, and which are consistent either with the American Nurses Association Standards of Practice or with standards of practice established by nationally accepted organizations of Registered Nurses

Access AOS #41 RN, LPN, and APRN Scope of Practice Determination Guidelines including the Decision-Making Model for Determining Scope of Practice for RNs, LPNs, and APRNs [here](#) and supportive information on the KBN website.

LPN Scope of Practice

Licensed Practical Nursing practice is defined in [KRS 314.011 \(10\)](#), as the performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirmed under the direction of a RN, APRN, physician assistant, a licensed physician or dentist
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the Board
- c) The administration of medications or treatments as authorized by a physician, physician assistant, dentist, or APRN and as further authorized or limited by the Board, which is consistent with the National Federation of Licensed Practical Nurses or with standard of practice established by nationally accepted organizations of Licensed Practical Nurses
- d) Teaching, supervising, and delegating except as limited by the Board
- e) The performance of other nursing acts that are authorized or limited by the Board and are consistent with the National Federation of Licensed Practical Nurses or standard of practice established by nationally accepted organizations of Licensed Practical Nurses

Access AOS #41 RN, LPN, and APRN Scope of Practice Determination Guidelines including the Decision-Making Model for Determining Scope of Practice for RNs, LPNs, and APRNs [here](#) and supportive information on the KBN website. Access AOS #27 for [Components of LPN practice](#) and [RN-LPN Scope of Practice Comparison Chart](#).

APRN Scope of Practice

Advanced Practice Registered Nurse (APRN) practice is defined in [KRS 314.011\(8\)](#). Advanced practice registered nursing is the performance of additional acts by RNs who have gained added knowledge and skills through an accredited education program that prepares the RN for one of the four APRN roles.

APRNs must be certified in at least one population focus and are certified by a nationally established organizations recognized by the Board (see [201 KAR 20:056 Section 3](#)) to certify Registered Nurses for Advanced Practice Registered Nursing in one of the following roles:

- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist

- Certified Nurse Midwife
- Certified Nurse Practitioner

Access the Scope of Practice Decision-Making Model for APRNs [here](#) and supportive information on the KBN website.

APRN Roles



An APRN may practice in one of these four roles as licensed by the Board and as determined by the educational program completed, population focus and the organization certifying the individual. For example, if prepared and certified as a pediatric nurse practitioner, the APRN may not engage in advanced nursing practice of the adult. The educational preparation and scope of practice of the certifying body determine legal practice parameters, not the employer of the APRN.

A list of the certifying organizations and those exams that meet the requirements for certification may be found in [201 KAR 20:056 Section 3](#).

APRN & Collaborative Agreements

Advanced nursing practice includes but is not limited to prescribing treatments, nonscheduled medications, and controlled substances; medical devices; and ordering diagnostic tests. An APRN who wishes to exercise prescriptive authority of non-scheduled medications is required to have a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician that defines the scope of the prescriptive authority for nonscheduled drugs and who is in the same or similar specialty for a minimum of four (4) years, see [KRS 314.042 \(8\)](#).

A second collaborative agreement, "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances" (CAPA-CS) is required of the APRN who wishes to prescribe controlled substances [KRS 314.042 \(11\)](#). The CAPA-CS must be with a licensed Kentucky physician in a same or similar specialty and must describe the arrangement for collaboration and communication between the Advanced Practice Registered Nurse and the collaborating physician for a minimum of four (4) years.

In addition to CAPA-CS, the APRN must have:

1. obtained a controlled substances registration certificate from the U.S. Drug Enforcement Agency (DEA)
2. established and maintained an account with the Kentucky All Schedule Prescription Electronic Reporting System (KASPER), or that of the prescription drug monitoring program (PDMP) currently in use in Kentucky pursuant to [KRS 218A.202](#).

Evidence of CAPA-NS, CAPA-CS, verification of KASPER Master Account and all Kentucky DEA registrations shall be provided to the KBN and kept updated.

APRN Licensure & Certification

An APRN in Kentucky must maintain current active Kentucky RN or multistate RN license, current Kentucky APRN licensure and current national certification. The APRN licensure renewal period is the same as the RN licensure period.

There is a five (5) contact hour pharmacology requirement for each APRN licensure period. If the APRN is prescribing controlled substances, and has a DEA Registration, or a PDMP (KASPER) account, 3 hours of the 5 contact hours in pharmacology, must be in pain management, or addiction disorders. See [KRS 314.073 \(9\)](#) and [201 KAR 20:215](#). Practicing without a current APRN license, national certification, and/or an active Kentucky or multistate RN license may subject the APRN to disciplinary action. KRS 314.011 (7) & (8), KRS 314.042 (1)-(9), KRS 314.073 (9). APRNs practicing in the advanced practice role after the national certification expires, may be subject to disciplinary action. No extension or grace period given by a national certification organization is recognized by KBN. A monthly review of certifications current with the Board is conducted by KBN. APRNs must submit evidence of current certification prior to expiration. There is no grace period allowed by KBN.

Credentialing

In addition to issuing RN, LPN, and APRN licenses, the Kentucky Board of Nursing issues credentials for dialysis technicians, for Licensed Certified Professional Midwives (LCPM), and for Sexual Assault Nurse Examiners.

DIALYSIS TECHNICIANS (DT)

A Dialysis Technician (DT) practices under the direct, on-site supervision of a RN or a physician. Information on the credentials, scope and standards of practice and requirements of the DT training programs is located in Kentucky Administrative Regulations [201 KAR 20:472 – 478](#). This regulation includes acts the DT may perform in the clinical setting and acts that are prohibited. Working in dialysis practice settings, it is imperative for the Registered Nurse to know the scope of practice of the dialysis technician. RNs who assign patient care to DTs must understand their scope to give appropriate assignments.

LICENSED CERTIFIED PROFESSIONAL MIDWIVES (LCPM)

An LCPM certified by the North American Registry of Midwives (NARM) may be licensed by KBN to provide care to a person during a low-risk pregnancy. See [KRS 314.400](#).

Information on the requirements for training programs and licensure is provided in Kentucky Administrative Regulations 201 [KAR 20:600 – 690](#).

SEXUAL ASSAULT NURSE EXAMINER (SANE)

The SANE is a RN educated in the forensic examination of victims of sexual assault and credentialed by KBN. Refer to Lesson 1, Sexual Assault Nurse Examiner Credential for more information. See also [KRS 314.142](#) and [201 KAR 20:411](#).

Dispensing of Medication

APRNs may dispense non-scheduled/legend medication samples under two (2) circumstances:

1. from pharmaceutical manufacturers to patients at no charge to the patient or any other party
2. from local, district, and independent health departments, subject to the direction of the appropriate governing board of the individual health department

(See [KRS 314.011\(17\)](#)). RNs may only dispense samples with an order from a qualified health care provider.

Determination of Death by RNs

A Registered Nurse employed by a health facility as defined in KRS 216B.015(13), may pronounce death in accordance with the requirements of KRS 446.400. "The nurse shall notify the patient's attending physician or other appropriate practitioner of the death in accordance with the facility's policy. The Registered Nurse is authorized to sign the provisional report of death as furnished by the state registrar of vital statistics." See [KRS 314.181](#). Determination of death by Registered Nurses – Notification.

It is not within the scope of the LPN to declare death or sign the provisional report of death or death certificate.

LPN Scope of Practice in Infusion Therapy

It is imperative that both the RN and LPN know the scope of practice of the LPN. RNs who assign patient care to LPNs must understand their scope in order to give appropriate assignments. LPNs must know how to practice safely within their scope of practice.

LPNs, who are educationally prepared and clinically competent, may engage in the practice of infusion therapy, as delineated in [201 KAR 20:490](#) (LPN Infusion Therapy Scope of Practice). This administrative regulation includes definitions, education and training standards, supervision requirements, standards of practice, and prohibited functions.

An LPN performing infusion therapy procedures is required to be under the direction and supervision of a RN, APRN, physician assistant, physician, or dentist. An LPN should only perform those infusion therapy tasks for which they possess the knowledge, skill and ability to perform safely and which are permitted by regulation.

Infusion Tasks That Shall NOT Be Performed by the LPN

An LPN **shall not** perform the following infusion therapy functions, according to [201 KAR 20:490 Section 5](#):

1. Administration of tissue plasminogen activators, except when used to declot any central access device
2. Accessing of a central venous access device used for hemodynamic monitoring
3. Administration of medications or fluids via arterial lines or implanted arterial ports
4. Accessing or programming an implanted infusion pump
5. Administration of infusion therapy medications for the purpose of procedural sedation or anesthesia
6. Administration of fluids or medications via an epidural, intrathecal, intraosseous, or umbilical route, or via a ventricular reservoir
7. Administration of medications or fluids via an arteriovenous fistula or graft, except for dialysis
8. Repair of a central venous access device
9. Performance of therapeutic phlebotomy
10. Aspiration of an arterial line
11. Initiation and removal of a peripherally inserted central, midclavicular, or midline catheter
12. Administration of immunoglobulins, antineoplastic agents, or investigational drugs

LPN Practice

An Advisory Opinion Statement (AOS) important for both RNs and LPNs to know is [AOS #27: COMPONENTS OF LICENSED PRACTICAL NURSING PRACTICE](#). This AOS provides a guideline identifying components of clinical practice for the LPN.

LPNs practice under the direction of a RN, APRN, physician assistant, physician or dentist. LPNs are not licensed for independent practice. It is not within the legal scope of licensed practical nursing practice to direct and supervise the practice of a RN.

Components addressed in AOS #27 include: assessment, planning, implementation, evaluation, reporting and recording, collaborating, teaching and counseling.



[Here](#) you can view an Index of Current KBN Advisory Opinion Statements. For additional information please refer to the [RN/LPN Scope of Practice Comparison chart](#).

Delegation to Unlicensed Personnel

An integral part of competent practice is the delegation of nursing tasks by licensed nurses. The [KRS 314.011\(2\)](#) defines delegation as "directing a competent person to perform a selected nursing activity or task in a selected situation under the nurse's supervision and pursuant to administrative regulations..." The [201 KAR 20:400](#) details the responsibilities of the licensed nurse who delegates a nursing task to an unlicensed person or to a paramedic in a hospital emergency department.

In summary, the licensed nurse who delegates to an unlicensed person including DTs must determine the nursing care needs of the client, retain responsibility for use of the nursing process, assess the competency of the unlicensed person to perform the delegated task, ascertain that no independent nursing judgment or intervention is required, evaluate and retain responsibility for competent performance, and document outcome(s).

Nursing acts that require substantial specialized nursing knowledge or judgment should NOT be delegated to an unlicensed person. No other person "works on your license"; a nurse is responsible for decisions to delegate tasks and should assure that the task is provided in a safe and competent manner.

The responsibility and the accountability of nursing care remain with the nurse. Therefore, the nurse should always assure that the individual performing the act has the necessary educational preparation and competence in order to perform the task safely.

The nurse is responsible for providing supervision of the delegated task performed by an unlicensed person. When determining the degree of supervision needed, the nurse must evaluate the stability and acuity of the patient; the training and competency of the delegatee; the complexity of the nursing task being delegated; and the proximity and availability of the delegating nurse to the delegatee when the nursing task is performed.

[AOS #15: ROLES OF NURSES IN THE SUPERVISION AND DELEGATION OF NURSING ACTS TO UNLICENSED PERSONNEL](#) further explains the Board's position on related delegation issues. Use [this link](#) to view an index of current AOS.

The Board has also developed a decision tree (see diagram below) to assist nurses in determining if an act is appropriate to delegate to an unlicensed person. The unlicensed person is responsible for accepting only those delegated acts for which they are competent to perform.

Only the implementation of a task/activity may be delegated. Assessment, planning, evaluation, and nursing judgment cannot be delegated.

The Decision Tree for Delegation to Unlicensed Assistive Personnel can also be accessed on the KBN website [here](#).

Advisory Opinion Statements

The Board has the statutory authority to issue Advisory Opinion Statements (AOS) dealing with nursing practice. See [KRS 314.131\(2\)](#). While AOS do not carry the force and effect of law, they are guidelines for safe and effective nursing care. When the Board identifies pertinent issues or receives a number of inquiries about a particular area of practice, an advisory opinion may be developed.

A full listing of KBN Advisory Opinion Statements is available on the [KBN website](#). If a nurse has a practice question, the individual may write or call the Board to request guidance.

Scope of Practice Determination Guidelines - Decision Tree

All nurses are individually responsible and accountable for the individual's acts based upon the nurse's education and experience, each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. See [KRS 314.021\(2\)](#).

The Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" that contain a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice.

When the performance of an act is not definitively addressed in the *Kentucky Nurse Laws* or in an advisory opinion of the Board, the nurse must exercise professional judgment in determining whether the performance of acts is within the scope of practice for which the individual nurse is licensed. The KBN has a decision tree chart that provides guidelines for nurses in determining whether the selected function is within an individual nurse's scope of practice.

Access the AOS #41 RN, LPN, and APRN Scope of Practice Determination Guidelines [here](#) and supportive information on the KBN website.

Assignments

Another area frequently questioned, particularly by recent graduates, is related to both receiving and giving of assignments. The Kentucky Board of Nursing developed an advisory opinion to assist nurses in making decisions regarding assignments for safe patient care.

[AOS #19](#): RESPONSIBILITY AND ACCOUNTABILITY OF NURSES FOR PATIENT CARE ASSIGNMENTS AND NURSING CARE DELIVERY, details the factors that must be considered when accepting or giving assignments. Included in these factors are:

- the kinds of acts being performed
- the condition of the patient for whom the acts are being performed
- the situation in which the acts are performed
- the preparation and experience of the nurse performing the acts
- the ability of the nurse to recognize adverse reactions
- the capability to take appropriate actions to protect the patient

A nurse temporarily assigned to an unfamiliar, specialized, or "high-tech" patient care area, would be expected to utilize core nursing knowledge and competence to provide patient care. The duties expected of the nurse should be outlined, and the nurse should have the ability to perform those duties. Further, the nurse in such a situation should be under the on-site supervision of a Registered Nurse who is prepared by virtue of education and experience to practice competently in the specific area.

Access the Advisory Opinion Statement Index [here](#).

Nurses who doubt their competence to perform a requested act have an affirmative obligation to:

1. Collaborate with the appropriate supervisory nursing personnel to assist in the performance of the act
2. Request the educational preparation and supervised clinical practice necessary to perform the act

If the appropriate training or supervision is not provided, then the nurse is obligated to refuse to perform the act and to inform the supervisory nursing personnel, and/or the prescribing physician/provider, as applicable.



If a nurse accepts an assignment believed to be unsafe, or for which the nurse is not educationally prepared, the nurse assumes the potential liability that may occur as the result of the assignment. Others may equally or concurrently be held responsible, accountable, and liable for the nurse's actions.

Abandonment

While the term "abandonment" does not appear in the Kentucky Nursing Law, KRS Chapter 314, a nurse whose behaviors are inconsistent with the safe practice of nursing may be charged with being in violation of [KRS 314.021\(2\)](#), which holds nurses individually responsible and accountable for rendering safe, effective nursing care to patients and for judgments exercised and actions taken in the course of providing care and [KRS 314.091\(1\)\(d\)](#), "...negligently or willfully acting in a manner inconsistent with the practice of nursing...."

In general, a nurse may leave a nursing assignment only after:

1. Communicating the need to do so with the nurse's supervisor
2. Exhausting all reasonable and prudent efforts to place the care of the patients in another nurse's care

While it is difficult to specifically state when abandonment occurs, it is clear that abandonment does not occur when a nurse who cannot practice with reasonable skill and safety leaves an assignment after fulfilling the two obligations stated above. See [AOS #24](#).

Confidentiality

Each nurse is held individually responsible and accountable for rendering safe, effective nursing care to patients and for judgments exercised and actions taken in the course of providing care. See [KRS 314.021\(2\)](#).

A nurse has an obligation to protect confidential patient information and releases information only to those with a need to know basis. The patient should provide permission for these disclosures (see [AOS #34](#)).

[KRS 314.031](#) added the mandatory reporting of a nurse who is suspected of violating the confidentiality of information or knowledge concerning any patient, except as authorized or required by law.

LESSON 3: PUBLIC PROTECTION



Protection of the Public

As stated throughout this document, the KBN protects public health and welfare by the development and enforcement of state laws governing the safe practice of nursing.

The KBN has the following functions and responsibilities associated with the mission of public protection:

- Investigates alleged violations of the Kentucky Nursing Laws
- Takes disciplinary action against licensees/applicants who fail to meet regulatory standards
- Provides an alternative to disciplinary action for nurses with a substance use disorder through the Kentucky Alternative Recovery Effort (KARE) for Nurses Program
- Monitors nurses on limitation/probation

[KRS 314.091](#), is the Board's general discipline statute which provides notice of the types of misconduct that may result in disciplinary action. When potential violations are identified that threaten client well-being, the licensee must be reported to the Board. See [KRS 314.031\(4\)](#).

Reasons for KBN Disciplinary Action

[KRS 314.091\(1\)](#), gives the Board the power to reprimand, deny, limit, revoke, probate, or suspend any license or credential to practice nursing issued by the Board or applied for..., or to otherwise discipline a licensee, credential holder, privilege holder, or applicant, or to deny admission to the licensure examination, or to require evidence of evaluation and therapy upon proof that the person:

- a) Is guilty of fraud or deceit in procuring or attempting to procure a license, credential, or privilege to practice nursing
- b) Has been convicted of any felony, or a misdemeanor involving drugs, alcohol, fraud, deceit, falsification of records, a breach of trust, physical harm or endangerment to others, or dishonesty, under the laws of any state or of the United States, in accordance with KRS Chapter 335B. The record of conviction or a copy thereof, certified by the clerk of the court or by the judge, who presided over the conviction, shall be conclusive evidence
- c) Has been convicted of a misdemeanor offense under KRS Chapter 510 involving a patient, or a felony offense under KRS Chapter 510, 530.064(1)(a), or 531.310, or has been found by the Board to have had sexual contact as defined in KRS 510.010(7) with a patient while the patient was under the care of the nurse
- d) Has negligently or willfully acted in a manner inconsistent with the practice of nursing
- e) Is unfit or incompetent to practice nursing by reason of negligence or other causes, including but not limited to, being unable to practice nursing with reasonable skill or safety
- f) Abuses controlled substances, prescription medications, illegal substances, or alcohol
- g) Has misused or misappropriated any drugs placed in the custody of the nurse for administration, or for use of others
- h) Has falsified or in a negligent manner made incorrect entries or failed to make essential entries on essential records
- i) Has a license, privilege, or credential to practice as a nurse denied, limited, suspended, probated, revoked, or otherwise disciplined in another jurisdiction on grounds sufficient to cause a license or privilege to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth, including action by another jurisdiction for failure to repay a student loan
- j) Has violated any of the provisions of this chapter
- k) Has violated any lawful order or directive previously entered by the Board
- l) Has violated any administrative regulation promulgated by the Board
- m) Has been listed on either the adult caregiver misconduct registry or the nurse aide abuse registry with a substantiated finding of abuse, neglect, or misappropriation of property, or has a substantiated finding or judicial finding of the abuse or neglect of a child
- n) Has violated the confidentiality of information or knowledge concerning any patient, except as authorized or required by law
- o) Used or possessed a Schedule I controlled substance
- p) Has used or been impaired as a consequence of the use of alcohol or drugs while practicing as a nurse
- q) Has violated the KRS 304.39-215
- r) Has engaged in conduct that is subject to the penalties under KRS 304.99-.060(4) and (5)
- s) As provided in KRS 311.824(2), has been convicted of a violation of KRS 311.823(2)

Licensure is Required for Practice

A nursing license is mandatory in Kentucky if an individual wishes to use the title Advanced Practice Registered Nurse (APRN), Registered Nurse (RN), or Licensed Practical Nurse (LPN). A license is required even though an individual is not employed as a nurse if one holds themselves out to be an APRN, RN, or LPN.

It is unlawful for any person to call or hold themselves out as or use the title of nurse or to practice or offer to practice as a nurse unless the nurse holds a license issued by the Board pursuant to [KRS 314](#).



Mandatory Reporting

Kentucky is a mandatory reporting state. The mandatory reporting requirement found in KRS 314.031(4) states in part that it shall be unlawful for any nurse, employer of nurses, or any person having knowledge of facts to refrain from reporting to the Board a nurse who may have violated any provisions of [KRS 314.091](#).

All complaints related to nurses and applicants are handled in the Investigation Branch of the Board. Health care facilities, co-workers, patients, family members, law enforcement, other boards of nursing, or other administrative agencies can submit complaints; a nurse may also self-report. If there is evidence of a possible violation of the Kentucky Nursing Laws, an investigation is initiated.

There are penalties for failing to report violations. Nurses who fail to report may be subject to disciplinary action pursuant to KRS 314.031(4).

Misconduct found in KRS 314.091, as discussed above must be reported.

Any person under the jurisdiction of the Board must notify it in writing of any misdemeanor or felony criminal conviction, except for minor traffic-related misdemeanors other than operating a motor vehicle under the influence of drugs or alcohol, in this or any other jurisdiction, within 90 days of the entry of an order or judgment. The person is required to submit a certified copy of the order and a letter of explanation related to the circumstances surrounding the conviction. See [KRS 314.109](#).

Any person under the jurisdiction of the Board must notify it in writing if any additional professional or business license that is issued to the person is subject to disciplinary action. The person is required to submit a certified copy of the order and a letter of explanation within 30 days related to the circumstances surrounding the action. See [KRS 314.108](#).

KBN can also initiate an investigation by entering an administrative complaint for the following:

1. Failure to obtain the required continuing competency requirements
2. Practicing without a license
3. Falsification of an application for licensure
4. Submission of a bad debit transaction or check to KBN for licensure
5. Failure to report convictions
6. Failure to satisfy child support obligations

The Board has the authority to issue subpoenas to compel the production of documents in the course of an investigation. The subpoena is enforceable by a Kentucky Circuit Court and any failure to comply with a Board issued subpoena could result in an action for contempt being filed in the Circuit Court. See [KRS 314.091\(3\)](#).

When a Complaint is Entered Against a Nurse

If there is evidence of a possible violation of the Kentucky Nursing Laws, the nurse or applicant who is placed under investigation is notified by mail at their address of record with the Board. The nurse or applicant is sent a Notice of Complaint letter, a copy of the complaint, and a Response to Complaint form. The Response to Complaint form allows the nurse or applicant to provide a response to the allegations, and it must be verified by the nurse or applicant and notarized. It is a violation to submit a materially false statement to the Board. See [KRS 314.095](#).

The Response to Complaint form must be submitted to the Board within 30 days of receipt of the Notice of Complaint letter. After the Board receives the nurse's response, the nurse is notified that an investigator will be assigned to the case.

Furthermore, any nurse or applicant who is the subject of an investigation by or on behalf of the Board shall cooperate fully with the investigation, including responding to a complaint or lawful request for information in a materially factual and timely manner. See [KRS 314.095](#).

Kentucky Nursing Law requires all nurses to maintain a current mailing address and electronic mailing address with the Board. According to [KRS 314.107](#), any person licensed by the Board shall maintain a current mailing address with the Board and shall immediately notify the Board by changing their address online.

As a condition of holding a license from the Board, an individual is deemed to have consented to service of notice or orders of the Board at the mailing address on file with the Board, which constitutes valid service of the notice or order.

Reasonable Cause & Evaluations

If the Board has reasonable cause to believe that any licensee or applicant is unable to practice with reasonable skill and safety or has abused alcohol or drugs, the Board has the authority to require the person to submit a mental health, substance use disorder, or physical evaluation by a designated practitioner. Once ordered, the evaluation must be completed and returned to KBN within 30 days by the evaluator. See [KRS 314.085](#).

Failure to comply with this order may result in an immediate temporary suspension or denial of the application until the licensee submits to the required evaluation. See [KRS 314.089](#). The evaluation is performed at the licensee's or applicant's expense and may be admissible as testimony should the case proceed to an administrative hearing.



Investigations & Licensure

If the nurse's license is current, the nurse is often allowed to maintain employment in Kentucky while the investigation is in process. An employer verifying the license is told the status of the license and that an investigation is pending. No other information about the investigation is shared. The employer may submit a written request to KBN to be notified of the outcome.

An Immediate Temporary Suspension (ITS) of a nurse's license can be issued for the following reasons:

- If an immediate danger or threat to the public is identified. See [KRS 314.089](#) and [KRS 13B.125](#)
- Failure to obtain a Board ordered evaluation. See [KRS 314.085](#)
- Failure to reimburse the Board for the amount of an insufficient check, draft, order, or electronic funds transfer, and any applicable fees, within thirty (30) days of written notice from the Board. See [KRS 314.075](#)
- Failure to pay child support in Kentucky. See KRS 205.712(11)
- Failure to pay Kentucky taxes. See KRS 131.1817

Immediate Temporary Suspensions are reported on the KBN website and to [Nursys](#)®. The National Council of State Boards of Nursing (NCSBN) supports KBN, as well as other participating boards of nursing, by collecting and disseminating disciplinary data at a centralized location to the public.

The Investigative Process

The investigative meeting is an informal, fact gathering meeting between the nurse and investigative staff. This gives the nurse an opportunity to review the information regarding the allegations. KBN staff will explain the disciplinary process and possible Board outcomes. The nurse has the right to be represented by an attorney.

After a thorough investigation, the case may be presented to KBN's Credentials Review Panel for direction. The panel, composed of Board members, meets monthly to review information and direct Board staff on case resolutions.

If the investigation reveals that a violation of Kentucky Nursing Law has occurred, a proposed settlement is offered to the nurse in the form of an Agreed Order or Consent Decree. If the nurse accepts the proposed settlement, the document is forwarded to KBN's Executive Director for consideration and possible approval on behalf of the full Board.

Resolution of Complaints

The types of outcomes of the complaint process are:

- **Dismissal** - The complaint is dismissed for lack of evidence.
- **Letter of Concern** - A letter is mailed to the nurse expressing the Board's concern regarding the nurse's actions. This is not disciplinary action, but it is maintained in the nurse's file in the Board office. If another complaint is received, this information can be utilized to establish a pattern of misconduct.
- **Consent Decree** - A Consent Decree agreement between the nurse and KBN is generally issued because of a non-willful violation. A civil penalty is imposed. This is not formal disciplinary action but is public information. Some examples of non-willful violations are working on a lapsed license; failure to meet continuing competency requirements; or inadvertent falsification of an application.
- **Agreed Order** - An Agreed Order is an agreement between the nurse and the KBN validating that a violation of the Kentucky Nursing Laws occurred in whole or in part and specifying the terms/conditions to be imposed. This is formal disciplinary action.
- **Hearing and Decision** - A Hearing and Decision is a formal procedure in which the case is presented to the KBN hearing panel for determination. Fees such as hearing officer fee and court stenographer fee may be assessed. The nurse shall bear the costs of the hearing if found guilty of at least one of the charges.

Possible Disciplinary Actions Taken Against a Nurse's License

- **Reprimand** - A reprimand does not affect the nurse's ability to practice in Kentucky. It may impose a civil penalty, additional continuing education, and/or possible drug screening. If the nurse is under a reprimand with monitoring, including drug screening, they are limited to a Single State License (SSL).
- **Limitation/Probation** - The nurse continues to practice nursing subject to certain conditions as determined by KBN. Restrictions may include: limiting the area in which the nurse is allowed to practice; practicing with supervision; and/or having limited or no access to controlled substances or other medications. Probation may include meetings with KBN staff; random drug/alcohol screens; substance abuse treatment; and submitting employer reports.
- **Voluntary Surrender or Suspension** - The nurse agrees to surrender the license for a period, or the nurse loses the right to practice nursing for a specific amount of time. The Board's order will specify conditions that must be met prior to reinstatement of the license which may include: a current substance use disorder, mental health, and/or physical evaluation; counseling reports; random drug/alcohol screens; and letters of recommendation. A hearing may be required to consider reinstatement of a suspended license.
- **Reinstatement Denied** - Reinstatement of a lapsed/suspended license can be denied by KBN until specific conditions are met.
- **Licensure Denied** - The applicant is denied licensure in the state of Kentucky.
- **Revocation** - In revocation, the nurse loses the ability to practice nursing in the state of Kentucky. A nurse may reapply for a license after the period specified by the Board's Order. The nurse is required to retake and successfully pass the National

Council Licensure Examination. A hearing may be held to determine if the issuance of the license would be a threat to public health and safety.

A civil penalty shall be imposed on all the above actions. The Board can issue a civil penalty up to \$10,000.

All final KBN disciplinary actions are published in the Board's quarterly newsletter, the KBN Connection; is subject to the Kentucky Open Records Act; and reported to Nursys® and any other state or federal agency as required by law.

The Administrative Hearing Process

If the nurse chooses not to respond to the allegations or accept the proposed settlement, KBN's prosecuting attorney prepares the Notice of Charges and Notice of Intent to Request a Hearing (NOC/NIRH). This document formally charges the nurse with specific violations of the Kentucky Nursing Laws and advises the nurse of the factual basis of the charges. The nurse must submit a written answer to the Board no later than 20 days after receipt of the NOC/NIRH.

If the nurse fails to file an answer, an order for default may be issued. If the nurse submits an answer, a pre-hearing conference is scheduled. Failure to comply with any stage of the administrative hearing process may result in the issuance of a default order. When a default order is issued, the nurse forfeits the right to a hearing and is found guilty of the charges.

A hearing officer presides over the hearing. The hearing panel consists of two Board members, one of whom shall be a Registered Nurse. All hearings are open to the public. Evidence is presented by KBN's prosecuting attorney and the nurse and the nurse's attorney, if applicable. After deliberation in closed session, the hearing officer on behalf of the panel, submits a recommended order to the full Board. Either party may submit written exceptions to the Board for its consideration.

EXPUNGEMENT OF RECORDS

An action against a nurse's license may be eligible to be expunged. Pursuant to [KRS 314.131\(9\)](#) and [201 KAR 20:410](#), the Board may expunge the records of discipline. Upon a written request from the nurse, an expungement may be considered if specific criteria are met.

The expungement means that the nurse's record would be sealed and the proceedings to which they refer shall be deemed never to have occurred.

Reporting Requirements

The Kentucky Board of Nursing, as a state licensing authority, is required by federal law to report all adverse licensure actions to the National Practitioner Data Bank (NPDB). State licensing authorities have the option to use an agent to meet their reporting requirements, and the Board's agent is Nursys®, a national database for verification of nurse licensure, discipline, and practice privileges in participating jurisdictions. The Nursys® database is comprised of data obtained directly from the licensure systems of the boards of nursing through frequent, secured updates.

The types of actions that must be reported include any adverse action, including:

- Reprimand
- Reprimand with random drug screening
- Limitation/probation

- Suspension or revocation of license
- Dismissal or closure of formal proceedings by reason that the practitioner has surrendered the license or left the jurisdiction
- Voluntary Surrender

The Board is also required to report to the United States Department of Health & Human Services, Office of Inspector General (OIG) actions that result in a license revocation, suspension or voluntary surrender exceeding one year. The OIG can exclude a practitioner from participation in Medicaid or Medicare.

The purpose of these mandatory reporting requirements is to foster quality in health care, and to assist the health care community in making sound employment, credentialing, and licensing decisions. A state licensing authority's failure to report can expose the public to practitioners who are unfit to provide patient care.

LESSON 4: KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE) FOR NURSES PROGRAM



Substance Use Disorder

It is estimated that between 10–20% of the general population of the United States suffers from substance use disorder (SUD), which refers to conditions arising from the abuse of and addiction to alcohol and other psychoactive drugs.

Within the nursing population, it is estimated that 14%–20% of nurses are dependent upon alcohol or other drugs. Nurses who practice in specialty areas, such as an emergency department, critical care, and anesthesia nursing, are at higher risk for development of SUD.



Indicators of SUD

While no single or group of indicators may be conclusive evidence of SUD, these are typical behaviors of which nurses or employers of nurses should be aware:

- Increase in absenteeism, particularly associated with preceding or following days off from work
- Tardiness, frequent breaks or absences from the unit
- Volunteering to work overtime or float between units
- Volunteering to give medications or medicating another nurse's patient
- Administering the maximum PRN dosage of a medication, as well as administering the maximum PRN medications more frequently than previous shifts have documented

- Patient complaints of inadequate pain control
- Illegible or absent charting, particularly medication administration
- Deterioration in job performance
- Emotional instability and mood changes; angry; tearful; paranoia
- Deterioration in personal appearance
- Sleepy, drowsy, pinpoint pupils, tremors; diaphoretic

KARE for Nurses Program

In 1996, the Kentucky General Assembly authorized KBN to create and administer an alternative to discipline program for nurses who acknowledge a substance use disorder. In 2001, the Kentucky Board of Nursing implemented the [Kentucky Alternative Recovery Effort \(KARE\) for Nurses Program](#). This program is an alternative to discipline monitoring program for nurses who acknowledge that they have a substance use disorder. See [KRS 314.171](#).

The KBN philosophy of the KARE for Nurses Program is that SUD is treatable. The recovery and return of a nurse to safe and competent nursing practice is in the best interest of the public and the profession. In the interest of public protection, the Kentucky Nursing Laws were amended on July 15, 2010, to permit the Board to verify to the public a licensee's participation in the KARE for Nurses Program. Therefore, any nurse admitted to the Program on or after July 15, 2010, would have their participation in the KARE for Nurses Program verified via the Board's online licensure validation system.



Eligibility Requirements

The KARE program is voluntary.

To be eligible for KARE, the nurse must be licensed or be an applicant for licensure in Kentucky. The nurse must submit a written request for admission to the KARE for Nurses Program citing the circumstances that are compelling the nurse to seek admission. The individual must also obtain a substance use disorder evaluation by a Board-approved evaluator. In addition, the nurse agrees to being monitored for at least five years.

All KARE for Nurses Program participants must meet requirements for participation including, but not limited to:

- Comply with recommendations for treatment
- Complete continuing care
- Attend 12-Step meetings such as Alcoholics Anonymous or Narcotics Anonymous
- Obtain and maintain regular contact with a sponsor

Random drug testing is an important and necessary component of the KARE for Nurses Program. Once the nurse has provided evidence of completion of treatment, including a statement from the treatment provider that the nurse is stable in their early recovery, the KARE for Nurses Program Agreement can be modified permitting the nurse to return to nursing practice. However, nursing practice limitations will apply, such as a limit on practice settings, hours worked, supervision of practice by another licensed nurse or physician and not having access to or being responsible for any controlled substances, if applicable.

Program Completion

When a nurse has met all requirements for completion of the KARE for Nurses Program, following at least five years of monitoring, the nurse may complete the program without having incurred disciplinary action upon their nursing license. Any validation of the nurse's participation in the Program ceases upon their completion of the Program.

Non-Compliance with Program

Failure to remain compliant or resolve issues of noncompliance can result in the KARE for Nurses Program Agreement being modified to extend the monitoring period beyond five years. It may even result in termination from participation in the Program.

Termination from the Program may also result in the suspension or denial of reinstatement of the nursing license for a period of at least two years.

CONCLUSION

This concludes the Kentucky Board of Nursing Jurisprudence Examination course. Thank you for your participation!