244 CMR 3.00: REGISTERED NURSE AND LICENSED PRACTICAL NURSE

Section

3.01: Definition - Registered Nurse

Registered Nurse is the designation given to an individual who is licensed to practice professional nursing, holds ultimate responsibility for direct and indirect nursing care, is a graduate of an Board approved school for professional nursing, and is currently licensed as a Registered Nurse pursuant to M.G.L. c. 112. Included in such responsibility is providing nursing care, health maintenance, teaching *, counseling, planning and restoration for optimal functioning and comfort of those they serve.

3.02: Responsibilities and Functions - Registered Nurse

(1) A registered nurse shall bear full and ultimate responsibility for the quality of nursing care she or he provides to individuals and groups. Included in such responsibility is health maintenance, teaching, counseling, collaborative planning and restoration of optimal functioning and comfort or for the dignified death of those they serve. A registered nurse, within the parameters of his/her generic and continuing education and experience, may delegate nursing activities to other registered nurses and/or health care personnel unlicensed persons in accordance with 244 CMR 3.05., provided, that the delegating registered nurse shall bear full and ultimate responsibility for:

(1) making an appropriate assignment;

(2) properly and adequately teaching, directing and supervising the delegatee; and

(3) the outcomes of that delegation.

(2) A registered nurse shall act, within his/her generic and continuing education and experience to:

(a) systematically assess health status of individuals and groups and record the related health data;
(b) analyze and interpret said recorded data; and make informed judgments there from as to the specific problems and elements of nursing care mandated by a particular situation;
(c) plan and implement nursing intervention which includes all appropriate elements of

* Defined as assignment consistent with the education, experience and demonstrated competence of the assignee and consistent with the needs of the patient(s).
nursing care, prescribed medical or other therapeutic regimens mandated by the particular situation, scientific principles, recent advancements and current knowledge in the field;
(d) provide and coordinate health teaching required by individuals, families and groups so as to maintain the optimal possible level of health;
(e) evaluate outcomes of nursing intervention, and initiate change when appropriate;
(f) collaborate, communicate and cooperate as appropriate with other health care providers to ensure quality and continuity of care;
(g) serve as patient advocate, within the limits of the law.

3.03: Definition-Designation - Practical Nurse

Licensed practical nurse is the designation given to an individual who is a graduate of an Board approved practical nursing program, and who is currently licensed as a practical nurse pursuant to M.G.L. c 112. The licensed practical nurse functions within the framework specified by the nursing statutes and regulations of the Commonwealth.

3.04: Responsibilities and Functions - Practical Nurse

(1) A licensed practical nurse bears full responsibility for the quality of health care s/he or he provides to patients or health care consumers. A licensed practical nurse within the parameters of his/her generic and continuing education and experience, may delegate nursing activities to unlicensed persons in accordance with 244 CMR 3.05—may delegate nursing activities to other administratively assigned health care personnel provided; that the delegating licensed practical nurse shall bear full responsibility for:

(1) making an appropriate assignment;

(2) adequately teaching, directing and supervising the delegatee(s), and

(3) the outcome of that delegation: all within the parameters of his/her generic and continuing education and experience.

(2) A licensed practical nurse participates in direct and indirect nursing care, health maintenance, teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience in order to:

(a) assess an individual's basic health status, records and related health data;
(b) participate in analyzing and interpreting said recorded data, and making informed judgments as to the specific elements of nursing care mandated by a particular situation;
(c) participate in planning and implementing nursing intervention, including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field;
(d) incorporate the prescribed medical regimen into the nursing plan of care;
(e) participate in the health teaching required by the individual and family so as to maintain an optimal level of health care;
(f) when appropriate evaluate outcomes of basic nursing intervention and initiate or encourage change in plans of care;
(g) collaborate, cooperate and communicate with other health care providers to ensure
3.05: Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel

The qualified licensed nurse (Registered Nurse/Practical Nurse) within the scope of his/her practice is responsible for engaging in the practice of nursing in accordance with the nurse’s scope of practice as defined at M.G.L. c.112 § 80B and the regulations of the Board of Registration in Nursing within the limits of the nurse’s educational preparation, subsequent acquired education, experience and demonstrated competence the nature and quality of all nursing care that a patient/client receives under his/her direction. Nursing Assessment/identification, assessment and analysis of the nursing needs of a patient/client, development of the nursing plan of care, implementation of the plan, and evaluation of the plan are essential components of nursing practice and are the functions of the qualified licensed nurse. The full utilization of the services of a qualified licensed nurse may permit him/her to delegate selected nursing activities to unlicensed persons. Although unlicensed persons may be used to complement the qualified licensed nurse in the performance of nursing functions, such persons cannot be used as a substitute for the qualified licensed nurse. The following sections govern the licensed nurse in delegating and supervising nursing activities to unlicensed persons.

Delegation by Registered Nurses and Licensed Practical Nurses must fall within their respective scope of practice as defined in M.G.L. c. 112, § 80B, paragraphs 1 and 2. Said delegation must occur within the framework of the job description of the delegatee and organizational policies and procedures and also must be in compliance with 244 CMR 3.05(4) and (5).

1. Definitions (Reserved)

Delegation — The authorization by a qualified licensed nurse to an unlicensed person as defined in 244 CMR 3.05(1) to provide selected nursing services.

Supervision — Provision of guidance by a qualified licensed nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

Unlicensed Person — A trained, responsible individual other than the qualified licensed nurse who functions in a complementary or assistive role to the qualified licensed nurse in providing direct patient/client care or carrying out common nursing functions. The term includes, but is not limited to, nurses' aides, orderlies, assistants, attendants, technicians, home health aides, and other health aides.

2. General Criteria for Delegation. Delegation of nursing activities to unlicensed persons shall comply with the following requirements:

(a) The delegating nurse is directly responsible for the nature and quality of nursing care rendered under his or her direction. However, in the event the qualified unlicensed person deviates from the instruction, nursing plan of care or other delegating nurse directive, the delegating nurse does not bear responsibility and accountability for the outcome of the delegated activity performed by the unlicensed person.

(b) The final decision as to what can be safely delegated in any specific situation is within
the scope of the delegating nurse’s judgment. The qualified licensed nurse delegating the activity is directly responsible for the nursing care given to the patient/client, and the final decision as to what nursing activity can be safely delegated in any specified situation is within the specific scope of that qualified licensed nurse's professional judgment.

(b)(c) Prior to delegating the nursing activity, the qualified licensed delegating nurse must make an assessment of the patient's/client's nursing care needs and care delivery setting to ensure it can be safely delegated to the unlicensed person. Prior to delegating the nursing activity.

(e)(d) The nursing activity to be delegated must be one that a reasonable and prudent nurse would determine to be delegable within the scope of nursing judgment; would not require the unlicensed person to systematically assess, analyze, interpret, plan and/or evaluate patient data, exercise nursing judgment; The delegated activity must be one that can be properly and safely performed by the unlicensed person involved without jeopardizing the patient's/client's safety and welfare.

(e) Said delegation must occur within the job description of the unlicensed person, and the employing agency’s policies and procedures in compliance with 244 CMR 3.05(4) and (5). Such employer policies and procedures must include acknowledgement that the final decision to delegate is made by the delegating nurse only. Employer policy or contractual language can not mandate the licensed nurse to delegate, nor mandate any components of the delegation process.

(f)(d) The unlicensed person shall have documented on file within the employing agency current documentation of the unlicensed person’s competencies necessary for the proper performance of each of the nursing activities identified within the unlicensed person’s job description. The task on file within the employing agency; Such documentation must demonstrate that the unlicensed person’s competence for each nursing activity has been periodically validated; and that an administratively designated nurse shall has communicated the unlicensed person’s job functions and competencies this information to the qualified licensed nurse(s) who will be delegating activities to the unlicensed person these individuals. Uniform training and certification may be used as a basis to presume the baseline competencies of an unlicensed person.

(g) In addition to the unlicensed person’s competence to perform selected nursing activities, other competencies to be considered include, but are not limited to, the unlicensed person’s ability to effectively collaborate, communicate and cooperate, as appropriate, with other health care providers and with the patient.

(h) The delegating nurse must provide the unlicensed person with a nursing plan of care that includes, but is not limited to, the desired effect of the activity, the sequence of steps to perform the activity, adverse side effects to be reported to the appropriate licensed nurse, and the need to report to the licensed nurse those activities that do not produce the desired effect.

(e)(i) The qualified licensed delegating nurse shall must adequately supervise the performance of the delegated nursing activity in accordance with the requirements of supervision as found in 244 CMR 3.05(3).

(i) The delegating nurse can determine at any time that the nursing activity can no longer be delegated based on a change in the health status of the patient, in the unlicensed person’s performance of the activity, or other reason the delegating nurse determines may jeopardize patient health or safety.
(3) Supervision. The qualified licensed delegating nurse must provide adequate supervision of all nursing activities delegated to unlicensed persons in accordance with the following conditions:

The degree of supervision required shall be determined by the qualified delegating licensed nurse after an evaluation of appropriate factors involved, including, but not limited to, the following:

(a) the stability and predictable nature of the patient’s condition of the patient/client;
(b) the training and capability and initial and continued demonstrated competency of the unlicensed person to whom the nursing task is delegated;
(c) the complexity nature of the nursing task activity being delegated; and
(d) the proximity and availability of a qualified licensed nurse to the unlicensed person when performing the nursing activity, which may include the use of telephonic or other telecommunication device(s); and,
(e) the availability and accessibility of other employed health care personnel, resources and written employer policies and procedures. Such policies and procedures must, at a minimum, describe established channels of communication and include a system for reporting and responding to a deviation from the nursing plan of care by the qualified unlicensed person.

(4) Delegation of Nursing Activities. By way of example, and not in limitation, the following nursing activities are usually considered within the scope of nursing practice to be delegable, and may be delegated provided the delegation is in compliance with 244 CMR 3.05(2):

(a) Nursing Activities that meet one or more of the following criteria:
   1. can be performed according to an established sequence of steps leading to a predictable outcome, that
   2. do not require nursing assessment and judgment during implementation, or
   3. do not involve modification;
(b) The collecting, reporting, and documentation of simple data;
(c) Activities which meet or assist the patient/client in meeting basic human needs, including, but not limited to: nutrition, hydration, mobility, comfort, elimination, socialization, rest and hygiene;
(d) Administration of medications only as permitted in M.G.L. 94C and 105 CMR 700.000: Implementation of M.G.L. c. 94C. In addition to complying with the Board’s regulations at 244 CMR 3.05(2) (a) through (2) (j) and (3) (a) through (3) (e), and, when the licensed nurse is employed as a School Nurse, 105 CMR 210.000: The Administration of Prescription Medications in Public and Private School, the delegation of medication to an unlicensed person must also comply with the following requirements:
   1. The unlicensed person must have initial and periodically validated competencies specific to the administration of medication on file within the employing agency, and an administratively designated nurse must communicate this information to the delegating nurse who will be delegating and supervising the unlicensed person;
   2. The patient must have a current and valid medication order issued by a duly authorized prescriber for each medication to be administered by the unlicensed person;
   3. The patient must have properly labeled prescribed medication consistent with the prescriber’s valid medication order.
4. The delegating nurse will, at regular intervals, assess the patient to monitor the patient’s progress and the effect of the medication on the patient;

5. The delegating nurse will review the patient’s medication records at regular intervals, including, but not limited to, the unlicensed person’s medication administration documentation practices pursuant to the employer agency’s policies and procedures;

6. The nursing plan of care must include, but is not limited to, the desired effect of the medication; the medication’s correct dose, route and frequency of administration; adverse side effects to be reported to a licensed nurse; and the need to report to the licensed nurse those medications that produce no results or missed doses as reported by the patient; and

7. Prior to delegating the administration of medication to an unlicensed person, the delegating nurse must:
   a. verify that nursing personnel, resources and channels of communication are readily accessible to the unlicensed person in the event the delegating nurse is unavailable to provide consultation on request from the unlicensed person;
   b. verify there are instructions for unlicensed persons to follow when there is a medical emergency related to medication administration; and
   c. provide instructions for the safe storage of medications.

(5) Nursing Activities That May Not Be Delegated. By way of example, and not in limitation, the following are nursing activities that are not within the scope of sound nursing judgment to delegate:
   a. Nursing activities which meet one or more of the following criteria:
      1. require nursing assessment, analysis, planning and evaluation of patient data leading to a clinical conclusion and judgment during implementation,
      2. may lead to an unpredictable outcome, or
      3. involve anticipated modification;
   b. Physical, psychological, and social assessment which requires nursing assessment, analysis, planning and evaluation of patient data leading to a clinical conclusion judgment, intervention, referral and/or follow-up; and
   c. Formulation of the nursing plan of care or evaluation of the patient's/client's response to the care provided, or both;
   d. Administration of medications except as permitted by M.G.L. c. 94C.

(6) Patient/Client Health Teaching and Health Counseling. It is the responsibility of the qualified licensed nurse to promote patient/client education and to involve the patient/client and, when appropriate, significant other individuals in the establishment and implementation of health goals. While an unlicensed person may provide information to the patient/client, the ultimate responsibility for health teaching and health counseling must reside with the qualified licensed nurse as it relates to nursing and nursing services.

REGULATORY AUTHORITY

244 CMR 3.00: M.G.L. c. 112, § 80B.
244 CMR: BOARD OF REGISTRATION IN NURSING

244 CMR 6.00: APPROVAL OF NURSING EDUCATION PROGRAMS, Standards and Procedures AND THE GENERAL CONDUCT THEREOF

Section

6.01: Definitions (Reserved)
6.02: Public Notice of Nursing Education Program Approval Status
6.03: Nursing Education Programs Eligible for Approval
6.04: Standards for Nursing Education Program Approval
6.05: Procedures for the Establishment and Continuing Operation of Nursing Education Programs
6.06: Site Surveys of Nursing Education Programs Granted Full Approval Status
6.07: Board Approval of Specific Nursing Education Program Changes
6.08: Non-compliance with the Standards for Nursing Education Program Approval
6.09: Procedure for Change of Governance of Nursing Education Programs
6.10: Procedure for Change of Nursing Education Program Name
6.11: Procedure for Discontinuance or Termination of an Approved Nursing Education Program

6.01: Definitions (Reserved)

Accreditation:

Institution Accreditation means the formal recognition or acceptance of the parent institution by a regional or professional accrediting agency.

Program Accreditation means the formal recognition or acceptance of the nursing education program by a specialized professional accrediting agency recognized as such by the United States Department of Education.

Administrator means the Registered Nurse designated the administrative authority and responsibility for the nursing education program.

Approval Status means the written legal recognition by the Board that a nursing education program is authorized to operate.

Approval with Warning Status means the Board’s written notice to a parent institution that the nursing education program has not satisfactorily demonstrated ongoing compliance with 244 CMR 6.04.

Board means the Massachusetts Board of Registration in Nursing.

Board-Recognized Accrediting Agency in Nursing means the accreditation entity that appraises nursing education programs using criteria that the Board deems to be consistent with 244 CMR 6.04.

Board Guidelines means the published written procedural outline for complying with a specific Board regulation related to 244 CMR 6.00.

Change in Governance means the transfer of a Board approved nursing education program from one parent institution to another.

Chief Executive Officer means the individual designated the administrative authority and responsibility for the parent institution.

CMR means Code of Massachusetts Regulations.

Cooperating Agency means an agency or facility which provides services or clinical resources, or both, which contribute to the achievement of the clinical objectives of the nursing education program.

Curriculum means a planned sequence of course offerings and learning experiences which comprise the nursing education program.
Faculty means the person or body of persons employed within a nursing education program having the responsibility for the development, implementation and evaluation of the program of learning including its services, policies and procedures, student evaluation and curriculum.

Full Approval Status means the Board’s written recognition of a parent institution that the nursing education program has provided satisfactory evidence of its continuous compliance with 244 CMR 6.04.

Initial Approval Status means the Board’s written recognition of a parent institution that has been granted Prerequisite Approval status that it has provided satisfactory evidence of its ability to achieve compliance with 244 CMR 6.04. Initial Approval Status is the prerequisite for the admission of students and shall be in effect through the Board’s determination of the program’s ability to achieve Full Approval Status.

M.G.L. means Massachusetts General Laws.

NCLEX-PN® means the National Council Licensure Examination for Practical Nurses, developed by the National Council of State Boards of Nursing.

NCLEX-RN® means the National Council Licensure Examination for Registered Nurses, developed by the National Council of State Boards of Nursing.

Nursing Education Program (Program) means the unit within the parent institution which is intended, among other outcomes, to prepare and qualify a graduate to write the NCLEX-RN® or NCLEX-PN®.

Outcome means measurable performance indicators and shall include, but not be limited to, NCLEX performance, admission, retention and graduation rates, and graduate satisfaction, employment rates and patterns.

Parent Institution means the organization which has the legal authority to operate a nursing education program.

Prerequisite Approval Status means the Board’s written notification of a parent institution that it has provided satisfactory evidence of its potential ability to establish a nursing education program complying with 244 CMR 6.04.

Survey means a review of a nursing education program by the Board to determine the program’s compliance with 244 CMR 6.04.

6.02: Public Notice of Nursing Education Program Approval Status

The Board shall maintain a list of currently approved nursing education programs. The Board shall notify the chief executive officer of the parent institution in writing within three months of any approval status determination. The Program Administrator shall receive the above notification for Prerequisite, Initial, Full and Approval with Warning Status, as well as Withdrawal of Approval.

6.03: Nursing Education Programs Eligible for Approval

Programs eligible for Board approval shall be affiliated with an accredited parent institution and intended, among other outcomes, to prepare and qualify a graduate to write the NCLEX-RN or NCLEX-PN, and shall include:

(1) Registered Nurse programs granting:
   (a) a baccalaureate degree
   (b) an associate degree
   (c) a diploma of completion from a hospital-based diploma program
   (d) a certificate of completion for a graduate degree program

(2) Practical Nursing Programs granting a certificate of completion for a community college, vocational-post secondary school, or hospital.

The Board will accept applications for approval of nursing education programs offered by a parent institution with parent institution accreditation, provided the programs:
are designed to prepare and qualify a graduate to write the NCLEX-RN or NCLEX-PN; and

confer the following evidence of completion of course work:

(a) For Practical Nursing programs, one of the following:
    1. a diploma of completion from a hospital-based diploma program;
    2. a certificate of completion from a community college;
    3. a certificate of completion from a vocational postsecondary school; or
    4. an associate degree.

(b) For Registered Nursing programs, one of the following:
    1. a diploma of completion from a hospital-based diploma program;
    2. an associate degree;
    3. a baccalaureate degree; or
    4. a certificate of completion from a prelicensure graduate degree program granted full approval.

6.04: Standards for Nursing Education Program Approval

A nursing education programs, affiliated with an accredited parent institution seeking Board approval shall comply with the following requirements:

(1) Program Accreditation, Mission and Governance

(a) The program shall be affiliated with a parent institution that has and maintains its accreditation.

(b) The program shall obtain and maintain program accreditation as follows:
    1. A program that receives written notice of full approval status dated before July 1, 2016, and has never obtained program accreditation, shall obtain program accreditation candidacy on or before December 31, 2020 and program accreditation on or before the December 31, 2025.
    2. Beginning July 1, 2016, a program that receives written notice of initial approval status shall apply for and obtain program accreditation within the time period specified in the notice.
    3. Except as provided in 244 CMR 6.04(1)(b)(1) and 244 CMR 6.04(1)(b)(2), programs receiving written notice of full approval status shall maintain program accreditation at all times.

(ac) A program shall have a published mission or philosophy, or both, and objectives, or goals, nursing education outcomes, which shall be consistent internally and with those of its parent institution, or with differences that are justified by the objectives or goals of the program outcomes. The program’s mission, philosophy and objectives, or goals shall be internally consistent.

(b) Program faculty, administrators, and students shall participate in the governance of the parent institution and the program, as appropriate, for the accomplishment of the goals of the parent institution and program.

(c) A program administrator, qualified under 244 CMR 6.04(2)(a), shall be appointed to administer the program on a full-time basis.

(d) The parent institution shall appoint an Administrator, qualified under 244 CMR 6.04(2)(a), on a full-time basis and shall provide him or her adequate resources to effectively administer the program.

(e) The Administrator, faculty and students shall participate in the governance of the parent institution and the program, as appropriate, for the accomplishment of the goals of the parent institution and nursing education outcomes.

(f) Program faculty shall develop, implement and evaluate policies which are consistent with the policies of the parent institution, or with differences that are justified by the goals of the program outcomes.

(g) Faculty shall develop and implement a written plan for the systematic evaluation of all components of the program. This evaluation shall include the measurement of the outcomes of the program. The results of the evaluation shall be used for the development, maintenance and revision of the program.

(h) Faculty shall:
    1. provide instruction, advice and oversight; and
    2. evaluate student acquisition of nursing competence.

(i) The Administrator shall respond to Board requests for information.

(j) The program shall immediately notify the Board of any change in administrative personnel within the program, or a change in the chief executive officer of the parent institution.
The program shall have a written policy for the maintenance and retirement of school, faculty, student and graduate records.

The program shall publish its current approval status in its official publication and information about the program, including but not limited to: program approval and accreditation status, number of graduates in each class, the annual NCLEX pass rate for first time writers and transferability of credits to other educational institutions. The program shall ensure accuracy, consistency and integrity of the information about the program in its publications, including catalogs and websites.

(2) Faculty qualifications.
(a) Administrator. The program Administrator of the program shall:
1. hold a current Massachusetts Registered Nurse license in good standing;
2. possess an earned masters degree in nursing or an earned entry level doctorate in nursing;
3. maintain competence appropriate to administrative responsibilities; and
3.4. possess a minimum of five years full-time nursing experience, or its equivalent, within the last eight years, with at least three years experience in nursing education in either:
   a. a nursing education program designed to prepare a graduate to practice as a Licensed Practical Nurse or a Registered Nurse approved by an NCSBN member board, or
   b. a post-licensure graduate nursing education program.
4. maintain expertise appropriate to administrative responsibilities.

(b) Instructor. Faculty teaching either the theoretical or clinical component of a nursing course shall:
1. hold a current Massachusetts Registered Nurse license in good standing,
2. possess an earned baccalaureate degree in nursing or an earned masters degree in nursing for appointment to the faculty of a Practical Nursing program;
3. possess an earned masters degree in nursing, or possess an earned doctorate in nursing, for appointment to the faculty of a Registered Nursing program;
4. possess a minimum of two years full-time experience in nursing, or its equivalent, within the last five years and evidence of clinical competence in the area of clinical instruction; and
5. maintain expertise appropriate to teaching responsibilities.

(b) Faculty shall:
1. hold a current Massachusetts Registered Nurse license in good standing;
2. maintain competence appropriate to teaching responsibilities; and
3. possess the following academic and experiential qualifications as appropriate to the faculty member’s appointment:
   a. faculty appointed to a Practical Nursing program shall possess:
      i. an earned baccalaureate degree in nursing, or
      ii. an earned graduate degree in nursing;
   b. faculty appointed to a Registered Nursing program, teaching the theoretical component of a nursing course, shall possess an earned graduate degree in nursing;
   c. faculty appointed to a Registered Nursing program, teaching the clinical or skills lab component of a nursing course, shall possess:
      i. an earned graduate degree in nursing, or
      ii. an earned baccalaureate degree in nursing and also meet at least one of the following:
         (i) be matriculated in a graduate nursing program with an expected graduation date within five years of the date of the appointment;
         (ii) possess a related non-nursing graduate degree; or
         (iii) possess a minimum of five years full-time Registered Nurse experience within the last eight years.

(c) Waiver of 244 CMR 6.04(2)(b)3.
1. Before July 1, 1999 programs may apply for a waiver of 244 CMR 6.04(2)(b)3. for the appointment of an instructor who possesses:
   a. an earned baccalaureate degree in nursing and who is matriculated in a graduate nursing program with an expected graduation date within five years of the waiver; or
   b. an earned baccalaureate degree in nursing and a related non-nursing graduate degree.
2. The program administrator shall request and complete a waiver on forms supplied by the
3. The Board’s review of satisfactory evidence of a potential instructor’s academic credentials, including evidence of matriculation in a graduate nursing program, shall serve as the basis for the Board’s consideration of a waiver request.

4. A waiver of 244 CMR 6.04(2)(b)(3) shall be granted by the Board before appointment.

3. Students
   (a) The program shall:
   (1) require all candidates for admission to provide satisfactory evidence of secondary school graduation, or its equivalent, and compliance with the immunization requirements specified by the Massachusetts Department of Public Health;
   (2) publish current policies which describe the specific nondiscriminatory criteria for admission, progression, attendance, academic integrity, use of social media, course exemption, advanced placement, transfer, advanced placement or transfer of military education, training or service for a military health care occupation, educational mobility, withdrawal, re-admission, graduation, and student rights and grievances;
   (3) publish the clinical placement requirements of the cooperating agencies; and
   (4) provide opportunities for students to regularly participate in the development and evaluation of the program.

   (b) Program faculty shall evaluate student achievement of nursing competency.

4. Curriculum
   (a) Program faculty shall develop a nursing curriculum plan which shall provide a variety of learning experiences consistent with the program mission or philosophy, or both, and objectives or goals nursing education outcomes. The sciences, arts, humanities, and foundations of the profession, shall be an integral part of the nursing curriculum plan, including experiences that promote the development of nursing judgment, leadership and management skills, and professional role socialization consistent with the level of licensure. This includes demonstration of the ability to delegate, supervise others, and provide leadership.

   (b) The curriculum shall:
   1. extend over a period of time sufficient to provide essential, sequenced learning experiences which enable a student to develop nursing competence appropriate to the level of licensure and educational preparation. For Practical Nursing programs, this period of time shall be a minimum of 40 academic weeks;
   2. be based on an organized pattern of instruction consistent with principles of learning and educational practice with expected levels of achievement at defined points in the program;
   3. provide instruction in the discipline of nursing, appropriate to the Registered Nurse or Practical Nurse level across the lifespan and include content relevant to national and local health care needs, level of licensure and educational preparation, with articulated student learning outcomes, and legal, ethical and professional responsibilities; and
   4. be designed in accordance with generally accepted academic standards and credit hours for Registered Nursing programs, and include a minimum of 1080 hours of theory, laboratory and clinical practice for Practical Nursing programs. A minimum of 945 hours shall be allocated to nursing courses in Practical Nursing programs, of which a minimum of 540 hours shall be for clinical experiences, and
   5. identify the level of student achievement expected at defined points in the program.

5. Resources
   (a) The parent institution shall allocate resources to the program in a manner shall be appropriate to meeting the goals and outcomes of the program outcomes. The resources must be sufficient to allow the program to:
   (b) maintain an adequate number of full-time and part-time faculty and support personnel;
   (1) develop written agreements with cooperating agencies utilized as clinical learning sites;
   1. Agreements shall be developed and reviewed periodically by both program and agency personnel.
   2. Agreements shall be current and specific in defining the responsibilities of the program and the cooperating agency.
   (b) determining the student-faculty ratio in clinical practice by the complexity of the educational experience, the student’s level of knowledge and skill, and patient needs. The ratio shall not exceed ten students to one faculty member (10:1);
   (c) maintain an appropriate student-faculty ratio in clinical practice, up to a limit of ten students to one faculty member (10:1);
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1. Faculty, in consultation with the cooperating agency, shall determine student-faculty ratio based on the student level of knowledge and skill, the complexity of the learning situations, student learning outcomes and the safety of the patient.

2. In programs that include preceptor facilitated learning experiences, the program shall designate a faculty member who is responsible for coordinating the experience and for evaluating student acquisition of competence. The designated faculty member shall determine the student-preceptor ratio, up to a limit of two students to one preceptor (2:1);

   (ed) provide for current and comprehensive learning resources developed with faculty input.
   These resources shall be available and accessible to students and faculty;
   (de) maintain appropriately designed and equipped physical facilities; and
   (ef) developing written agreements with cooperating agencies utilized as clinical learning sites.

   Agreements shall be developed and reviewed annually by both program and agency personnel. Agreements shall be current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency.

6.05: Procedures for the Establishment and Continuing Operation of Nursing Education Programs

The Board shall approve the establishment and continuing operation of nursing education programs. Before the admission of students, a program shall receive both Prerequisite and Initial Approval Status. Thereafter a program shall maintain ongoing compliance with 244 CMR 6.01 to continue operations. Programs seeking Board approval shall adhere to the following procedures: A parent institution seeking to establish or continue operation of a nursing education program must first obtain prior written Board approval in three progressive stages: prerequisite, initial and full. At each stage, the parent institution must apply for approval on a form prescribed by the Board. To be considered complete, the application must include all information and documentation appropriate to the stage as designated on the prescribed form.

(1) Prerequisite Approval Status.

(a) A parent institution seeking to establish a program shall:

(b) complete the application for Prerequisite Approval Status, including:

1. submit a complete application for prerequisite approval at least 18 months before the proposed date for student admissions to the proposed program;

2. the name under which the program shall be operated and which shall be used by the program in all communications;

3. the rationale for establishing the program and details of the type of program planned, length of the program, and expected opening date;

4. the philosophy and objectives of the parent institution;

5. the statute, charter or articles of incorporation authorizing the institution to conduct a program;

6. evidence of accreditation of the parent institution;

7. verification of approval of the program by the chief executive officer of the parent institution;

8. a description of the relationship of the proposed program to the parent institution; 8. a comprehensive feasibility study which shall include, but not be limited to, the following:

   a. documentation of the need and demand for such a program in Massachusetts;

   b. projected impact on other programs in the region where the program has been proposed;

   c. availability of a qualified program administrator and faculty; and d. source(s) and number of potential students;

9. names of proposed cooperating agencies, including evidence of their intent to contribute to the achievement of the clinical objectives of the program;

10. satisfactory evidence provided by the parent institution of:

   a. adequate support resources including a library, audio/visual resources, classroom(s), laboratory, supplies, equipment, offices, secretaries, and academic counseling;

   b. adequate financial resources for planning, implementing and continuing the
program; and
(1) a timetable for planning and implementing the entire program, including the dates of the appointments of the program administrator and faculty;
(2) demonstrate compliance with 244 CMR 6.004 through a site survey and verification of information presented in the Prerequisite Approval Status application; and
(3) provide satisfactory evidence of the appointment of an Administrator qualified in accordance with 244 CMR 6.04(2)(a) at least 12 months before the proposed date for student admissions.

(b) If the Board determines the parent institution has provided satisfactory evidence of its potential ability to establish a nursing education program that complies with 244 CMR 6.04, the Board shall provide written notice of prerequisite approval status to the parent institution, which shall remain in effect for 18 months unless the notice specifies otherwise.

(2) Initial Approval Status. A parent institution which has been granted Prerequisite Approval Status and which seeks Initial Approval Status for a proposed program shall

(b) submit an application for Initial Approval Status prepared by the program administrator
(c) include in the application a report describing the parent institution’s ability to comply with 244 CMR 6.04; and
(d) secure written Initial Approval Status from the Board before the admission of students.

(a) A parent institution that has received written notice from the Board of prerequisite approval status shall submit a complete application for initial approval, prepared by the Administrator, at least 6 months before the proposed date for student admissions to the proposed program.

(b) If the Board determines that the parent institution has provided satisfactory evidence of the nursing education program’s ability to comply with 244 CMR 6.04, the Board shall provide written notice of initial approval status to the parent institution, which shall remain in effect for a duration specified in the notice.

(c) A parent institution may not admit students into a nursing education program until the Board provides written notice of initial approval status to the parent institution.

(d) After the first notice of the Board granting initial approval status, a parent institution seeking to continue operation of a nursing education program shall submit a complete application for continuation of initial approval status prepared by the Administrator, annually on the first Monday in November. The parent institution shall also accommodate a site visit, if the Board deems it necessary.

(3) Full Approval Status. A parent institution which has been granted Initial Approval Status and which seeks Full Approval Status for a program shall

(a) apply in writing for Full Approval Status within three months of the publication of the NCLEX performance data of all graduates of the first class. The application shall include a report evaluating the program’s ability to maintain ongoing compliance with 244 CMR 6.04; and
(b) seek an annual continuation of Full Approval Status contingent on the Board’s yearly review of the program’s ongoing compliance with 244 CMR 6.04. This review shall include, but may not be limited to, the program’s Annual Report to the Board written on forms supplied by the Board, other reports, correspondence, and, as deemed necessary by the Board, site visits.

(a) A parent institution that has received written notice from the Board of initial approval status shall submit a complete application for full approval, prepared by the Administrator, within the time frame specified in the written notice of initial approval status.

(b) If the Board determines that the parent institution has provided satisfactory evidence of the nursing education program’s accreditation and continuous compliance with 244 CMR 6.04, the Board shall provide written notice of full approval status to the parent institution. The Board’s full approval of a nursing education program shall be valid for 1 year, unless the Board’s notice specifies otherwise.

(c) After the first notice of the Board granting full approval status, a parent institution seeking to continue operation of a nursing education program shall submit a complete application for continuation of full approval status prepared by the Administrator, annually on the first Monday in November. The parent institution shall also accommodate a site visit, if the Board deems it necessary.

(d) If the Board determines that the parent institution has provided satisfactory evidence of the nursing education program’s continuous compliance with 244 CMR 6.04, the Board shall provide written notice of continued full approval status to the parent institution. The Board’s continued full approval of a nursing education program shall be valid for 1 year, unless the Board’s notice specifies otherwise.

6.06 Site Surveys of Nursing Education Programs Granted Full Approval Status
244 CMR: BOARD OF REGISTRATION IN NURSING

(1) Site Survey of Programs. The Board shall conduct an on-site survey of a program granted Full Approval Status for the purpose of monitoring the program’s compliance with 244 CMR 6.04(1) through (5). The on-site survey may be conducted every eight (8) to ten (10) years, either solely by the Board or jointly with accreditors. It shall be conducted:

(a) at least every eight years for programs fully accredited by a Board-recognized national accrediting body for nursing;
(b) at least every five years for programs not fully accredited by a Board-recognized accrediting body for nursing;
(c) at the discretion of the Board.

(2) Waiver of 244 CMR 6.06(1)(a). The Board may waive its on-site survey based on its review of a written waiver request submitted by the Administrator within three months of the program’s receipt of its notice of full accreditation status by a Board-recognized accrediting agency. The Board shall notify the Administrator in writing of its action on the waiver application.

(a) The Board may waive its on-site survey based on its review of a written waiver request submitted by the program administrator within three months of the program’s receipt of its notice of full accreditation status by a Board-recognized accrediting agency in nursing, and accompanied by:

1. written evidence of the program’s full accreditation;
2. the program’s report evaluating its compliance with the accreditation standards of the Board-recognized accrediting agency in nursing;
3. the written findings and recommendations of the Board-recognized accrediting agency in nursing based on its review of the program. The Board may request a progress report from the program in response to the recommendation(s) of the accrediting agency;
4. the program report addressing its compliance with 244 CMR 6.04(1)(g) and (h); and (2)(a) and (b); (4)(b)1. and 4.; and (5)(b).

(b) The Board shall notify the program administrator of its action on the waiver request.

6.07: Board Approval of Specific Nursing Education Program Changes

(1) The Board shall approve any of the following program changes before implementation of such changes:

(a) the admission of a minimum of ten additional students;
(b) a change in one or more of the following: the program’s mission, philosophy, goals and/or nursing education outcomes; or
(c) a change in the sequence of the majority of courses offered or a change in the overall program content designed to achieve nursing educational outcomes which may alter the program;
(d) a change in the overall length of the program.

(2) The program administrator shall submit a written request for Board approval of program changes in accordance with current Board guidelines. The request shall be submitted to the Board a minimum of six (6) months before the planned implementation date. The Board may require supporting documentation as it deems necessary.

(3) The program administrator shall notify the Board of all other program changes when submitting the program’s Annual Report to the Board application for continuation of initial or full approval.

6.08: Non-compliance with the Standards for Nursing Education Program Approval

(1) Review of the Approval Status of a Program. Grounds for Board review of a program’s approval status and site visit shall include, but may not be limited to, the following:

(a) the Board’s receipt of information documenting a violation of 244 CMR 6.04(1);
(b) with regard to parent institution accreditation, program accreditation or both:
1. the failure to obtain or retain accreditation;
2. the denial, or withdrawal of accreditation; or
3. a change of program accreditation status, by a Board-recognized national nursing accrediting body or institutional accreditation agency;
(c) failure to provide information to the Board, enrolled students, program applicants, or the public concerning the program, or providing false or misleading information to the Board, enrolled students, program applicants, or the public concerning the program; or
(d) failure to adhere to current Board guidelines;
ongoing difficulty in retaining qualified administrators or faculty;

failure to adhere the program’s stated mission, philosophy, outcomes goals, objectives, policies and curriculum plan;

failure to provide clinical experiences necessary to meet the objectives of the program student learning outcomes or nursing education outcomes; and

ongoing annual NCLEX pass rate less than 80% for first-time writers.

(2) Approval with Warning Status. The Board may determine that a program has failed to satisfactorily comply with 244 CMR 6.04(1) through (5) and warrants the Approval with Warning Status based on a preponderance of the evidence. The Board shall notify the chief executive officer of the parent institution and the program Administrator, in writing, of the program’s Approval with Warning Status, and of the actions the parent institution must take to re-establish compliance with 244 CMR 6.04(1) through (5). A program placed on Approval with Warning Status shall:

(a) immediately notify, as directed by the Board, all enrolled students and program applicants in writing, in accordance with established current Board guidelines, of the program’s Approval with Warning Status, the basis therefore, and the necessary corrective action(s);

(b) correct the deficiencies identified by the Board within 12 months, unless otherwise directed by the Board. Failure to correct the cited deficiencies within the designated time period shall result in the Board’s withdrawal of the program’s approval status; and

(c) inform all program graduates that they remain eligible to write the NCLEX.

(3) Withdrawal of Approval. The Board shall withdraw its approval of a program after notifying the program Administrator, or in the absence of an Administrator for the program, the parent institution, in writing of its failure to comply with 244 CMR 6.04 and providing an opportunity to correct such deficiencies. Action by the Board to withdraw approval granted a program shall be taken in accordance with M.G.L. c. 112, § 81A. The provisions in M.G.L. c. 112, § 81A specify that:

1. no approval granted by the Board shall be withdrawn unless the Board has conducted an on-site survey visit;

2. the parent institution aggrieved by the withdrawal of approval has an opportunity to petition the Board in writing for a hearing before the Board.

(b) The Board shall notify the parent institution shall notify in writing, and as directed by the Board, all enrolled students and program applicants upon its withdrawal of a program’s approval that they shall not be eligible as graduates of the program to write the NCLEX.

(c) The program Administrator shall make all reasonable efforts to assist enrolled students in transferring to a Board-approved program.

(4) Reinstatement of Approval. A program whose approval has been withdrawn by the Board may request reinstatement of approval by following the procedure for obtaining Prerequisite Approval Status as set forth in 244 CMR 6.05.

6.09 Procedure for Change of Governance of Nursing Education Program

The Board shall approve a change in governance before such change may be effective. The chief executive officer of the parent institution shall notify the Board in writing of any anticipated change in institutional governance. Any such change shall require Board approval before such change may be effective. The notification shall include, but may not be limited to, documentation satisfactory to the Board which demonstrates:

(a) all enrolled students and program applicants have been notified in writing of the proposed change and its impact, including cost, possible differences in curriculum, locations of courses and clinical experiences, and financial assistance;

(b) a plan by the receiving parent institution for the appointment, if needed, of qualified faculty;

(c) a plan for the orientation of faculty transferred to the receiving parent institution which shall include the receiving institution’s philosophy, curriculum and policies;

(d) the receiving parent institution has established an organizational plan and communicated it to affected personnel;
the receiving parent institution has been authorized to operate a program by statute or charter;
the receiving parent institution shall comply with 244 CMR 6.00; and
the name, title and address of the custodian of the records of the transferred program.

6.10: Procedure for a Change of Nursing Education Program Name

(1) The legal name of the program on file with the Board shall be used in all references to the program.

(2) The parent institution shall notify the Board in writing of the new name and its effective date, in the event the name of the program is changed.

(3) Such notification shall be filed with the Board a minimum of 30 days before the effective date of the name change.

6.11: Procedure for Discontinuance or Termination of an Approved Nursing Education Program

(1) A parent institution shall submit to the Board written notification of its intent to discontinue or terminate a program. Such notification shall include:
   (a) the date on which the program shall be terminated or discontinued;
   (b) the reason(s) for the discontinuance or termination of the program;
   (c) evidence satisfactory to the Board that all enrolled students and program applicants have been notified in writing of the intention to discontinue or terminate the program, and the date the termination or discontinuance shall be effective;
   (d) documentation satisfactory to the Board that arrangements have been made by the program administrator for enrolled students to complete their education at another Board-approved program; and
   (e) the parent institution shall:
      1. arrange for the permanent and secure retention of all graduate records; and
      2. inform the Board in writing of its plan for custody of such records, including the location of all records and the title of the official responsible for maintaining and issuing the records.

(2) Approval Status for the program shall terminate as of the date on which the last student(s) graduate(s) or transfer(s) from the program.

(3) The program shall continue to maintain compliance with 244 CMR 6.00 until the effective date of termination of Approval Status.

(4) The parent institution shall provide for all enrolled students to complete the program or enroll in another program.

(5) The program administrator shall notify the Board of the date the last student(s) graduate(s) or transfer(s) from the program. The program shall close as of the date on which the last student(s) graduate(s) or transfers from the program.

REGULATORY AUTHORITY

244 CMR 6.00: M.G.L. c. 112, §§ 81A and 81C.
244 CMR 7.00: INVESTIGATIONS, COMPLAINTS AND BOARD ACTIONS ACTION ON COMPLAINTS

Section

7.01: Purpose

7.02: Investigations, Formal Docketed Complaints and Licensee’s Responsibility to Respond Prior to the Issuance of an Order to Show Cause Definitions

7.03: Grounds for Board Action Non-Disciplinary Action

7.04: Board Actions on Complaints Disciplinary Action

7.05: Summary Suspension of License, Advanced Practice Nursing Authorization, or Right to Renew License

7.06: Additional Provisions Applicable to Investigations, Complaints and Board Actions

7.01: Purpose

244 CMR 7.00 authorizes Board staff to conduct investigations and initiate formal docketed complaints on behalf of the Board. It also establishes the grounds for discipline and the actions that may be taken in resolution of such complaints, by the Board and on behalf of the Board, in accordance with M.G.L. c. 30A and Standard Adjudicatory Rules of Practice and Procedure at 801 CMR 1.01 et seq. It also establishes the standards and procedures for summary suspensions.

244 CMR 7.00 sets forth the actions the Board may take on any complaint against a nurse filed with the Board.

7.02: Investigations, Formal Docketed Complaints and Licensee’s Responsibility to Respond Prior to the Issuance of an Order to Show Cause Definitions

(1) Investigations Generally. Any person or organization may submit information, in any form, alleging misconduct by a licensee to the offices of the Board. The Board may direct or authorize one or more of following actions to be taken on its behalf:

(a) Review all information received alleging or indicating acts or omissions by a licensee and identify whether such acts or omissions, if true constitute grounds for Board action pursuant to section 7.03;
(b) Request the licensee, who is alleged to have engaged in the alleged acts or omissions, to submit a written response to the allegations and any documents or other evidence in the licensee’s possession and control that may be relevant to the allegations;
(c) Gather additional information as necessary to determine if the alleged acts or omissions are supported by evidence; and
(d) Initiate a formal docketed complaint against a licensee based on evidence that the licensee has engaged in specific acts or omissions constituting grounds for board action.

(2) Licensee’s Response. Except as otherwise provided by law, a licensee who is asked to submit a written response to a pending investigation or docketed complaint...
pursuant to section 7.02(1) shall provide such response within twenty-one days of the licensee’s receipt of the request. The licensee’s written response shall be signed by the licensee. A licensee who claims to be exempt by law from either responding to the Board or from producing requested documents or evidence to the Board shall provide a written statement setting forth the legal authority on which he or she relies.

(3) Closure of Investigation. If a formal docketed complaint has not been initiated, the Board may direct or authorize one or more of the following actions be taken on its behalf:

(a) Close the investigation for any of the reasons set forth in 7.04(1)(a)(1)-(3);
(b) Send an advisory letter in accordance with section 7.06(1) to the licensee who is the subject of an investigation;
(c) Reopen a closed investigation on the receipt of new or previously unavailable evidence.

Address of Record means the address of a nurse licensed by the Board as provided by the nurse and maintained by the Board on its license database.

Adjudicatory Hearing means an administrative hearing held by the Board to determine the truth and validity of the allegations contained in a complaint filed against a nurse licensed by the Board. The hearing is held in accordance with the State Administrative Procedure Act, M.G.L. c. 30A, and the Standard Rules of Adjudicatory Practice and Procedure at 801 CMR 1.01 et seq. Advanced Practice Nurse (APN) means a Registered Nurse to whom the Board has granted written authorization, under authority of M.G.L. c. 112, § 80B, to engage in advanced practice nursing as defined in 244 CMR 4.00.

Advanced Practice Nursing means professional nursing activity engaged in by a Registered Nurse in accordance with 244 CMR 4.00.

Agreement means a legally binding document reflecting the agreement, including specified terms and conditions, entered into by a nurse licensed by the Board and the Board in resolution of any complaint against such nurse.

APN Authorization means the written authorization granted by the Board to a Registered Nurse in accordance with 244 CMR 4.00 to engage in advanced practice nursing.

Complaint means a communication to, or other information obtained by, the Board alleging that a nurse has engaged in conduct related to the practice of nursing that violates any law or regulation, or both, related to such practice.

Final Decision and Order means the written findings of fact, conclusions of law, and order for sanction or other disposition issued by the Board to a nurse licensed by the Board following the final adjudication of any complaint.

Licensed Practical Nurse (LPN) means a nurse who meets the criteria for licensure under M.G.L. c. 112, § 74A and 244 CMR 8.00, and who holds a valid license to engage in the practice of nursing as a Licensed Practical Nurse.
M.G.L. means Massachusetts General Laws.

Nurse Licensed by the Board means a nurse to whom the Board has at any time issued a license to engage in the practice of nursing as a Registered Nurse or Licensed Practical Nurse, or both, whether or not such license is expired, surrendered, suspended, or revoked.

Order to Show Cause means a document issued by the Board to a nurse licensed by the Board containing allegations that the nurse has engaged in conduct that violates any law or regulation, or both, related to the practice of nursing. The Order to Show Cause may also order the nurse to appear at an adjudicatory hearing held by the Board to “show cause” why the Board should not take disciplinary action against the nurse’s license or APN authorization, or both, or the right to renew such license. See 801 CMR 1.01(6)(a).

Practice of Nursing means the practice of nursing as defined in M.G.L. c. 112, §§ 80B and 244 CMR 3.00. The practice of nursing includes, but is not limited to, the provision of a nursing service using telecommunications technology by a nurse physically located outside Massachusetts to a person physically located within Massachusetts, seeking or accepting any paid or voluntary position as a Registered Nurse or Licensed Practical Nurse, or any paid or voluntary position requiring that the applicant hold a valid license to practice nursing.

Registered Nurse (RN) means a nurse who meets the criteria for licensure under M.G.L. c. 112, § 74 and 244 CMR 8.00 and who holds a valid license to engage in the practice of nursing as a Registered Nurse.

Substance Abuse means a dysfunctional pattern of human response characterized by excessive, inappropriate, or unhealthy use of chemical substances including alcohol or drugs, or both.

Valid License means a license to engage in the practice of nursing in Massachusetts properly issued to a nurse by the Board on the basis of truthful information related to the qualifications for licensure as a Registered Nurse or Licensed Practical Nurse and which license is not expired, surrendered, suspended, or revoked.

7.03: Grounds for Board Action Non-Disciplinary Action

(1) The Board may take action against the license or APRN authorization, or both, of a licensee based on one or more of the following grounds:
   (a) The licensee fails to comply with any provision of M.G.L. c. 112, §§ 74 through 81C, or any provision of M.G.L. c. 94C;
   (b) The licensee fails to comply with any provision of 244 CMR, or any rule, advisory ruling or policy adopted by the Board;
   (c) The licensee fails to comply with any order of the Board;
   (d) The licensee fails to comply with the terms of any Consent Agreement entered into with the Board;
   (e) The licensee fails to comply with any of the Standards of Conduct set
forth at 244 CMR 9.03 and 9.04;

(f) The licensee fails to comply with an Order of the Commissioner of the Department of Public Health pursuant to a Declaration of Emergency Detrimental to Public Health made in accordance with M.G.L. c. 17, § 2A or pursuant to such other authority as may be vested in the Commissioner;

(g) The licensee fails to comply with any provision of 105 CMR 700.000, 720.000, 721.000, 722.000 or 724.000, or any rule, advisory ruling or policy adopted by the Department of Public Health, Drug Control Program;

(h) The licensee engages in conduct outside the licensee’s scope of practice, except as may be otherwise authorized by law or licensing authority;

(i) The licensee engages in conduct that violates recognized standards of care.

(j) The licensee continues to practice after the expiration, revocation, suspension, surrender or retirement of his or her license, or APRN authorization, or after the licensee has entered into a consent agreement in which he or she agreed to refrain from engaging in practice;

(k) The licensee knowingly permits, aids or abets an unlicensed person to perform activities that requires a license, or APRN authorization, issued by the Board;

(l) The licensee fraudulently procures a license, or APRN authorization, or its renewal;

(m) In connection with any examination related to licensure, the licensee
   1. impersonates or acts as proxy for another individual;
   2. discloses the contents of any examination;
   3. compromises the integrity of any such examination; or
   4. cheats, or assists another person to cheat, on any such examination;

(n) The licensee knowingly provides false information to the Board, either directly or through another person acting on the licensee’s behalf;

(o) The licensee fails, without cause, to appear before the Board when so requested as part of the Board’s review of a matter concerning the licensee, including but not limited to an investigation, complaint or application;

(p) The licensee fails, without cause, to provide a written response to a pending investigation or complaint or to provide documents or other evidence in the licensee’s possession or control that may be relevant to the allegations, in accordance with 7.02(2) and 7.06(2);

(q) Another government licensing or authorizing agency, within or outside the Commonwealth, imposes discipline against any professional certificate, registration, license or authorization held by the licensee for reasons substantially the same as grounds for Board action in this section;

(r) The licensee falsifies, alters or willfully makes incorrect entries or failed to make essential entries in patient records;

(s) The licensee has been convicted of a crime;

(t) The licensee engages in conduct that demonstrates a lack of good moral character;

(u) The licensee engages in practice while his or her ability to practice is impaired by alcohol, drugs, physical disability or mental instability;

(v) The licensee obtains or uses any drug in an unlawful manner;


(w) The licensee engages in behavior that is likely to have an adverse effect upon the health, safety or welfare of the public; or
(x) The licensee engages in conduct that undermines public confidence in the integrity of the profession.

(2) Nothing in this section shall limit the Board’s adoption of additional grounds for discipline through adjudication and rulemaking.

Dismissal. The Board may dismiss a complaint where it determines that:
(a) the Board lacks jurisdiction over the person named in the complaint;
(b) there is insufficient evidence to support the complaint;
(c) the conduct complained of does not warrant disciplinary action; or
(d) a nurse has successfully completed the Board’s Substance Abuse Rehabilitation Program (SARP) as determined by the SARP and the Board.

7.04: Board Actions on Complaints Disciplinary Action

(1) Dismissal
(a) The Board may direct or authorize the dismissal of a docketed complaint for the following reasons:
1. The Board lacks jurisdiction;
2. There is insufficient evidence to support a finding that the licensee engaged in acts or omissions constituting grounds for Board action; or
3. There may be sufficient evidence to support a finding that the licensee engaged in acts or omissions constituting grounds for Board action; however the Board concludes, even if the allegations are true, the alleged acts or omissions in the specific circumstances presented, do not warrant action against the license or APRN authorization.
(b) The Board may direct or authorize the reopening of any dismissed complaint upon receipt of new or previously unavailable evidence except when the dismissal follows a formal adjudicatory hearing conducted in accordance with Standard Adjudicatory Rules of Practice and Procedure at 801 CMR 1.01 et seq.
(c) When dismissing a complaint, the Board may direct or authorize the Executive Director to send, on the Board’s behalf, an advisory letter in accordance with section 7.06(a) to the licensee.

(2) Orders
(a) Order to Show Cause. The Board may authorize prosecuting counsel to initiate and prosecute formal disciplinary proceedings by issuing, on the Board’s behalf, an order for the licensee to appear and show cause why the Board should not take action against his or her license, or APRN authorization, or both. Both the issuance of an Order to Show Cause and the subsequent adjudicatory proceedings shall be conducted in accordance with M.G.L. c. 30A and Standard Adjudicatory Rules of Practice and Procedure at 801 CMR 1.01 et seq. The Board may designate an administrative hearings counsel as the Presiding Officer to conduct the adjudicatory proceeding. The Board may authorize prosecuting counsel to file and amend pleadings on the Board’s behalf to promote the efficient
and expeditious resolution of the adjudicatory proceeding.

(b) Final Orders. If, after an adjudicatory hearing, conducted in accordance with M.G.L. c. 30A and Standard Adjudicatory Rules of Practice and Procedure at 801 CMR 1.01 et seq., the Board makes or adopts findings that one or more of the grounds for board action specified in section 7.03 exist, the Board may direct the Executive Director to issue an order on the Board’s behalf taking one or more of the following actions:

1. Stayed Probation. The Board may place a license, or APRN authorization, or both, on stayed probation, which does not constitute discipline and allows the licensee to engage in practice subject to temporary conditions set by the Board and specified in the order;
2. Reprimand. The Board may reprimand the license, or APRN authorization, or both. A reprimand is a formal, public rebuke that constitutes discipline but does not prohibit practice or subject practice to conditions;
3. Probation. The Board may place a license, or APRN authorization, or both, on probation, which constitutes discipline and allows the licensee to engage in practice subject to temporary conditions set by the Board and specified in the order;
4. Suspension. The Board may suspend a license, or APRN authorization, or both, which constitutes discipline and prohibits the licensee from engaging in practice for a specific period, or until specific conditions have been met, or both.
5. Revocation. The Board may revoke a license, or APRN authorization, or both, which constitutes discipline and prohibits the licensee from engaging in practice.

(c) Further Action.

1. The Board order may set conditions or requirements that must be met before the Board will consider a petition to modify or remove any conditions on the license, or APRN authorization, or both, or a petition for reinstatement of the license, or APRN authorization, or both.
2. The Board order may authorize the Executive Director to take additional actions against a license, or APRN authorization, or both, as a consequence of failing to comply with the terms of the order.

(3) Permanent Surrender. The Board may accept the permanent surrender of a license or APRN authorization, or both, by a licensee who is the subject of a complaint. A licensee may offer to permanently surrender his or her license by submitting to the Board a signed, written statement that asserts his or her intent to permanently relinquish the right to hold or renew the license or APRN authorization, or both. The Board’s acceptance of a licensee’s permanent surrender constitutes discipline and resolution with the Board of the complaint. The Board may deem the complaint allegations true and grounds for discipline.

(4) Consent Agreements. The Board may enter into a Consent Agreement with a licensee for the purpose of resolving the complaint with the Board. In a Consent
Agreement, the Board and the licensee may agree the Board will take one or more of the board actions specified in this section, or may agree the licensee shall refrain from engaging in practice. Consent Agreements may also include other terms as permitted by law.

(5) Except as the Board may otherwise specify in an Order or a Consent Agreement, any action taken against a license, or APRN authorization, or both, shall apply to the right to renew such license, or APRN authorization, or both.

(6) Except as otherwise provided by law, all Orders and Consent Agreements, whether disciplinary or non-disciplinary in nature, constitute a public record.

(7) Nothing in this section shall limit the Board’s ability to resolve a pending complaint by any other action, including but not limited to the imposition of a fine, permitted by law.

(8) Nothing in this section shall limit the authority of other governmental agencies to exercise their enforcement authority against a licensee, nor limit the rights of third parties to bring an action against a licensee, for alleged unlawful conduct.

The actions set forth in 244 CMR 7.04(1) through (6) constitute disciplinary actions the Board may impose on any license to engage in the practice of nursing in Massachusetts or APN authorization, or both, or on the right to renew such license. Except as provided by 244 CMR 7.05, the Board may only impose disciplinary action as part of a final decision and order issued in connection with the adjudication of a complaint, or under the terms of an agreement entered into between a nurse licensed by the Board and the Board in resolution of any complaint.

Where the Board initiates an adjudicatory proceeding, the Board shall conduct such proceeding in accordance with M.G.L. c. 30A, §§ 10, 11, and 12, and the Standard Adjudicatory Rules of Practice and Procedure at 801 CMR 1.01 et seq.

A disciplinary action constitutes a public record and is reportable by the Board to other licensing entities and, in accordance with M.G.L. c. 112, § 77, to national disciplinary data reporting systems as disciplinary action on any license to practice nursing in Massachusetts or on any APN authorization, or both, or on the right to renew such license.

(1) Reprimand. The Board may issue a reprimand in the form of a written statement to a nurse licensed by the Board describing the manner in which the nurse has failed to comply with any law or regulation, or both, related to the practice of nursing.

(2) Probation. Probation consists of a period of time during which a nurse who holds a valid license may continue to practice nursing in Massachusetts under terms and conditions specified by the Board. The nurse whose license is subject to probation must comply with the terms and conditions in order to continue to engage in the practice of
nursing in Massachusetts.

(3) **Suspension.** Suspension of a license to engage in the practice of nursing in Massachusetts or of an APN authorization, or both, is the temporary denial by the Board of the right of a nurse who holds a valid license or APN authorization, or both, to engage in the practice of nursing in Massachusetts or to engage in advanced practice nursing, or both, and to in any way represent himself or herself by title or other designation as a Licensed Practical Nurse or Registered Nurse, or as authorized to engage in advanced practice nursing, or both. Suspension of the right to renew a license to engage in the practice of nursing in Massachusetts is the temporary denial by the Board of the right of a nurse licensed by the Board to renew such license.

(4) **Stayed Suspension.** The Board may impose a period of suspension on a license to practice nursing in Massachusetts or on an APN authorization, or both, or on the right to renew such license, which suspension the Board does not activate pending compliance by a nurse licensed by the Board with specified terms and conditions.

(5) **Surrender.** The Board may request the surrender of a license to practice nursing in Massachusetts or APN authorization, or both, or accept the unsolicited surrender of such license or authorization, or both. The Board may also request the surrender of the right of a nurse licensed by the Board to renew such license or accept the unsolicited surrender of such right to renew. A nurse’s surrender of a license to engage in the practice of nursing in Massachusetts or APN authorization, or both, terminates the nurse’s right to practice nursing in Massachusetts or such authorization, or both, and to represent himself or herself by title or other designation as a Licensed Practical Nurse or Registered Nurse, or as authorized to engage in advanced practice nursing, or both. Surrender of the right to renew a license to practice nursing in Massachusetts terminates the nurse’s right to renew such license.

(6) **Revocation.** Revocation by the Board of a license to engage in the practice of nursing in Massachusetts or APN authorization, or both, terminates the nurse’s right to practice nursing in Massachusetts or such authorization, or both, and to in any way represent himself or herself by title or other designation as a Licensed Practical Nurse or Registered Nurse, or as authorized to engage in advanced practice nursing, or both. Revocation of the right to renew a license to practice nursing in Massachusetts terminates the nurse’s right to renew such license.

**7.05: Summary Suspension of License, Advanced Practice Nursing Authorization, or Right to Renew License**

(1) **Purpose.** 244 CMR 7.05 establishes parameters for the summary suspension of a license, in advance of a hearing, by either the full Board or the Board Chair acting on the Board’s behalf, in order to prevent an immediate and serious threat to the public health, safety or welfare presented by a licensee’s practice. This section also establishes requirements for a post-suspension hearing within seven business days.

(2) **Authorization for Order of Summary Suspension.**
a. Request. The Executive Director, may present a request for an order of summary suspension to the Board or, if the next scheduled meeting of the Board will not be held for more than 48 hours, to the Board Chair. The Board Chair may either defer to the full Board or act on the Board’s behalf. All members of the board shall receive a copy of the request for an order of summary suspension presented to the Board Chair. The request for an order of summary suspension must be supported by affidavits, or documentary evidence.

b. Immediate and Serious Threat. If, upon review of the information presented in the request for an order of summary suspension, the Board, or Board Chair, determines the licensee’s continued practice presents an immediate and serious threat to the public health, safety or welfare, and summary suspension is necessary to prevent that threat, the Board, or the Board Chair, acting on the Board’s behalf, may authorize the Executive Director to issue an order summarily suspending the license, or APRN authorization, or both, of a licensee.

c. Serious Threat. If upon review of the information presented in the request for an order of summary suspension, the Board, or Board Chair, determines the licensee’s continued practice presents a serious threat to the public health, safety or welfare, and summary suspension is necessary to prevent that threat, the Board, or the Board Chair acting on the Board’s behalf, may authorize the Executive Director to issue an order commanding the licensee to file opposing affidavits or other evidence within three business days. If upon review of all the evidence submitted to the Board, the Board or Board Chair again determines the licensee’s continued practice presents a serious threat to the public health, safety or welfare, and summary suspension is necessary to prevent that threat, the Board, or the Board Chair acting on the Board’s behalf, may authorize the Executive Director to issue an order summarily suspending the license or APRN authorization, or both, of a licensee.

(3) Order of Summary Suspension: Content, Notice and Enclosures.

(a) An Order of Summary Suspension shall notify the licensee that his or her license, or APRN authorization, or both, has been suspended and he or she is prohibited from engaging in practice until further notice by the Board, effective upon the licensee’s receipt of the order.

(b) The Order of Summary Suspension shall include notice of the date, time and location of the post-suspension hearing.

(c) The Order of Summary Suspension shall be mailed to the licensee by United States Postal Service, first class mail and by either United States Postal Service or a comparable private mail service that delivers within 24 hours.

(d) The Order of Summary Suspension shall be accompanied by a copy of the Executive Director’s request for an order of Summary Suspension and its supporting affidavits and documentary evidence.

(4) Post-Suspension Hearing.

(a) The Board shall hold a post-suspension hearing in order to determine whether to continue or rescind the Order of Summary Suspension based on findings with respect to whether the licensee’s continued practice presents an
immediate and serious threat to the public health, safety or welfare, and summary suspension is necessary to prevent that threat. The post-suspension hearing will be conducted in accordance with M.G.L. c. 30A and Standard Adjudicatory Rules of Practice and Procedure at 801 CMR 1.01. The Board may designate an administrative hearings counsel as the Presiding Officer to conduct the post-suspension hearing.

(b) The post-suspension hearing shall take place within seven business days of the issuance of the Order of Summary Suspension. The licensee may submit a written request for a continuance to the administrative hearings counsel assigned with notice to the prosecuting counsel assigned to the summary suspension hearing. The administrative hearings counsel may continue the post-suspension hearing to a date and time mutually agreeable to the licensee and prosecuting counsel. The summary suspension shall remain in effect during the time the post-suspension hearing is continued at the licensee’s request.

(c) Administrative hearings counsel may admit into evidence:

1. the Executive Director’s request for an order of Summary Suspension and its supporting affidavits and documentary evidence;
2. relevant evidence presented by the licensee; and
3. relevant evidence presented by prosecuting counsel that was unknown or unavailable at the time the Order of Summary Suspension issued, provided that prosecuting counsel disclosed such evidence to the licensee prior to the hearing.

(d) Administrative hearings counsel shall, within 30 days of the conclusion of the post-suspension hearing, either issue a tentative decision or provide a status report to the Board.

(5) Final Decision and Order of Summary Suspension.

(a) Final Decision. Upon review of the tentative decision and any objections and responses to objections that may be filed, the Board shall issue a final decision and order of summary decision, which shall include findings of fact regarding the allegations the licensee’s practice presents an immediate and serious threat to the public health, safety or welfare, and summary suspension is necessary to prevent that threat.

(b) Default. If the licensee fails to appear and defend at the hearing, the administrative hearings counsel shall issue a notice of default to the licensee, the prosecuting counsel and the Board. The Board shall adopt the facts as alleged in the Request for Summary Suspension as its findings.

(c) Rescission of Order of Summary Suspension. If the Board’s final decision concludes either that the licensee’s practice does not present an immediate and serious threat to the public health, safety or welfare, or that summary suspension is not necessary to prevent that threat, the Board shall rescind the Order of Summary Suspension and restore the license, or APRN authorization, or both, to the status that was in effect immediately before the Order of Summary Suspension issued.

(d) Continuation of Order of Summary Suspension. If the Board’s findings include both that the licensee’s practice presents an immediate and serious threat
to the public health, safety and welfare, and summary suspension is necessary to prevent that threat, the Board shall order the continuation of the Order of Summary Suspension. An Order of Summary Suspension that has been continued shall remain in effect until resolution of the underlying complaint.

The Board, pending a hearing, may suspend a license to practice nursing in Massachusetts or APN authorization, or both, or refuse to renew such license, upon a majority vote of the full Board that a nurse’s continued or further practice presents an immediate and serious threat to the public health, safety, or welfare.

(1) — Vote for Summary Suspension. Upon receipt and review by the Board of a complaint supported by affidavits or other documentary evidence indicating that a nurse’s continued or further practice of nursing in Massachusetts presents an immediate and serious threat to the public health, safety, or welfare, the Board shall vote on whether such evidence warrants summary suspension of the nurse’s license or APN authorization, or both, or the right to renew such license. If a majority of the full Board has determined by vote that a nurse’s continued or further practice of nursing in Massachusetts presents an immediate and serious threat to the public health, safety, or welfare, the Board shall make findings and specify the reasons justifying such summary suspension and shall issue an order of summary suspension of the nurse’s license or APN authorization, or both, or of the right to renew such license.

(2) — Standard for Determining Immediate and Serious Threat. In determining that a nurse’s continued or further practice of nursing in Massachusetts presents an immediate and serious threat to the public health, safety, or welfare, the criteria the Board shall evaluate include, but are not limited to, whether:

(a) — the nurse licensed by the Board has engaged in conduct resulting in serious harm to another; or
(b) — the ability of a nurse licensed by the Board to engage in the safe and proper practice of nursing is impaired by substance abuse; or
(c) — the ability of a nurse licensed by the Board to engage in the safe practice of nursing is impaired by a mental or physical illness or condition, or both; or
(d) — the nurse licensed by the Board has engaged in criminal activity; and (e) summary suspension is necessary to prevent an immediate and serious threat to the public health, safety, or welfare.

(3) — Order of Summary Suspension. Where the Board has voted by a majority of the full Board that the continued or further practice of nursing by a nurse licensed by the Board presents an immediate and serious threat to the public health, safety, or welfare, the Board shall issue to the nurse a written order of summary suspension of the nurse’s license or advanced practice authorization, or both, or the right to renew such license, specifying its findings and reasons for the suspension. The summary suspension order shall also notify the nurse of the date, time, and place of the adjudicatory hearing scheduled to be held on the necessity for the summary suspension. Such hearing shall be held within seven days of issuance of the summary suspension order to the nurse. At the nurse’s request, the Board may reschedule this hearing to a date and time mutually—
agreeable to the nurse and the Board. Any rescheduling of the hearing granted at the
nurse’s request shall not operate to lift the summary suspension order.

(4) Notice of Summary Suspension Order and Hearing. The Board shall provide
notice to the nurse of the summary suspension order and hearing by first class mail and
certified mail at the nurse’s address of record. In addition, the Board shall use all
reasonable efforts to provide such notice to the nurse by hand delivery to the nurse’s
address of record.

In accordance with 801 CMR 1.01(4)(c), notice of the Board’s action shall be
presumed to be received by the nurse upon the day of hand delivery as stated herein or, if
mailed, three days after deposit in the U.S. mail. The postmark shall be evidence of the
date of mailing.

The summary suspension order shall be effective upon the nurse’s receipt of
notice as specified herein. The nurse shall immediately cease all nursing practice as
ordered by the Board. Within one business day of receipt of said notice, the nurse shall
deliver to the Board his or her nursing license, whether current or expired.

(5) Hearing on Necessity for Summary Suspension. Any adjudicatory hearing on the
necessity for summary suspension shall be conducted by the Board in accordance with
M.G.L., c. 30A, §§ 10, 11, and 12, and the Standard Adjudicatory Rules of Practice and
Procedure at 801 CMR 1.01 et seq.

At the adjudicatory hearing on the necessity for summary suspension, the Board
shall receive oral and documentary evidence limited to determining whether the summary
suspension order shall continue in effect pending the final disposition of the complaint.

(6) Continuation or Termination of Summary Suspension Order. Where a majority of
the full Board, after any adjudicatory hearing on the necessity for summary suspension,
votes to continue the summary suspension order in effect, such order shall be in effect
until the adjudication of the merits of the complaint, including judicial review thereof, or
until other final disposition of the complaint by the Board. The nurse shall not engage in
the practice of nursing as ordered by the Board while the summary suspension order is in
effect.

Where a majority of the full Board votes to terminate the summary suspension
order, the Board shall reinstate the license or advanced practice authorization, or both, or
the right to renew such license, to the status which was in effect immediately before the
Board issued the summary suspension order.

Except where it has been rescheduled at the nurse’s request or waived by the
nurse, if the adjudicatory hearing on the necessity for summary suspension is not held
within seven days of the issuance of a summary suspension order, the nurse’s license to
practice nursing in Massachusetts or APN authorization, or both, or the right to renew
such license, shall be deemed reinstated to the status which was in effect immediately
before the Board issued the summary suspension order.

7.06: Additional Provisions Applicable to Investigations, Complaints and Board Actions

(1) Advisory letters. An advisory letter is not a formal Board action against a license,
or APRN authorization, or both and makes no determination or finding on whether the
licensee engaged in the alleged acts or omissions. It constitutes a public record of notice to the licensee:
(a) identifying the reason for closure of an investigation or dismissal of a complaint;
(b) identifying any applicable statute(s), regulation(s), rules, advisories or policies that are relevant to the alleged acts or omissions that form the subject matter of an investigation or complaint; and
(c) including a reminder of the general requirement to comply with the identified provisions.

(2) Receipt by a licensee. The Board may deem a licensee to have received a request, notice, order or other correspondence on the date that such item has been delivered to the address of record provided by the licensee. In the event that delivery is not possible at such address because the licensee has moved and left no forwarding address or because the address is otherwise invalid, the Board may deem receipt by the licensee to have occurred on the date that delivery was attempted but failed.

(3) Authority.
(a) The Board may direct or authorize the Board Chair, the Executive Director, investigators, board staff, board counsel, prosecuting counsel, or any combination of the same, to act on the Board’s behalf by a Board vote detailing the authority to act as to a particular licensee, or a general policy.
(b) In the event the Board Chair has a conflict of interest, an appearance of a conflict of interest, or the Board Chair is incapacitated or inaccessible for a period of time exceeding the reasonable time frame in which the Board Chair would be expected to act pursuant to this section, but in no event shall such time exceed 30 days, or as otherwise authorized by the Board, the authority conferred upon the Board Chair may be exercised by the next most senior member of the Board, in the Board Chair’s stead.
(c) In the event the Executive Director has a conflict of interest, an appearance of a conflict of interest, or the Executive Director is incapacitated or inaccessible for a period of time exceeding the reasonable time frame in which the Executive Director would be expected to act pursuant to this section, but in no event shall such time exceed 30 days, or as otherwise authorized by the Board, the next most senior member of Board staff, shall be authorized to act in the Executive Director’s stead.

REGULATORY AUTHORITY

244 CMR 7.00: M.G.L. c. 13, § 14; c. 112, §§ 61, 74, 74A, 79, 80, 80A, 80B and 80F.
244 CMR 10.00: DEFINITIONS AND SEVERABILITY

Section

10.01: Definitions
10.02: Severability

10.01: Definitions

The following definitions apply to all of 244 CMR, unless otherwise specified.

**Abandon** means to intentionally terminate any nurse/patient relationship without reasonable notice to the patient, the patient’s representative or responsible person(s), the nursing supervisor or a person with authority over the delivery of nursing care services for the patient, thereby disrupting the patient’s continuity of care.

**Abuse.** The Board adopts the definition of abuse set forth at 105 CMR 155.003.

**Accreditation:**

- **Parent Institution Accreditation** means the formal recognition or acceptance of the parent institution by a regional or professional accrediting agency recognized by the United States Department of Education.

- **Program Accreditation** means the formal recognition or acceptance of the nursing education program by a Board Recognized Accrediting Agency in Nursing.

- **Program Accreditation Candidacy** means the formal recognition or acceptance of the nursing education program’s potential to achieve program accreditation by a Board Recognized Accrediting Agency in Nursing.

**Address of Record** means the mailing address of a nurse licensed by the Board as provided by the nurse and maintained by the Board on its license database.

**Adjudicatory Hearing** means an administrative hearing held by the Board to determine the truth and validity of the allegations contained in a complaint filed against a nurse licensed by the Board. The hearing is held in accordance with the State Administrative Procedure Act, M.G.L. c. 30A, and the Standard Rules of Adjudicatory Practice and Procedure at 801 CMR 1.01 et seq.

**Administration of Medications** means removal of a dose from a properly labeled container, verifying the label information as current and consistent with the prescriber’s order, giving the prescribed dose to the intended patient at the appropriate time by the correct route and, promptly recording pertinent data as appropriate.
Administrator means the Registered Nurse recognized by the Board as having administrative authority and responsibility for the nursing education program.

Advanced Practice Registered Nurse (APRN) means a Registered Nurse (RN) who has current authorization by the Board to engage in advanced practice nursing activities.

APRN Practice means professional nursing activities including, but not limited to: advanced assessment, diagnosis, treatment, referrals, consultations, and other modalities for individuals, groups or communities across the life span for health promotion or health maintenance and for those who are experiencing acute or chronic disease, illness, trauma or other life-altering event in which rehabilitative, and/or palliative interventions are necessary, to the extent that those activities lie within the APRN’s authorized clinical category, scope of practice competencies, and accepted standards of Advanced Nursing practice.

Applicant means an individual who seeks initial licensure or the renewal of licensure from the Board, as a Registered Nurse or as a Licensed Practical Nurse, or who seeks initial APRN authorization or renewal of APRN authorization.

Approval Status means the Board’s recognition of a parent institution or nursing education program, or both, relative to its existing or expected compliance with 244 CMR 6.04.

Prerequisite Approval Status means the parent institution has provided satisfactory evidence of its ability to establish a nursing education program complying with 244 CMR 6.04.

Initial Approval Status means the parent institution has provided satisfactory evidence of the nursing education program’s ability to comply with 244 CMR 6.04. Initial Approval Status is the prerequisite for the admission of students.

Full Approval Status means the nursing education program has provided satisfactory evidence of its continuous compliance with 244 CMR 6.04, including but not limited to proof of accreditation as may be required by 244 CMR 6.04(1)(b).

Approval with Warning Status means the nursing education program, which previously achieved Full Approval Status, has not satisfactorily demonstrated continuous compliance with 244 CMR 6.04.

Approved Nursing Education Program means a nursing education program for Registered Nurses or Practical Nurses, as applicable, located in Massachusetts and approved by the Board pursuant to 244 CMR 6.00, or a nursing education program located outside Massachusetts which, in the opinion of the Board, maintains standards substantially the same as those required for approval of a nursing education program in Massachusetts and which program is approved by the nursing board or corresponding body in the jurisdiction where the program is located.
APRN Authorization means the written authorization granted by the Board to a Registered Nurse in accordance with 244 CMR 4.00 to engage in advanced practice nursing.

Authorized Prescriber means a person who holds current and valid controlled substances registrations issued by the United States Drug Enforcement Administration and the Drug Control Program of the Massachusetts Department of Public Health.

Board means the Massachusetts Board of Registration in Nursing.

Board-Recognized Accrediting Agency in Nursing means the accreditation entity that appraises nursing education programs using criteria the Board deems consistent with 244 CMR 6.04.

Board Recognized APRN Certifying Organization means a certifying organization for APRN practice which employs the following characteristics and criteria:
   (a) is national in the scope of its credentialing;
   (b) establishes and maintains conditions for writing the certification examination consistent with acceptable national standards;
   (c) establishes and maintains educational requirements consistent with the requirements of the APRN clinical category of practice;
   (d) establishes and maintains standard methodologies national in scope such as incumbent job analysis studies;
   (e) designs and administers a certification examination that represents entry-level practice in the APRN clinical category and represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced practice nursing care;
   (f) uses and periodically reviews examination items for content validity, cultural bias and correct scoring using an established mechanism;
   (g) is psychometrically sound, legally defensible, and which meets nationally recognized accreditation standards for certification programs;
   (h) specifies certification maintenance requirements (e.g., continuing education, practice, examination), which ensure continued competency measures; and
   (i) establishes and follows conflict resolution principles and rules.

Board Guidelines means the written procedural guidelines for complying with a specific Board regulation published by the Board.

Candidate means an individual who has been determined eligible by the Board to write the NCLEX.

CGFNS means the Commission on Graduates of Foreign Nursing Schools.

Change in Governance means the transfer of a Board-approved nursing education program from one parent institution to another.
Chief Executive Officer means the individual with administrative authority and responsibility for the parent institution.

Clinical Relationship means a professional collaboration between a certified nurse midwife (CNM) and an obstetrician-gynecologist licensed by the Commonwealth that, within the healthcare system and as indicated by the health status of the patient, effectively provides for consultation, collaborative management or referral. Pursuant to Chapter 224 of the Acts of 2012, neither a supervising physician nor written guidelines for prescriptive practice are required. While the clinical relationship must include an obstetrician-gynecologist, it does not preclude the CNM from collaboration with other physician specialties.

Clinical Practice means the faculty directed activities in which students engage in the practice of nursing while enrolled in a course in a Board approved nursing education program.

CMR means the Code of Massachusetts Regulations.

Competence means the knowledge, and the use of affective, cognitive, and psychomotor skills, required for the delivery of safe nursing care in accordance with accepted standards of nursing practice.

Conditions for Renewal means a licensed nurse who has attested under penalty of perjury to completion of 15 contact hours of continuing education for the current registration period.

Continuing Education Program means multiple offerings based on an organized effort directed toward accomplishing major objectives. A program includes several segments which are described as offerings or courses.

Continuing Education Provider means those individuals, organizations, institutions of higher education, health care facilities, and schools of nursing offering continuing education.

Consent Agreement means a legally binding written document setting forth the agreement, including specified terms and conditions, entered into by a licensed nurse and the Board.

Contact hour means the unit of measurement of organized learning experience lasting 50 consecutive minutes.

Continuing Education in Nursing - Consists of planned, organized learning experiences designed to augment the knowledge, skills, attitudes for the enhancement of nursing practice, to the end of improving health care to the public.

Controlled Substance means a drug, substance, or immediate precursor in any schedule or class referred to in M.G.L. c. 94C. Any drug or medication requiring a prescription in Massachusetts is a controlled substance.
Cooperating Agency means an agency or facility providing services or clinical resources, which contribute to the achievement of the clinical objectives of the nursing education program.

Curriculum means a planned sequence of course offerings and learning experiences comprising the nursing education program.

Delegation means the authorization by a licensed nurse to an unlicensed person to provide selected nursing services.

Drug means a substance recognized as a drug in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, and all revisions and supplements thereto.

Eligibility means the Board’s determination of an applicant's ability to write the NCLEX based on criteria specified in M.G.L. c. 112, §§ 74 and 74A, and Board regulations promulgated thereunder.

Eligibility Period means the period of time during which a candidate must write the NCLEX. A candidate’s eligibility period begins on the date the Authorization to Test Certificate is printed and expires 60 calendar days later, or on the date the candidate writes the NCLEX, whichever comes first. The eligibility period is applicable to both first time and repeat candidates. Candidates who do not write the NCLEX within the eligibility period must again apply to write the NCLEX and again submit all required fees and forms.

Faculty means the group of persons employed within a nursing education program having the responsibility for the development, implementation and evaluation of the program of learning including its services, policies and procedures, student evaluation and curriculum.

Full-time faculty member means a person who has full-time employment status as defined by the parent institution and the nursing education program. A full-time faculty member has the full scope of faculty responsibilities including, but not limited to, teaching, advising and committee work.

Part-time faculty member means a person whose appointment is less than full-time as defined by the parent institution and the nursing education program. A part-time faculty member may carry any number of titles including, but not limited to, adjunct or clinical instructor.

Final Decision and Order means the written findings of fact, conclusions of law, and order for sanction or other disposition issued by the Board to a licensed nurse following an adjudicatory hearing.

Guidelines, as used in 244 CMR 4.00, means written instructions and procedures describing the methods that an APRN with prescriptive practice is to follow when managing medications and that specifies those instances in which referral to or consultation with a
physician is required for appropriate medication management. When appropriate, guidelines shall also address procedures for the ordering of tests and therapeutics.

Graduation means the date the applicant graduated from a nursing education program as defined in the policy of the applicant's nursing education program.

Health Care System means any corporation, partnership, business trust, association or organized group of persons in the business of health care services including, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, provider networks, accountable care organizations and any other person or organization that contracts with Carriers or Third-party Administrators for payment for Health Care Services.

Immediate perioperative care of a patient means the period commencing on the day prior to surgery and ending upon discharge of the patient from post-anesthesia care.

Impaired means the inability to practice nursing with reasonable judgment, skill, and safety by reason of alcohol or drug use, or a physical or mental illness or condition, or by any combination of the foregoing.

License in Good Standing means that a license is not expired, surrendered (disciplinary or non-disciplinary), suspended, revoked or on probation (disciplinary).

Licensed Nurse means an individual licensed by the Board to practice as a Registered Nurse or as a Licensed Practical Nurse pursuant to M.G.L. c. 112 §§ 74 and 74A.

Licensed Practical Nurse (LPN) means a nurse who meets the criteria for licensure under M.G.L. c. 112, § 74A and 244 CMR 8.00, and who holds a valid license to engage in the practice of nursing as a Licensed Practical Nurse.

M.G.L. means the Massachusetts General Laws.

MassHealth means the medical assistance and benefit program administered by the MassHealth agency pursuant to chapter 118E and Title XIX of the Social Security Act, and other applicable laws and waivers, to provide and pay for medical services to eligible members.

Mistreatment. The Board adopts the definition of mistreatment set forth at 105 CMR 155.003.

NCLEX ® means the National Council Licensure Examination, developed by the National Council of State Boards of Nursing.

NCLEX - PN ® means the National Council Licensure Examination for Practical Nurses, developed by the National Council of State Boards of Nursing.
NCLEX - RN® means the National Council Licensure Examination for Registered Nurses, developed by the National Council of State Boards of Nursing.

NCSBN means the National Council of State Boards of Nursing.

Neglect. The Board adopts the definition of neglect set forth at 105 CMR 155.003.

New Licensee means a nurse granted an initial Massachusetts nursing license in the current registration period.

Nurse Licensed by the Board means a nurse to whom the Board has at any time issued a license to engage in the practice of nursing as a Registered Nurse or Licensed Practical Nurse whether or not such license is expired, surrendered, suspended, or revoked.

Nursing Activity means a task, function or service which constitutes the practice of nursing and is performed to maintain or improve the patient’s health and well-being, or promotes comfort for a dignified death.

Nursing Assessment means a systematic process of determining nursing care needs based upon the collection and interpretation of data relevant to the patient’s health.

Nursing Education Program means the unit within the parent institution which is intended, among other outcomes, to prepare and qualify a graduate to write the NCLEX-RN® or NCLEX-PN®.

Nursing Judgment means the intellectual process a nurse exercises in forming an opinion and reaching a clinical decision based upon analysis of the evidence or data derived from the nurse’s assessment.

Nursing Plan of Care means a patient-specific, goal-directed plan for the provision of nursing care. The plan is established and modified using data derived from the nurse’s assessment and judgment.

Objective means a statement delineating a desired, specific attainable and/or measurable change in learner behavior.

Offering means a single learning experience or a segment of at least one hour of a program directed toward attainment of specific objectives.

Order to Show Cause means a document issued by the Board to a licensed nurse ordering the nurse to appear at an adjudicatory hearing held by the Board to “show cause” why the Board should not take disciplinary action against the nurse’s license, or APRN authorization, or both, or the right to renew such license, or APRN authorization, or both, based on specific allegations of the licensed nurse’s wrongful conduct. See 801 CMR 1.01(6)(a).
Orientation means the processes by which nurses are introduced to the philosophy, goals, policies, basic procedures, role and expectations, physical facilities and special services in a specific work setting. Orientation does not satisfy continuing education requirements at 244 CMR 5.00.

Outcomes means statements reflecting the achievement of identified goals as established by faculty of a nursing education program.

Nursing Education Outcomes mean statements of aggregate achievement expected of students who complete the program that are consistent with standards of nursing practice.

Program Outcomes mean measurable indicators of program performance and shall include, but not be limited to: program administrator and faculty retention; NCLEX performance; complaints regarding the program; student admission, retention and graduation rates; graduate satisfaction; and employment positions, rates and patterns.

Student Learning Outcomes mean statements of competence to be attained by students at defined points in the program as a result of planned learning experiences. At the curricular level, these outcomes may be stated as objectives.

Parent Institution means the organization with the legal authority to operate a nursing education program.

Patient means a recipient of nursing care in any setting.

Plan for Systematic Evaluation means the written document describing the process of the ongoing comprehensive assessment of all nursing education program components including, but not limited to, program outcomes.

Practice of Nursing means the practice of nursing as defined in M.G.L. c. 112, § 80B and 244 CMR 3.00. The practice of nursing includes, but is not limited to, the provision of a nursing service using telecommunications technology by a nurse physically located outside Massachusetts to a person physically located within Massachusetts, seeking or accepting any paid or voluntary position as a Registered Nurse or Licensed Practical Nurse, or any paid or voluntary position requiring the applicant hold a valid license to practice nursing.

Preceptor means the experienced nurse possessing a Massachusetts nursing license in good standing or authority to practice nursing in Massachusetts under federal law, or both, whose educational preparation is at or above that of the student, is not employed as faculty of the nursing education program, and who facilitates and guides students’ clinical practice in the preceptor’s area of practice expertise.

Prescription Drug means any and all drugs defined as prescription drugs under M.G.L. c. 94C.
Prescriptive Practice means issuing written or oral prescriptions or medication orders for controlled substances pursuant to a valid registration from the Massachusetts Department of Public Health under M.G.L. c. 94C and, as appropriate, the U.S. Drug Enforcement Administration.

Professional Boundaries mean the limits of the professional relationship to ensure a safe and therapeutic interface between the professional and the patient.

Registered Nurse (RN) means a nurse who meets the criteria for licensure under M.G.L. c. 112, § 74 and 244 CMR 8.00 and who holds a valid license to engage in the practice of nursing as a Registered Nurse.

Registration period
(a) In the case of a Registered Nurse, means birthdate to birthdate in the even numbered years.
(b) In the case of a Licensed Practical Nurse, means birthdate to birthdate in the odd numbered years.

SBTPE means State Board Test Pool Examination.

Stable and Predictable means a situation where the patient’s clinical and behavioral state is known, not characterized by rapid changes, and does not require frequent reassessment and evaluation. This includes patients whose deteriorating condition is expected.

Standards of Nursing Practice means authoritative statements describing the level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged.

State means a state within the United States.

Substance Use Disorder means a dysfunctional pattern of human response characterized by excessive, inappropriate, or unhealthy use of chemical substances, including alcohol or drugs.

Supervising physician means a physician holding an unrestricted full license in Massachusetts who:
(a) has completed training in the United States approved by the Accreditation Council for Graduate Medical Education (ACGME) or in Canada approved by the Royal College of Physicians and Surgeons in Canada (RCPSC) in a specialty area appropriately related to the APRN’s area of practice, is Board-certified in a specialty area appropriately related to the APRN’s area of practice, or has hospital admitting privileges in a specialty area appropriately related to the APRN’s area of practice. Notwithstanding the above, a physician who collaborates with a certified Psychiatric Clinical Nurse Specialist must have completed training in psychiatry approved by the ACGME or the RCPSC, or be Board certified in psychiatry;
(b) holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration;

(c) provides supervision to a certified nurse practitioner, a certified psychiatric clinical nurse specialist, or certified registered nurse anesthetist, as provided for in the appropriate law or regulations of the Board of Registration in Nursing at 244 CMR 4.07 and the regulations of the Board of Registration in Medicine at 243 CMR 2.10: Advanced Practice Nurse (APN) Eligible to Engage in Prescriptive Practice;

(d) signs mutually developed and agreed upon prescriptive practice guidelines with the APRN, and

(e) reviews the prescriptive practice of a certified nurse practitioner, certified psychiatric clinical nurse specialist or certified registered nurse anesthetist as described in the guidelines.

Supervision, as used in 244 CMR 3.00, means the provision of guidance by a delegating licensed nurse for the accomplishment of a nursing activity with initial direction of the activity and periodic inspection of the performance of the activity.

Support Personnel means non-faculty personnel who facilitate achieving the program outcomes, including, but not limited to, clerical and other staff.

Survey means a review of a nursing education program by the Board to determine the program’s compliance with 244 CMR 6.04.

Telecommunications Technology means those modalities used in the practice of nursing over distance, whether intrastate or interstate. Such modalities include, but are not limited to: telephones, facsimile, cellular phones, video phones, computers, e-mail, voice mail, CD-ROM, electronic bulletin boards, audio tapes, audio-visual tapes, teleconferencing, video conferencing, on-line services, World Wide Web, Internet, interactive television, real-time camera, and still-imaging.

Type means kind, sort, nature, description, character of continuing education for nurses. Examples to include lecture, panel discussion, demonstration, academic courses, self-study, workshops, correspondence courses and planned and supervised clinical experiences.

Unlicensed Person means, regardless of title, a qualified, responsible individual who has verifiable, documented, initial and ongoing competencies. An unlicensed person functions in a complementary or assistive role to the licensed nurse in providing direct patient care or carrying out common nursing activities and is employed by an entity other than the patient.

Unlicensed Practice of Nursing means engaging, or attempting to engage, in the practice of nursing in Massachusetts without holding a valid license. Unlicensed practice of nursing also means using any title or other designation indicating licensure as a Registered Nurse or Licensed Practical Nurse, or authorization to engage in advanced practice registered nursing, without the requisite valid license or APRN authorization.
U.S. Territory means American Samoa, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands, provided the Board or corresponding body within the U.S. Territory is a member of the NCSBN.

Valid License means a current license to practice nursing in Massachusetts properly issued to a nurse by the Board on the basis of truthful information related to the qualifications for licensure as a RN or a LPN and which License is not expired, surrendered, suspended, retired or revoked.

Withdrawal Date means the date an applicant for licensure as a Practical Nurse withdraws, as defined by the policy of the applicable nursing education program, from an approved nursing education program for Registered Nurses.

10.02: Severability

The provisions of 244 CMR et seq. are severable. If any provision therein is declared unconstitutional or invalid by a court of competent jurisdiction, the validity of the remaining portions shall not be affected.

REGULATORY AUTHORITY

244 CMR 10.00: M.G.L. c. 112, §§ 74 – 81C