



**MINUTES OF THE  
ADVANCED PRACTICE ADVISORY COMMITTEE**

**November 1st, 2005**

**DRAFT**

*(Final minutes will be available on the Board's website <http://www.nevadanursingboard.org> after ratification by the committee at its next regularly scheduled meeting).*

**CALL TO ORDER**

The meeting of the Nevada State Board of Nursing Advanced Practice Advisory Committee was called to order by Debra Scott, MSN, RN, APN, Executive Director, at 2:05 p.m., via videoconference at the Board of Nursing, 5011 Meadowood Mall Way, Ste. 201, Reno, Nevada, 89502, and the Board of Nursing, 2500 W. Sahara, #207, Las Vegas, Nevada 89102.

**MEMBERS PRESENT**

Debra Scott, MS, RN, APN, Committee Chair  
Tricia Brown, MSN, RN, APN  
David Burgio, MS, RN, APN, Board Liaison  
Martha Drohobyczer, MSN, RN, APN, CNM  
George H. Cox, MS, RN, CRNA  
Phyllis Suiter, MA, RN, APN

**MEMBERS ABSENT**

Jeannette A. DiChiro, MSN, RN, APN  
Amy E. Booth, MSN, RN, APN

**OTHERS PRESENT**

Fred Olmstead, General Counsel, NSBN  
Robert Buck, Application Coordinator, NSBN  
Donna Cowling, Education Consultant, NSBN  
Kathie Baldrige, Orvis School of Nursing Student  
Jeanette Belz, Universal Health Services

**CALL TO ORDER:** The meeting was called to order at 2:05 p.m.

**PUBLIC COMMENTS:** There was no public comment.

**A. APPROVAL OF MINUTES— August 16, 2005:** The minutes were approved as written.

**B. OLD BUSINESS:**

1. Review, discussion and action regarding APN instructor hours: meeting the hourly requirements for renewal of APN certification: D. Scott presented this agenda item. The committee discussed the difficulties related to APNs who are faculty in nursing programs being required to be certified as an APN to teach in an APN program, but still being required to do the 800 hours of clinical practice to renew their certificates with the NSBN. The committee agreed that APN instructor hours may be used to meet the Board's hour renewal requirement. Any Board forms which need to be revised to reflect this decision will be done by R. Buck, Application Coordinator.
2. Review, discussion, and action regarding the differences in the APN regulations concerning the hour requirements for continuous practice, renewal and prescribing privileges (NAC 632. 257, 260 and 291): D. Scott presented this agenda item. The committee supported the changes as outlined in the document attached which will be taken to the January 2006, Board meeting in Las Vegas for approval of concept and wording for the regulation changes.
3. Review, discussion, and action regarding all CRNA regulations (NAC 632.500-550): G. Cox, committee member, presented this agenda item. The committee agreed to recommend the following revisions: (1). Add advanced practitioner of nursing as one of the practitioners who may decide if anesthesia is necessary for a procedure. (2). Add "consultations" to ss 1.c. (3). Add "monitored anesthesia care" to 500 ss 1.i. and 530. (4). Delete 540 ss 4. (5). Change "at least one year" to the number of hours required by the CRNA national certifying body to maintain active practice. (6). Add advanced practitioner of nursing to 550 ss 3. (For the actual recommended changes, see attached.)
4. Review, discussion, and action regarding the proposed regulation revisions to NAC 632.255, 2555, 256, 259, 290, 291, 293, and 305. D. Scott presented this agenda item by referring the committee members to the handout, which outlines all previously recommended changes. This handout is attached. This recommendation will be presented to the Board at its January 2006 meeting in Las Vegas for approval of concept and wording for the regulation changes.

**C. NEW BUSINESS**

1. Scheduling of 2006 Advanced Practice Advisory Committee meeting dates: The dates of the APN committee meetings are as follows: February 7, May 9, August 16, and November 7, 2006.
2. Suggestions for agenda items for next meeting: Suggested agenda items for upcoming meetings. The members requested that all addresses for the committee members be sent to all of the other APN Committee members. D. Scott's assistant will send this information out this week. The committee

discussed the direction for the next year—the consensus was that they are committed to continuing to remove barriers to APN practice in Nevada, and would like to move toward a more independent practice for APNs in Nevada to provide support for advanced nursing practice in Nevada to be at least equal to what's happening in the nation and internationally. They were interested in looking at how APNs can be part of the solution to Nevada's limited access to medical care for its citizens.

**ADJOURNMENT:** The meeting was adjourned at 3:45 p.m.

## **Attachments**

### **DRAFT**

**NAC 632.500** Authorized functions. (NRS 632.120)

1. A certified registered nurse anesthetist may, in addition to those functions authorized for the registered nurse, perform the following acts, when it has been determined by a patient's physician, dentist, or podiatric physician, *or advanced practitioner of nursing* that an anesthetic is necessary for a procedure, test or other treatment, in accordance with the applicable policies and procedures regarding the administration of anesthetics:

- (a) Obtain a history of the patient's health, as appropriate to the anticipated procedure, test or treatment;
- (b) Assess the client's condition, as appropriate to the anticipated procedure, test or treatment;
- (c) Recommend, request, and order *consultations* and pertinent diagnostic studies and evaluate the results of those studies;
- (d) Prepare a written preanesthetic evaluation of the patient and obtain the patient's informed consent for the anesthesia;
- (e) Select, order and administer preanesthetic medication;
- (f) Order, prepare and use any equipment and supplies necessary for the administration of anesthesia and perform or order any necessary safety checks on the equipment;
- (g) Order and prepare any drugs used for the administration of anesthesia;
- (h) Select and order anesthesia techniques, agents and adjunctive drugs;
- (i) Perform and manage general, regional, *monitored anesthesia care*, and local anesthesia and techniques of hypnosis;
- (j) Perform tracheal intubation and extubation and provide mechanical ventilation;
- (k) Provide perianesthetic invasive and noninvasive monitoring, as appropriate, and respond to any abnormal findings with corrective action;
- (l) Manage the patient's fluid, blood and balance of electrolytes and acid base;
- (m) Recognize abnormal response by a patient during anesthesia, select and take corrective action;
- (n) Identify and manage any related medical emergency requiring such techniques as cardiopulmonary resuscitation, airway maintenance, ventilation, tracheal intubation, pharmacological cardiovascular support and fluid resuscitation;
- (o) Evaluate the patient's response during emergence from anesthesia and institute pharmacological or supportive treatment to ensure adequate recovery from anesthesia;

- (p) Provide care consistent with the principles of infection control and anesthesia safety to prevent the spread of disease and prevent harm to the anesthetized patient and others in the anesthetizing environment;
- (q) Select, order and administer postanesthetic medication;
- (r) Report to the person providing postanesthetic care the patient's physical and psychological condition, perioperative course and any anticipated problems;
- (s) Initiate, order and administer respiratory support to ensure adequate ventilation and oxygenation in the immediate postanesthetic period;
- (t) Release the patient from the postanesthetic care unit or discharge the patient from the ambulatory surgical setting;
- (u) Include in a timely manner as a part of the patient's medical records a thorough report on all aspects of the patient's anesthesia care; and
- (v) Assess the patient's postanesthetic condition, evaluate the patient's response to anesthesia and take corrective action.

2. In addition, the nurse anesthetist may accept additional responsibilities which are appropriate to the practice setting and within his expertise. Such responsibilities may include, but are not limited to, the selection and administration of drugs and techniques for the control of pain in the preoperative, intraoperative and postoperative setting.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 5-12-93)

NAC 632.510 Performance of duties in accordance with guidelines of facility. (NRS 632.120) A certified registered nurse anesthetist practicing in a facility shall practice in accordance with written guidelines that are approved by that facility and conform to NAC 632.500 to 632.550, inclusive. A review of the guidelines may be conducted by the Board to determine if they conform to NAC 632.500 to 632.550, inclusive.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 5-12-93)

NAC 632.515 Qualifications for initial approval. (NRS 632.120)

1. An applicant for initial approval as a certified registered nurse anesthetist must:

- (a) Hold a current license in Nevada in good standing as a registered nurse;
- (b) Submit to the Board evidence of successful completion of a program for training as a nurse anesthetist that has been accredited by a national organization recognized by the Board;
- (c) Submit a notarized application, on forms supplied by the Board, which substantiates that the applicant meets the requirements of this section and chapter 632 of NRS;
- (d) Submit evidence that he has passed an examination for initial certification and evidence that he is currently certified by a nationally organized group recognized by the Board.

2. In addition to the requirements of subsection 1, any applicant who is a graduate of a program for training as a nurse anesthetist, after:

- (a) June 1, 1988, must submit evidence that he has received a baccalaureate degree in nursing; or
- (b) June 1, 2005, must submit evidence that he has received a master's degree in nursing or anesthetic care.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 5-12-93)

NAC 632.520 Requirements if approved in another jurisdiction. (NRS 632.120) Any person seeking to be approved as a certified registered nurse anesthetist in this State and who is approved as a certified registered nurse anesthetist, or its equivalent, in another jurisdiction must comply with all the requirements set forth in NAC 632.500 to 632.550, inclusive.

(Added by NAC by Bd. of Nursing, eff. 8-5-86)

NAC 632.530 Certificate of recognition: Issuance; restrictions. (NRS 632.120) If the Board finds that the applicant has met all the appropriate requirements set forth in NAC 632.500 to 632.550, inclusive, he will be issued a certificate of recognition as a certified registered nurse anesthetist. The certificate may be restricted to administering certain types of anesthetics or to general, regional *monitored anesthesia care*, or local anesthesia, or any combination thereof.

(Added to NAC by Bd. of Nursing, eff. 8-5-86)

NAC 632.535 Temporary approval to practice. (NRS 632.120)

1. A recent graduate of an accredited program for training as a nurse anesthetist may apply for temporary approval to practice as a nurse anesthetist. If temporary approval is granted, the applicant must take the first examination for certification available. During the period of the temporary approval, the applicant must practice under the direct supervision of a currently certified registered nurse anesthetist.
2. A temporary approval to practice may also be issued to an applicant who has practiced as a nurse anesthetist in another state, has a license in this State as a registered nurse, is in good standing and not under investigation in any state, and is currently certified as a nurse anesthetist by a nationally organized group recognized by the Board.
3. The temporary approval expires automatically:
  - (a) On the date designated by the Board;
  - (b) If the applicant fails the examination; or
  - (c) If the applicant does not take the first examination available.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 2-6-90)

NAC 632.540 Certificate of recognition: Expiration; renewal. (NRS 632.120)

1. A certificate of recognition as a certified registered nurse anesthetist expires biennially upon expiration of the holder's license as a registered nurse.
2. A certificate of recognition as a certified registered nurse anesthetist will be renewed upon:
  - (a) Submission of evidence of the renewal of a current license as a registered nurse in Nevada;
  - (b) Submission of evidence of current certification as a nurse anesthetist from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists; and
  - (c) Except as otherwise provided in subsection 3, documentation of 45 contact hours of continuing education related to practice as a nurse anesthetist, 15 hours of which must concern pharmacology in relation to the practice as an anesthetist.
3. If the national recertification occurs within 1 year before the nurse anesthetist's birthday, the Board will consider it sufficient evidence of:
  - (a) The successful completion of 40 contact hours of continuing education related to practice as a nurse anesthetist; and
  - (b) Validation of his professional practice during the previous 2 years.

~~4. Each nurse anesthetist shall submit the application for renewal not later than 60 days after the expiration of the certificate.~~

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 5-12-93)

NAC 632.545 Certificate of recognition: Expiration due to lapse in practice. (NRS 632.120)

1. A certificate of recognition as a certified registered nurse anesthetist expires automatically ***when a substantial engagement in his practice consists of less than 850 hours of practice over the two year recertification period*** ~~whenever there is a lapse in practice of at least 1 year.~~
2. If the lapse of practice is for more than 1 year and less than 3 years, before recertification, the Board will require evidence of the successful completion of procedures identified in accordance

with applicable policies and procedures regarding the administration of anesthetics while under the supervision of a certified registered nurse anesthetist approved by the Board.

3. If the lapse of practice is for 3 years, but less than 5 years, before recertification the Board will require, in addition to a program of supervision pursuant to subsection 2, evidence of additional education by the nurse anesthetist applying for certification, as it finds appropriate.

4. If the lapse of practice is more than 5 years, the nurse anesthetist must, before recertification, provide evidence to the Board of the completion of the requirements for initial certification set forth in NAC 632.515.

5. As used in this section, a lapse in practice occurs when a certified registered nurse anesthetist has not, within a certain period, administered any of the types of anesthetics approved by the Board.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 2-6-90; 5-12-93)

NAC 632.550 Certificate of recognition: Revocation, suspension or denial of issuance or renewal. (NRS 632.120) The Board may revoke, suspend or deny issuance or renewal of a certificate of recognition of a certified registered nurse anesthetist if he:

1. Commits any acts constituting a ground for disciplinary action against a registered nurse;
2. Exceeds his authority or fails to adhere to practice as designated by NAC 632.500 to 632.545, inclusive;
3. Administers an anesthetic without the consent of a licensed physician, podiatric physician, or dentist, ***or an advanced practitioner of nursing***;
4. Makes or causes to be made a false or a forged statement or representation in procuring or attempting to procure approval or renewed certification as a nurse anesthetist;
5. Violates any statute or regulation relating to prescribing, possessing, administering or dispensing drugs; or
6. Practices below the accepted standard of practice.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 5-12-93)

NAC 632.260 Qualifications for certificate of recognition; practice by student.

1. An applicant for a certificate of recognition as an advanced practitioner of nursing must:
  - (a) Have completed a program designed to prepare an advanced practitioner of nursing which must:
    - (1) Be at least 1 academic year in length, including at least 4 months of instruction in the classroom and clinical experience with a qualified physician or advanced practitioner of nursing;
    - (2) Be accredited or approved by an organization approved by the Board to accredit or approve those programs;
    - (3) Include an advanced course in the following areas of study:
      - (I) The assessment of the health of patients;
      - (II) Pathophysiology; and
      - (III) The preparation for practice as an advanced practitioner of nursing;
    - (4) Include a concentration of courses in at least one medical specialty;
    - (5) Include clinical experience that requires the student to integrate the knowledge and skills that are taught in the program and emphasizes the medical specialty chosen by the student; and
    - (6) Include training in making clinical decisions, including, but not limited to, diagnosing medical conditions and providing appropriate medical care.
  - (b) Except as otherwise provided in this paragraph, present to the Board evidence of *active continuous* practice in ~~3 of the~~ 5 years immediately preceding the date of the application as an advanced practitioner of nursing in the specialty for which certification is requested. ~~The~~

~~continuous practice must include 400 hours of practice per year.~~ An applicant is not required to comply with the provisions of this paragraph if:

- (1) Within a time before the date of his application which is specified by the Board, he completed a program to prepare an advanced practitioner of nursing; or
- (2) He presents evidence to the Board that he will complete 1,000 hours of practice, without the privilege of writing prescriptions, under the supervision of a qualified physician or certified advanced practitioner of nursing, within a time specified by the Board.
- (c) If previously licensed or certified as an advanced practitioner of nursing in another state or jurisdiction, have maintained the licensure or certification in good standing and complied with the requirements for continuing education of that state or jurisdiction.
- (d) If the applicant completes a program designed to prepare an advanced practitioner of nursing on or after July 1, 1992:
  - (1) Be certified as an advanced practitioner of nursing by a nationally recognized certification agency; or
  - (2) Hold a bachelor's degree in nursing from an accredited school.
- (e) If the applicant completes a program designed to prepare an advanced practitioner of nursing on or after June 1, 2005, hold a master's degree in nursing or in a related health field approved by the Board. ***and has completed a program designed to prepare an advanced practitioner of nursing.***

2. A student enrolled in a formal educational program for an advanced practitioner of nursing may perform the functions of an advanced practitioner of nursing, except writing prescriptions, if he does so under the supervision of a licensed physician or a certified advanced practitioner of nursing. The student:

- (a) Must hold a license as a registered nurse in this State; and
- (b) Shall notify the Board in writing of the agreement concerning the practice between the student and the supervisor.

[Bd. of Nursing, § III part subsec. C, eff. 7-10-75; A and renumbered as § III subsec. C par. 2, 5-16-79]—(NAC A 3-28-86, eff. 4-3-86; 9-6-88; 3-26-90;

NAC 632.255 Scope of practice. (NRS 632.120, 632.237) An advanced practitioner of nursing may perform the following acts in addition to the ordinary functions of a registered nurse if he is properly prepared and the acts are currently within the standard of medical practice for his specialty and appear in his protocols:

1. Systematically assess the health status of persons and families by:

- (a) Taking, recording and interpreting medical histories and performing physical examinations; and
- (b) Performing or initiating selected diagnostic procedures.

2. Based on information obtained in the assessment of a person's health, manage the care of selected persons and families with common, acute, recurrent or long-term health problems.

Management may include:

- (a) Initiation of a program of treatment;
- (b) Evaluation of responses to health problems and programs of treatment;
- (c) Informing a person or family of the status of the patient's health and alternatives for care;
- (d) Evaluation of compliance with a program of treatment agreed upon by the person or family and the advanced practitioner of nursing;
- (e) Modification of programs of treatment based on the response of the person or family to treatment;

- (f) Referral to appropriate providers of health care; *and*  
(g) Treatment of minor lacerations which do not involve damage to a nerve, tendon or major blood vessel; and  
~~(h)~~(g) Commencement of care required to stabilize a patient's condition in an emergency until a physician can be consulted.

3. Any other act if:

- (a) The advanced practitioner of nursing is certified to perform that act by an organization recognized by the Board;  
(b) The performance of the act was taught in the program of education attended by the advanced practitioner of nursing;  
(c) The performance of the act was taught in a comprehensive program of instruction successfully completed by the advanced practitioner of nursing, which included clinical experience; or  
(d) The act is within the scope of practice of an advanced practitioner of nursing as determined by the Board.  
*(e) The advanced practitioner of nursing is trained to perform that act by a physician or another advanced practitioner of nursing and the act is within the scope of practice for advanced practitioners of nursing as described in the Cumulative Index to Nursing and Allied Health Literature that was most recently approved by the Board.*

[Bd. of Nursing, § III subsec. C par. 4, eff. 5-16-79]—(NAC A 4-27-84; 3-28-86, eff. 4-3-86; 9-6-88)

NAC 632.2555 Requirements for protocol. (NRS 632.120, 632.237)

1. A protocol must:

- (a) Reflect the current practice of the advanced practitioner of nursing;  
(b) Reflect established national or customary standards for his medical specialty;  
(c) Be maintained at the place of his practice; and  
(d) Be available for review by the Board.

~~2. A comprehensive review and revision of the protocols of an advanced practitioner of nursing must be conducted and documented by the advanced practitioner and the collaborating physician at the time of renewal.~~

(Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86; A 3-26-90)

NAC 632.256 Records. (NRS 632.120, 632.237)

1. An advanced practitioner of nursing shall maintain accurate records documenting all physical findings concerning a patient, the diagnosis and treatment, and any prescriptions written for a patient for whom he provides care.

~~2. A representative sample of these records must be reviewed by the collaborating physician for compliance with the protocols of the advanced practitioner of nursing. **A system of quality assurance must be in place.**~~

3. All the records must be available for review by the Board. Any review will be conducted in accordance with the laws relating to the confidentiality of medical records.

(Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86; A 3-26-90)

NAC 632.259 Controlled substances, poisons, dangerous drugs or devices that may be prescribed; review and revision of list of drugs. (NRS 632.120, 632.237)

1. An advanced practitioner of nursing may only prescribe controlled substances, poisons, dangerous drugs or devices which are:

- (a) Currently within the standard of medical practice in his identified medical specialty; and

(b) Listed in his protocols.

~~2. The collaborating physician must approve, in writing, any change in the list of controlled substances, poisons, dangerous drugs or devices in the protocol. He may approve the change only if the advanced practitioner of nursing is capable of safely prescribing the controlled substance, poison, dangerous drug or device.~~

~~3. A comprehensive review and revision of the list of drugs must be conducted and documented by the advanced practitioner of nursing and the collaborating physician at least once each year.~~ (Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86; A 3-26-90; R122-01, 12-17-2001)  
NAC 632.260 Qualifications for certificate of recognition; practice by student. (NRS 632.120, 632.237)

1. An applicant for a certificate of recognition as an advanced practitioner of nursing must:

(a) Have completed a program designed to prepare an advanced practitioner of nursing which must:

(1) Be at least 1 academic year in length, including at least 4 months of instruction in the classroom and clinical experience with a qualified physician or advanced practitioner of nursing;

(2) Be accredited or approved by an organization approved by the Board to accredit or approve those programs;

(3) Include an advanced course in the following areas of study:

(I) The assessment of the health of patients;

(II) Pathophysiology; and

(III) The preparation for practice as an advanced practitioner of nursing;

(4) Include a concentration of courses in at least one medical specialty;

(5) Include clinical experience that requires the student to integrate the knowledge and skills that are taught in the program and emphasizes the medical specialty chosen by the student; and

(6) Include training in making clinical decisions, including, but not limited to, diagnosing medical conditions and providing appropriate medical care.

(b) Except as otherwise provided in this paragraph, present to the Board evidence of continuous practice in 3 of the 5 years immediately preceding the date of the application as an advanced practitioner of nursing in the specialty for which certification is requested. The continuous practice must include 400 hours of practice per year. An applicant is not required to comply with the provisions of this paragraph if:

(1) Within a time before the date of his application which is specified by the Board, he completed a program to prepare an advanced practitioner of nursing; or

(2) He presents evidence to the Board that he will complete 1,000 hours of practice, without the privilege of writing prescriptions, under the supervision of a qualified physician or certified advanced practitioner of nursing, within a time specified by the Board.

(c) If previously licensed or certified as an advanced practitioner of nursing in another state or jurisdiction, have maintained the licensure or certification in good standing and complied with the requirements for continuing education of that state or jurisdiction.

(d) If the applicant completes a program designed to prepare an advanced practitioner of nursing on or after July 1, 1992:

(1) Be certified as an advanced practitioner of nursing by a nationally recognized certification agency; or

(2) Hold a bachelor's degree in nursing from an accredited school.

(e) If the applicant completes a program designed to prepare an advanced practitioner of nursing on or after June 1, 2005, hold a master's degree in nursing or in a related health field approved by the Board.

2. A student enrolled in a formal educational program for an advanced practitioner of nursing may perform the functions of an advanced practitioner of nursing, except writing prescriptions, if he does so under the supervision of a licensed physician or a certified advanced practitioner of nursing. The student:

(a) Must hold a license as a registered nurse in this State; and

(b) Shall notify the Board in writing of the agreement concerning the practice between the student and the supervisor.

[Bd. of Nursing, § III part subsec. C, eff. 7-10-75; A and renumbered as § III subsec. C par. 2, 5-16-79]—(NAC A 3-28-86, eff. 4-3-86; 9-6-88; 3-26-90; 8-27-91; 7-7-94; R141-97, 1-26-98; R122-01, 12-17-2001)

NAC 632.290 Certificate of recognition: Expiration; renewal; reinstatement. (NRS 632.120, 632.237)

1. The certificate issued to an advanced practitioner of nursing expires at the same time as a license for a registered nurse.

2. An advanced practitioner of nursing may renew his certificate by:

(a) Renewing his license as a registered nurse; and

~~(b) Submitting documentation of maintenance and improvement of his skills by a statement from the collaborating physician or by peer review.~~

3. To reinstate a certificate of recognition which has expired because the fee for renewal has not been paid, the applicant must submit:

(a) The information required for an original application for a certificate on forms provided by the Board and submit the fee required;

(b) The information required to renew a certificate; and

(c) The fee for renewal.

[Bd. of Nursing, § III subsec. C par. 5, eff. 5-16-79]—(NAC A 3-28-86, eff. 4-3-86; 3-3-92)

NAC 632.291 Certificate of recognition: Requirements for renewal; issuance of temporary certificate. (NRS 632.120, 632.237) When he renews his certificate, an advanced practitioner of nursing must submit, on forms supplied by the Board:

~~1. Proof that he has reviewed the protocols with the collaborating physician.~~

~~2. Proof that he has practiced a minimum of 800 hours in his area of specialization.~~

~~3. (1) A statement that:~~

~~(a) He has not been named as a defendant in any malpractice suits; and~~

~~(b) He has never had his clinical privileges limited, suspended or revoked.~~

↪ If an advanced practitioner of nursing answers yes to these questions, a temporary certificate may be issued until the next Board meeting.

4.(2) Proof that he has completed satisfactorily 45 hours of continuing education directly related to his area of specialization which may include the requirements for continuing education for renewal of a license for a registered nurse.

~~5. (3) Any other information required by the Board.~~

(Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86; A 9-6-88; 3-26-90)

NAC 632.292 Certificate of recognition: Placement on inactive status. (NRS 632.120, 632.237)

An advanced practitioner of nursing must submit to the Board a written notification that he wishes his certificate of recognition to be placed on inactive status.

(Added to NAC by Bd. of Nursing, eff. 3-26-90; A by R211-97, 9-25-98)

NAC 632.293 Application to renew practice after period of inactivity or infrequent activity.

(NRS 632.120, 632.237) If an advanced practitioner of nursing has not engaged in at least 800 hours of ~~active~~ practice during the previous  $\geq$  5 years, or wishes to return from inactive to active status, he must submit to the Board an application to renew his practice which includes evidence that:

1. He has satisfactorily completed the continuing education required for that period; and
2. He has entered into an agreement with a collaborating physician or an advanced practitioner of nursing who is in the same medical specialty which provides that the practice of the applicant will be closely supervised by that physician or advanced practitioner of nursing.

(Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86; A 3-26-90; 3-3-92)

NAC 632.305 Duties; scope of practice. (NRS 632.120)

1. A clinical nurse specialist must, in addition to other duties, demonstrate competence in the ability to:

(a) Assess, conceptualize and diagnose nursing problems; and

(b) Analyze complex problems related to health.

2. A clinical nurse specialist may act directly in the care of patients as an expert clinician and indirectly as a consultant, leader of other nurses, educator, researcher and agent to ensure the quality of health care provided.

**3. A clinical nurse specialist may seek recognition as an advanced practitioner of nursing if he meets the requirements to be certified pursuant to NAC 632.260 and 632.300.**

(Added to NAC by Bd. of Nursing, eff. 8-18-88)