

**Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements<sup>1</sup>**

Adopted August 16, 2002

<b><i>APRN Uniform Requirements – U.S.-Educated, Initial</i></b>		
<b>Proposed Requirement</b>	<b>Rationale</b>	<b>Comments/Remarks</b>
1. Licensed RN (unencumbered)	<p><i>APRN practice is built upon the foundation of RN education and experience.</i></p> <p><i>Encumbered RN licenses should be evaluated individually by the Board for potential applicability to the APRN practice category. It is recommended that practice be limited to the jurisdiction of action until the basis for disciplinary action is resolved.</i></p>	<p>1. APRN Liaison Organizations-Consensus<sup>2</sup></p> <p>2. The intent is that this does not apply to provisional authority for new graduates pending examination. The APRN Task Force determined that an untested new graduate should not have interstate practice privilege. States may grant authority to practice within the state, but the interstate privileges would not apply</p>

<p>2. Graduated from or completed a graduate level APRN program accredited by a national accrediting body by 2003.</p>	<p><i>The knowledge skills and abilities essential for safe and competent advanced nursing practice are beyond those attained by an individual prepared in a basic nursing education program. Through graduate level education, a nurse can further develop abstract and critical thinking, the ability to assess at an advanced level, as well as advanced nursing and other essential therapeutic skills. Educational preparation should encompass both knowledge and the clinical component unique to the specific advanced practice nursing role.</i></p>	<ol style="list-style-type: none"> <li>1. APRN Liaison Organizations-Sense of group<sup>2</sup> –all but CNMs support this requirement.</li> <li>2. Compact rules, when developed, can address the criteria for recognition of accrediting bodies. The intent of the wording “or completed a graduate level APRN program” is to recognize post-graduate programs at the masters or higher level designed to prepare APRNs in the advanced nursing role and specialty.</li> <li>3. The APRN Task Force chose 2003 as the implementation date because: students enrolled in an educational program need time to complete the program; programs need time to move from certificate to graduate level; and the time should be sufficient for individuals to be given notification. This requirement will have an implementation date of 2003.</li> <li>4. There may be Masters programs which are not offered through a school of nursing; e.g., a master’s degree in nurse anesthesia offered by a College of Allied Health. The intent of the requirement is to allow these programs to be recognized if they are accredited. Accreditation validates that programs meet acceptable standards. Criteria for recognition of accrediting bodies may be established by states.</li> </ol>
<p>3. Currently certified by national certifying body in the APRN specialty appropriate to educational preparation</p>	<p><i>A Board using professional certification as a qualification for licensure/authority to practice should establish criteria for accepting the certification and retains control of the licensure/authority to practice.</i></p> <p><i>Untested new APRN graduates should not have interstate practice privilege during any period of provisional authority pending examination.</i></p> <p>The National Council APRN Task Force has worked closely with the certifying organizations to develop standards and a process for external review of certification programs.</p>	<ol style="list-style-type: none"> <li>1. APRN Liaison Organizations-Consensus</li> <li>2. Compact rules, when developed, can address recognition of certifying bodies through an external review process. Examples of external review accreditation programs for certification include NCCA and ABNS.</li> <li>3. Historically, the lack of accreditation for NP and CNS programs has been a concern for Member Boards. We anticipate CCNE and NLNAC will address these matters in the near future. Both organizations are considering including NONPF <i>National Task Force Criteria</i> and AACN <i>Essentials of Master’s Education</i>, which address the inclusion of pharmaco-therapeutics in the curriculum.</li> </ol>

		4. National Council will continue to monitor the compliance of certifying bodies with established accreditation criteria.
4. For applicants for whom there is no appropriate certifying exam available, states may develop alternate mechanisms to assure initial competence until January 1, 2005. Evidence of an equivalent mechanism to certification examinations will not be accepted after January 1, 2005 and individuals will no longer be licensed without an approved APRN examination.	<i>A broad preparation for APRNs should be considered the minimum preparation for entry into advanced practice nursing for legal recognition</i>	1. The APRN Task Force does not support recognition without examination. Further there are concerns regarding the proliferation of examinations that may not be psychometrically sound. The intent is to move towards a broad generalist preparation as opposed to a subspecialty preparation. Certification in a subspecialty can be obtained after credentialing in a generalist category has been completed.

***APRN Uniform Requirements–Renewal***

<b>Proposed Requirement</b>	<b>Rationale</b>	<b>Comments/Remarks</b>
1a. Maintain national certification in the appropriate APRN specialty through an ongoing certification maintenance program of a nationally recognized certifying body, <b>OR</b>	<i>This requirement recognizes the responsibility of the APRN to maintain competence in the APRN category. Certification maintenance may include education, practice and/or examination components.</i>	1. APRN Liaison Organizations-Consensus 2. Even if certifying body does not require participation in a competence maintenance program, participation will be required.
1b. Applicants for whom no recognized certification is available must participate in a competence maintenance program.	<i>Continued competence activities include needs assessment, planning to identify learning objectives, implementation of learning strategies to meet those needs and evaluation of the effectiveness of continued competence activities. For license/authority to practice renewal, Boards may direct APRNs to maintain documentation of continued competence activities and keep them on file.</i>	1. APRN Liaison Organizations-Consensus 2. For APRNs who did not have a specific, recognized APRN Certification examination available (prior to January 1, 2005), the requirements to assure continued competence can be left to the states. Criteria for competence maintenance would be developed in compact rules (see initial/U.S. educated, #4 above).

***APRN Uniform Requirements–Foreign Educated***

<b>Proposed Requirement</b>	<b>Rationale</b>	<b>Comments/Remarks</b>
1. Same as U.S.-educated/initial criteria, except the APRN educational program	<i>These requirements provide a mechanism for qualified APRNs educated in foreign jurisdictions to obtain</i>	1. APRN Liaison Organizations-Consensus 2. Foreign-educated nurses can be recognized if they meet the

<p>must meet criteria for accreditation equivalent to that of a national accrediting body.</p>	<p><i>licensure/authority to practice in the U.S.</i></p>	<p>following criteria:</p> <p>(a) Licensed RN (unencumbered),</p> <p>(b) Graduated from or completed a graduate level APRN program accredited by a national accrediting body. In lieu of an U.S. national accrediting body approval, states could determine equivalency of the foreign program to U.S.-accredited programs based on criteria established in the compact rules. It is anticipated that the compact rules will address specific criteria to be used by the states in determining equivalency of foreign programs with American Board of Nursing Specialties, National Commission for Certifying Agencies, Council on Accreditation of Nurse Anesthesia Educational Programs and American College of Nurse Midwives accreditation.</p> <p>(c) Currently certified by a national certifying body in the APRN specialty appropriate to educational preparation.</p> <p>(d) For applicants for whom there is no appropriate certifying examination available, states will have a mechanism to assure initial competence. (See initial/U.S.-educated, #4).</p> <p>2. National Council will continue to monitor international collaboration.</p>
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***APRN Uniform Requirements–Endorsement***

<b>Proposed Requirement</b>	<b>Rationale</b>	<b>Comments/Remarks</b>
<p>1. Licensed as RN (unencumbered), <b>AND</b></p> <p>2. APRN licensure/authority to practice unencumbered in another jurisdiction, <b>AND</b></p> <p>3. Currently certified by a national certifying body in the APRN specialty appropriate to the educational preparation or authorized to practice as an APRN in another jurisdiction through a mechanism to ensure initial competence when no appropriate certification exam is available, <b>AND</b></p>		
<p>4a. Meets educational requirements for initial licensure/authorization to practice <b>OR</b></p>	<p><i>Endorsement allows the mobility of APRNs between states currently, and would also be needed under an APRN compact to allow change of resident state.</i></p>	<p>1. APRN Liaison Organizations-Consensus on 1-4a. No agreement on 4b; dates suggested ranged from 2000-2007.</p> <p>2. The intent is to permit grandparenting of currently recognized</p>

<p>4b. Demonstrates successful completion of approved APRN certificate program prior to 2003.</p>	<p><i>This provision provides grandparenting provisions for currently recognized APRNs. The APRN Task Force selected the year 2003 to allow students enrolled before the uniform requirements to be grandparented.</i></p> <p><i>It is anticipated that compact states will be able to grandparent APRNs endorsing from another state even if not meeting the 2003 criteria as long as the endorsee met another jurisdiction's requirements prior to 2003.</i></p>	<p>APRNs. The APRN Task Force chose the date 2003 when consensus could not be reached among the APRN organizations. The APRN Task Force chose 2003 because: students enrolled in an educational program need time to complete the program; programs need time to move from certificate to graduate level; and the time should be sufficient for individuals to be given notification of grandparenting.</p> <p>3. Compact states can grandparent APRNs endorsing from another state even though the endorsee does not meet the 2003 criteria as long as the endorsee met another jurisdiction's requirements prior to 2003. Requirements 4a and 4b provide grandparenting for APRNs who have been legally recognized and are practicing safely in a jurisdiction prior to 2003.</p>
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***APRN Uniform Requirements–Re-entry into Practice***

<b>Proposed Requirement</b>	<b>Rationale</b>	<b>Comments/Remarks</b>
None.	<p><i>Extensive discussion with the APRN Liaison Organizations about re-entry requirements led to the conclusion that relatively few individuals might wish to re-enter advanced practice. A specific process may be identified in the future from the mechanisms used by the states.</i></p>	<p>Extensive discussion took place with the APRN Liaison Organizations about re-entry requirements. The conclusion was that few individuals might wish to re-enter advanced practice and the variety of mechanisms used by the states might identify an effective re-entry process for the future.</p>

<sup>1</sup>The **mechanism of legal recognition** can be any of the various ones used by states to authorize advanced practice, e.g., certificate of authority, licensure, or recognition.

<sup>2</sup>**Consensus and Sense of Group**

Consensus means that all participating APRN liaison organizations agreed. Sense of the Group means a majority of the participating APRN liaison organizations agreed.

Several meetings took place from December 1997 to December 1998 with the APRN professional and certifying organizations to develop the draft Uniform Licensure/Authority to Practice Requirements. The term “consensus” and “sense of the group” relate specifically to the outcomes of those discussions