chapter 3

Nursing Licensure and Certification

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LEARNING OUTCOMES

After reading this chapter you will be able to:

- Define nursing licensure.
- Define nursing certification.
- Explain the differences between nursing licensure and certification.
- Discuss the history of nursing licensure.
- Describe the purpose of state boards of nursing.
- Identify three functions of state boards of nursing.
- Identify who has the authority to define scope of nursing practice.
- Discuss the regulation of nursing practice.
- Locate current nurse practice act for current state of residence.
- Describe six essential elements of a nurse practice act.
- Discuss three benefits of the mutual recognition model.

Introduction

Healthcare professions that require specialized knowledge and skills such as nursing are regulated to ensure public safety and prevent inherent harm. As healthcare consumers, the trust that we place in our healthcare providers

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is based on the concept of competency; we often take it for granted that the nurse, dentist, or physician from whom we seek services is knowledgeable and qualified to provide those services. Regulation of healthcare providers exists to protect the public. Healthcare outcomes are directly affected by nursing practice, how it is defined, and ultimately how it is regulated. Nursing regulation is designed to protect public safety; therefore, effective regulation is essential to promote better patient safety and improved health outcomes. Nursing practice is governed by state and territorial nurse practice acts and regulatory procedures. This chapter discusses the regulation of nursing practice, licensure, and certification and how they function to protect consumers of nursing services.

The Regulation of Nursing Practice

The American Nurses Association (ANA) defines nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in health care for individuals, families, communities, and populations" (ANA, 2016a). Nursing, like most other health professions that require specialized knowledge and independent critical thinking, is regulated because individuals can be harmed by the actions of an incompetent or unqualified practitioner. The public relies upon this regulatory oversight of healthcare providers because they themselves may not be able to identify whether specific healthcare providers are competent or incompetent. In order to regulate the practice of nursing, governmental oversight is provided on a state level by a regulatory authority known as a state board of nursing.

A state board of nursing (BON) is a state-specific licensing or regulatory body that sets standards for safe nursing care, decides the scope of practice for nurses within that state's jurisdiction, and issues a **license** to a qualified nurse within the state that the board regulates (GraduateNursingEDU.org, 2016). The structure for a BON is unique to each state along with its authority and decision-making powers (NCSBN, 2011a, 2016l). In 2007, the National Council of State Boards of Nursing (NCSBN), which has member representatives from all state and territories, adopted guiding principles for nursing regulation. These guiding principles include protection of the public, competence of all practitioners regulated by a BON, due process and ethical decision making, shared accountability, strategic collaboration, evidence-based regulation, response to marketplace, and globalization of nursing. These guiding principles provide the foundation for nursing regulation (NCSBN, 2016d).

KEY TERM
License: Permission to engage in an activity; a professional license allows the holder to engage in a specific activity for compensation.

KEY TERM
Nurse practice acts (NPAs): State or territorial statutes that define the legal limits for the practice of nursing within that state or territory and explicitly identifies the requirements for licensure.

Nursing practice is carefully defined within the profession's scope of practice through the **nurse practice acts (NPAs)** of

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individual states and territories. Each state or territory has enacted an NPA, which is a piece of state regulatory legislation that is enforced by its state or territorial BON to promote competent and safe nursing care (NCSBN, 2010). States and territories, through their police powers, enact laws to regulate nursing to protect persons from incompetent nursing care (NCBSN, 2016k). NPAs establish BONs that are authorized to define the scope of nursing practice, develop administrative rules to further define state law, create regulatory entities, empower delegated entities with regulatory authority, and ensure accountability for nurses. Although each state and territory's NPA differs, all NPAs include six critical elements. These include authority and composition of a BON, educational program standards, scope of nursing practice with accompanying standards, types of licenses and titles, licensure requirements, and grounds for disciplinary action (NCSBN, 2016k). In summary, the NPA is the most authoritative and controlling piece of governing law that regulates nursing practice within a state's jurisdiction.

According to Schmitt and Shimberg (1996), regulation is intended to guarantee that the public is protected from unscrupulous, incompetent and unethical practitioners; offer some assurance to the public that the person being regulated is competent to provide certain services in a safe and effective manner; and offer a means by which persons who fail to comply with the profession's standards can be disciplined, including the withdrawal of their licenses. NCSBN holds that state/territory nurse practice acts provide the legal basis for the regulation of nursing activities and that the responsibility for interpreting the legal scope of nursing practice rests solely with the individual BONs (NCSBN, 2016k).

Nurse practice acts vary among states; however, many of them are based on the model act that was originally published by the ANA in 1988. The NCSBN also maintains a model nurse practice act and model rules titled *NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules* (NCSBN, 2016h). The model act and administrative rules provide recommended or model language that individual states or territories may use in the development of their state/territory specific nurse practice acts. The NCSBN Model Act and Rules contain exemplary legislation that can be used by any state or territorial BON. The current model act and rules were developed by NCSBN committees, approved by the Delegate Assembly in 2012, and then updated in 2014 (NCSBN, 2016h).

The *NCSBN Model Act* and *Model Rules* provide a resource that state legislators and members of individual state/territory BONs can use as a comparative guide to help write language for the existing nurse practice act of their respective state (NCSBN, 2016i). This comparison can identify language that may be missing in a state/territory's existing nurse practice act or provide language that can be used for new regulation. Because each state/territory has its own unique version of an NPA, models provide examples and guidance for the use of standardized or uniform language that helps to facilitate a shared knowledge or understanding of what constitutes the

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practice of nursing (NCSBN, 2016i). The challenge for many individual practicing nurses can be how to locate their own state or jurisdiction's current NPA.

Accessing Your State's Nurse Practice Act and Administrative Rules

Many states and jurisdictions now post the most current version of their nurse practice act on the Internet. The NCSBN, whose mission is to promote regulatory excellence, maintains a database on its website (http://www.ncsbn.org/contact-bon.htm) that contains electronic contact information for state BONs for all 50 states, the District of Columbia, and four U.S. territories (Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands).

Many of the state nursing board websites include links to the current state nurse practice act. For those states that do not include links, there is contact information. Your state or territory's state nursing board or designated regulatory agency also can help answer many of your questions concerning the practice of nursing within your jurisdiction. If you are not certain whether a website is official or up to date, call your state or territory's state BON, and they can direct you to the most current version of their jurisdiction's nurse practice act. Because nurse practice acts can be written in a legal format that may be difficult to interpret, you may also want to consult the accompanying administrative rules for the NPA. Administrative rules help to further define the NPA, providing additional details. Administrative rules are very helpful in answering specific questions that you might have about your NPA.

As a licensed registered nurse (RN), it is imperative that you also become familiar with your employer's practice policies and guidelines. For example, some employers will use more stringent guidelines concerning delegation than are dictated by the jurisdiction's NPA. The concept of delegation is specifically addressed in each state's NPA, a document that is always being updated and is subject to change. "All nurses have a duty to understand their NPA and to keep up with ongoing changes as this dynamic document evolves as the scope of practice expands" (Russell, 2012, p. 36).

KEY TERM

Delegation: The process by which a registered nurse directs another person to perform nursing skills and activities that the person would not normally carry out while still retaining accountability for those activities (National Council of State Boards of Nursing, 2016g).

Most states recognize the concept of **delegation.** Therefore, it is important for RNs to be familiar with the concept of delegation as many states' NPAs define parameters that authorize RNs to delegate certain tasks under specific conditions. "All decisions related to delegation and assignment are based on the fundamental principles of protection of the health, safety and welfare of the public" (NCSBN, 2007, para. 6). The Joint Statement on Delegation developed by the ANA and the National Council of State Boards of Nursing lists the five rights

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of delegation that are applicable to each state's NPA. An RN must apply professional judgment when following the five rights of delegation within his or her state or terrority's NPA to ensure the following: the right task, under the right circumstances, to the right person, with the right directions and communication, and under the right supervision and evaluation (NCSBN, 2007, para. 7).

As the practice of nursing continues to evolve and expand, the concept of delegation also changes. It is critically important for RNs to be able to effectively work with others, delegate, manage, and appropriately supervise within the legal parameters of a governing jurisdiction's NPA. The nursing shortage and need for nursing services mandates that nurses understand and use delegation to meet the needs of healthcare consumers (NCSBN, 2016c).

The topic of delegation should be covered during your employment orientation. If the topic of delegation and your employer's policies are not discussed in your orientation, you should request copies of these policies for your review and use so that you can correctly apply this critical nursing skill.

The History of State Boards and Their Regulatory Functions

Prior to the Industrial Revolution, it was easier for persons to evaluate the quality of services that they received because communities were small and persons were well known by everyone in the community. Family members provided healthcare services and if outside services were required, the reputation of healthcare providers was well known within the community (Russell, 2012). The first state to pass a nursing regulation law protecting the title of "nurse" was North Carolina which did so in 1903. At that time it became the responsibility of the North Carolina Board of Nursing to develop the nursing licensure examination and issue nursing licenses (UNC-TV, 2012).

In the early 1900s, states initiated the development of government-established BONs to protect the public's health by overseeing and ensuring the safe practice of nursing (NCSBN, 2016d). At the turn of the century, New York, New Jersey, and Virginia developed some of the first nurse practice acts (Roberts, 1954). In addition to establishing standards for safe nursing care, BONs are responsible for accrediting or approving nursing education programs. Program approval is an essential component of state licensure because it ensures that state and territorial standards are being met. This process is different from national nursing accreditation that assesses and ensures that the quality of nursing programs is maintained on a national level.

In addition to protecting the public from harm, one of the most critical functions for BONs is the issuance of licenses to practice nursing. However, once a nursing license is issued, a nursing board's job is not complete. State and territorial

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BOX 3-1 FUNCTIONS OF THE STATE BOARDS OF NURSING

- Issue licenses and manage renewal process
- Establish nursing practice standards
- Regulate advanced practice nursing
- Approve operation of nursing education programs
- Investigate complaints against licensed practitioners
- Hold disciplinary hearings, suspending or revoking licensure if necessary
- Promulgate all rules related to the regulation of nursing practice

nursing boards continue to monitor each nurse's adherence to governing laws. If a nurse engages in an unsafe or unlawful practice of nursing, a BON can revoke a license (NCSBN, 2016d). **Box 3-1** provides a further description of the functions of BONs.

Individuals who serve on a BON are typically appointed to their position, in many states by the governor. Professional organizations nominate members in other states. The process can further differ between states and territories. For example, in North Carolina, state board members are elected. The legislature is also responsible for appointing board members in other states (Brent, 2012). Members of a BON generally report to the governor of a state or territory, both the governor and state or territorial agency, a state or territorial agency or another state or territorial official or organization. State or territorial law often determines the membership or composition of a state BON, which is usually a mix of different types of nurses with various educational backgrounds as well as healthcare consumers. Generally, BONs consist of licensed practical nurses (LPNs), RNs, advanced practice registered nurses (APRNs), and healthcare consumers. The members of a BON convene to oversee nursing activities, including nursing education within a state, and also to take regulatory actions including discipline on nurse licenses when the nurse practice act is violated (NCSBN, 2016m). In some states and territories, BONs also regulate certified nursing assistants (CNAs) and other healthcare professionals. Individual state nurse practice acts dictate the scope of regulatory authority and powers for individual state and territory BONs. Each state and territory is represented by the NCSBN, a not-for-profit organization that serves as the vehicle for BONs to act together to provide regulatory excellence for public safety, health, and welfare. The membership for the NCSBN is composed of members from the BONs in the 50 states, the District of Columbia, and four U.S. territories—Guam, the Virgin Islands, American Samoa, and the Northern Mariana Islands. Four states currently maintain two separate BONs for RNs and LPNs—California, Georgia, Louisiana, and West Virginia (NCSBN, 2016a).

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The Nurse Licensure Compact and Advance Practice Registered Nurse Compact

The **Nurse Licensure Compact** (NLC) and Advance Practice Registered Nurse Compact are model pieces of legislation designed to advance "public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally" (NCSBN, 2016f). Compacts allow nurses to practice and communicate with patients across state lines. The enhanced model legislation addresses physical and electronic communication and practice.

KEY TERM

Nurse Licensure Compact (NLC): A form of interstate compact specific to nurse licensure that provides an agreement between two or more states for the purpose of recognizing nurse licensure between and among a group of participating states. States must enter into an NLC in order to achieve mutual recognition (NCSBN, 2011b).

In 2000, the NCSBN launched the NLC initiative to advance the mobility of nurses' practice. Maryland was the first state to implement an NLC in 1999. Since that time, 25 states have enacted NLC legislation. In May 2015, new versions of the NLC and APRN Compact were adopted by the NCSBN. The enhanced model language will be adopted by future states enacting compacts. Compacts allow a nurse or advance practice nurse to be licensed in his or her state of primary residency and to practice in other compact states that agree to mutually recognize that nurse's single multistate license from the primary resident state. Essentially, the compacts authorize licensed nurses who reside in a compact-participating state to practice in another compact-participating state without obtaining additional practice licenses. Participating states acknowledge another state's licensure through an NLC or APRN Compact. Currently, multistate licensure privilege means that a nurse has the privilege of practicing in any participating compact state that is not his/her state of residency. As long as a nurse remains in good standing, renews his/her multistate licensure and continues to reside in a primary state of residence that is a compact state, there is no time limit for working in other compact states (NCSBN, 2016f).

Compacts allow nurses to practice in other states both physically and electronically through multistate licensure privilege. However, it is important to note that nurses residing in states that participate in an NLC or APRN compact who want to practice across state lines in other participating states are subject to the laws and regulations of each state they practice within. Although nursing licensure is tied to the nurse's state of primary residence, accountability for nursing practice is tied to the laws and regulations of the state where a patient is located at the time nursing care and services are rendered. This type of accountability is not unique to nursing licenses; it also applies to other licenses such as a driver's license. For example, a person driving in Indiana must obey the speeding laws of Indiana even if his or her driver's license was issued in Ohio. Similarly, nurses must abide by the nursing

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practice laws in the states where they are practicing (NCSBN, 2016f). For example, a nurse whose primary residence is in the state of Kentucky, but who is providing case management services through telehealth, Internet, or telephone connections to a patient who resides in South Carolina, would be governed by the South Carolina nurse practice act for care provided to that patient. Nursing practice is no longer limited to the provision of physical patient care but also includes nursing care such as counseling, education, and prior authorization of services through the use of technology. The expansion of digital and electronic services makes this concept even more significant for nurses.

To be eligible to hold multistate licensure through the NLC, a nurse must declare primary residence in a state that has joined the compact (NCSBN, 2016j, p. 1). A nurse's primary state of residence (PSOR) or home state is defined by the mutual recognition model as "the state of a person's declared fixed permanent and principal home or domicile for legal purposes" (New Hampshire Board of Nursing, 2016, para. 5). Sources used to verify a nurse's PSOR include federal income tax returns, driver's license, voter registration cards, etc. (NCSBN, 2016n). The state of primary residence is used to determine jurisdiction for nursing licensure. Nurses changing permanent residence from one NLC state to another NLC party state must relinquish their licensure in their previous home state and apply in their new home state. Nurses should apply for licensure in advance if they anticipate a change in their PSOR. Nurses generally have 90 days to obtain a license in their new PSOR. Nurses should not wait until their current license expires before applying for a license in their new home state (Ridenour, 2011). However, if a nurse moves from a non-NLC state to an NLC state and declares the NLC state as their PSOR, they must apply for a new license but can still keep their noncompact license. Although this may seem confusing, nurses are not allowed to have more than one multistate compact license at a time (Ridenour, 2011).

Licensure is not based on the state of practice because with the implementation of telenursing and other forms of nursing such as case management through managed care, it is sometimes difficult to determine the state of practice for the specific purpose of licensure. In addition, nurses who are not currently in the workforce or who are working temporarily could be subject to difficulties with state licensure. Tracing complaints and investigations is also facilitated by linking licensure to the state of primary residence rather than employment. For states not participating in the mutual recognition model, nurses must apply for separate licensure within the state where they are going to practice either physically or electronically, regardless of residence. Even though there is a national licensure examination, individual state licensure in noncompact participating states is required. There is no limit placed on the number of licenses that a nurse may hold from non-noncompact states (Ridenour, 2011).

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There are many positive outcomes associated with the **mutual recognition model** and only very few potential negatives. The mutual recognition model and NLC clarify the practice of telehealth and interstate nursing practice. In addition, the NLC provides greater mobility for nurses and improves access to care. This is critical in times of disaster when nurses need to mobilize to areas of need. The NLC also promotes information sharing among participating NLC states that recognize the mutual recognition model to promote quality of care and discipline if necessary (NCSBN, 2016l). One potential negative is the need for increased vigilance on the part of nurses who practice across state lines to understand the particular standards of care, scope of practice, and state laws that apply within the state where care is rendered. Without separate application for licensure, it may be less apparent to nurses that they must fully understand each state's nurse practice act and governing laws where they render care.

KEY TERM

Mutual recognition model: A model that allows a nurse to have one license in his or her state of residency with the ability to practice (electronically or physically) across state lines in other states that participate in this model if there are no restrictions on his or her license and that person acknowledges that he or she is subject to each state's practice laws and rule (NCSBN, 2011b).

History of the Nurse Licensure Compact

The NCSBN Delegate Assembly began the creation of the NLC in 1996. At that time, NCSBN delegates voted to begin the process of studying and inspecting various mutual recognition models and report their findings. By 1997, the NCSBN Delegate Assembly unanimously agreed to endorse a mutual recognition model. In 1998, the NCSBN Board of Directors endorsed the goal to remove regulatory barriers to increase access to safe nursing care (Evans, 2015; NCSBN, 1996). The RNs and licensed practical nurses and vocational nurses (LPN/VN) compact was initiated on January 1, 2000. The first states to pass the RN and LPN/VN NLC into law were Maryland, Texas, Utah, and Wisconsin.

Also in 2000, the Nurse Licensure Compact Administrators (NLCA) was organized to protect the public's health and safety. The mission of the NLCA is to promote compliance with laws governing the practice of nursing in each party state through the mutual recognition of party state licenses (NLCA, 2014). In 2002, the NCSBN adopted the APRN Compact to complement the NLC for advanced practice nurses. However, due to lack of uniformity in advanced practice nursing, the compact faced implementation challenges and was only partially implemented in Iowa, Utah, and Texas. In 2008, the Consensus Model for APRN Regulation was adopted to promote uniformity in advance practice. Two years later, the APRN Consensus Model language was integrated into the APRN Compact. In May 2015, the NCSBN Delegate Assembly met and adopted enhanced compact language to align the NLC and APRN Compact and promote implementation (Evans, 2015).

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Nursing Licensure

Nursing **licensure** is a form of credentialing or regulatory method that is used when the activities being regulated are complex and require specialized knowledge coupled with the ability to make independent decisions. At the very heart of licensure are public safety and the need to ensure minimal competency in a set of nursing skills that a licensed nurse must possess in order to competently provide consistent quality nursing care for a defined level of nursing practice. Nursing licensure is defined by the NCSBN as "the process by which BONs grant permission for an individual to engage in nursing practice after determining that the applicant has attained the competency necessary to perform a unique scope of practice" (NCSBN, 2016e, p. 1). The requirements for licensure define what is necessary for individuals to be able to practice the profession of nursing safely and ensure that each person meets those minimal requirements.

KEY TERM

Licensure: The process by which a state or governmental agency grants permission to an individual to engage in a given profession for compensation.

The licensure process addresses both qualification and disciplinary activities. First, licensure encompasses predetermination of the qualifications that are required to perform a defined scope of practice (e.g., LPN vs. RN) safely and an objective evaluation process to determine that the qualifications for the defined scope of practice are met. Generally speaking, the objective evaluation is accomplished through an examination (NCLEX-RN; NCLEX-PN) that must be passed before the individual can practice (NCSBN, 2016d, p. 1). In addition, licensure provides title protection for the roles and functions that RNs perform, and it gives authority to take disciplinary action against a licensee if he or she violates the nurse practice act and governing laws, thus ensuring that the public health, safety, and welfare are protected (NCSBN, 2011b).

In the United States, nursing licensure is a regulatory function of each state. Currently, each state's or territory's BON or a designated entity grants licensure to RNs within that jurisdiction. Each state has the ability through enforcement powers to designate an entity with licensing authority to ensure that each individual who claims to be a nurse can function at a minimal level of competency. Many states' nurse practice acts also contain language that provides protection for the title of "registered nurse" to persons who hold a valid license and prevents other persons from using the title or credentials. One example of this type of title protection can be found in Arizona's Nurse Practice Act (see **Box 3-2**).

The History of Nursing Licensure

Nursing licensure originally came about to protect the public from unsafe nursing practice. During the 1900s nurse practice acts consisted mainly of lists of the names of trained nurses. The state of North Carolina was the first state to enact

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BOX 3-2 ARIZONA'S NURSE PRACTICE ACT

Nurse Practice Act: Section 32-1636: Only a person who holds a valid and current license to practice registered nursing in this state or in a party state pursuant to section 32-1668 may use the title "nurse," "registered nurse," "graduate nurse," or "professional nurse" and the abbreviation "R.N." No other person shall assume or claim any such titles or use such abbreviation or any other words, letters, signs or figures to indicate that the person using it is a registered, graduate or professional nurse.

Reproduced from Arizona State Legislature. (1997). Arizona Nurse Practice Act. Chapter 140 - 431R - S Ver of SB1099. Section 32-1636. Retrieved from http://www.azleg.state.az.us/legtext/43leg/1r/laws/0140.htm

a nurse practice act, in 1903. By 1923, all states had enacted nurse practice acts. From the 1930s through the 1950s, nurse licensure laws were enacted to help define the practice of nursing and to prevent unlicensed individuals from practicing nursing. In 1955, the ANA issued a model definition of nursing that affirmed that not all nursing duties required physician supervision and that some duties were independent nursing functions. However, the definition did forbid nurses from diagnosing conditions or prescribing medications. Over time, the practice of nursing has expanded, with regulatory focus on professional accountability (Damgaard, Hohman, & Karpiuk, 2000).

Historically, when an RN wanted to work in a state other than his or her home state, he/she had to apply for licensure in that other state. In the past, there was no national licensure examination. That meant there was no consistency between states' nurse licensure exams. The NCSBN was instrumental in developing the national licensure exam for RNs, which changed in 1982 to the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Thanks to the elimination of state-specific licensure exams, nurses can be more mobile and more easily pursue career opportunities in multiple states.

Requirements for Nursing Licensure

To ensure public protection, each state or territory in the United States through its state BON or designated licensure body requires a candidate for nursing licensure to pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) or the NCLEX for Practical Nurses (NCLEX-PN) and meet other requirements before granting a nursing license. The passing level for the exam is set to ensure that at a minimum, a sufficient skill set is demonstrated to protect the public. The NCLEX examination measures the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse (NCSBN, 2016e). In 2011, the NCSBN Delegate Assembly adopted the Uniform Licensure Requirements (ULRs) to serve as standards for licensure for RNs and LPNs in

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all states and territories. The ULR provides for additional public protection by requiring disclosure of substance use disorders and prior actions taken or initiated against a professional or occupational license, registration, or certification. States have been encouraged to adopt the ULRs to promote consistency across all U.S. jurisdictions (McDougal et al., 2011). The requirements for nursing licensure for applicants who wish to become licensed RNs include successful graduation from high school or completion of a GED, successful graduation from an approved nursing school, application to the appropriate state agency for licensure, payment of required fees, and criminal background check in some states (NCSBN, 2016e). In addition, applicants must not have a criminal history such as a felony conviction that prohibits them from taking the NCLEX-RN. If an applicant successfully meets all these requirements, then a state nursing board or licensure body may grant the applicant a nursing license. Simply passing the NCLEX-RN is no guarantee that an applicant will automatically be granted a nursing license. Only after all state requirements have been satisfied will a candidate be considered for licensure. Although these requirements may seem extensive, the responsibility associated with nursing licensure and safely caring for patients demands such consideration. See Chapter 4 for more information on the NCLEX-RN.

KEY TERM

Certification: "A is a process by which a nongovernmental agency or association certifies that an individual licensed to practice a profession has met certain predetermined standards specified by that profession for specialty practice" (American Nurses Association, 1979, p. 67).

Certification

Certification is a form of credentialing that demonstrates attainment of increased knowledge but does not address a legal scope of practice like licensure does. Individual certification is the most common type of certification and is awarded when a nurse demonstrates a level of competency above the licensure level for a specific area of nursing practice. The American Association of Critical Care Nurses (AACN) defines certification as "a process by which a nongovernmental agency validates, based upon predetermined standards, an individual nurse's qualifications for practice in a defined functional or clinical area of nursing" (AACN, 2016, p. 1).

Numerous state BONs use professional certification as a requirement toward granting authority for APRNs. Organizations, like individuals, also can be certified. However, the certification process for organizations is very different from individual or personal certification. Organizations such as hospitals or healthcare institutions can be certified by external/reviewing entities. Organizational certification is referred to as *accreditation* (American Nurses Credentialing Center, 2016b, p. 1). The Joint Commission is one example of an external entity that accredits hospitals. Hospitals go through an accreditation process to ensure that they are achieving a defined set of performance measures. In essence, hospital

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accreditation provides a "gold seal of approval" for hospitals achieving those standards. This approval rating allows consumers to make choices based upon standardized measures that reflect the quality of care provided at that hospital (The Joint Commission, 2016a, para. 1).

Another type of organizational recognition that has particular meaning for nurses is "magnet status." Magnet status is an award given by the American Nurses Credentialing Center, an affiliate of the ANA, to hospitals that satisfy specific criteria based on the strength and quality of nursing in that facility (ANCC, 2016c). A magnet hospital is an organization or facility that exhibits nursing excellence through patient outcomes, communication, and delivery of care. Other entities provide voluntary accrediting services for community-based facilities. An example of such a voluntary accrediting agency is the Commission on Accreditation of Rehabilitation Facilities International (CARF International).

Potential for confusion exists because regulatory agencies and professional associations may use the term *certification* differently with individuals and organizations (The Joint Commission, 2016b). As technology advances and the number of nursing specialty areas continue to grow, nurses are pursuing certification to increase their knowledge and skill beyond what they learned in their basic nursing programs. For example, the American Nurses Credentialing Center offers certifications in over 40 areas of nursing practice.

However, certification is a concept that is frequently misunderstood by employers, the public, and even other nurses. Examining the current certification process for APRNs provides a unique opportunity for understanding nursing certification in general, because it mirrors the previous development of nursing licensure. APRN certification is in an earlier phase of evolution than is RN licensure. Therefore, APRNs today find that both the uniformity of standards and recognition of their advanced practice expertise lag behind those of their RN status (Evans, 2015). For example, APRNs' ability to prescribe medications, professional titles, and the ability to bill third-party payers continue to vary from state to state. Therefore, APRNs continue to face many of the challenges and barriers to practicing in different states that RNs faced prior to adoption of the NLC. As states adopt the APRN Compact, barriers to advance practice across jurisdictions will potentially decrease (Evans, 2015). However, nursing studies have demonstrated that nurses experience positive benefits if they obtain certification. Specialty certification provides positive benefits for patients, families, nurses, and employers (Kaplow, 2011). Certification is becoming the new standard measure for excellence in nursing care in this quickly changing healthcare system. Certification distinguishes mastery of skills and knowledge that go beyond the scope of nursing licensure. The American Association of Critical Care Nurses Malcolm Baldrige National Quality Award, Beacon Award of Excellence, and Magnet Recognition Program recognize certification as a critical component of nursing excellence in specialized

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practice. Healthcare consumers and nurses are becoming increasingly aware of the benefits of certification to help ensure safe and high-quality nursing care services (Fleishman, Meyer, & Watson, 2011).

Requirements for Certification

The requirements for certification are diverse and depend upon the organization granting certification. Requirements usually address the candidate's RN licensure status, educational preparation, and number of clinical practice hours in the chosen specialty. Historically, large numbers of professional and specialty groups have offered certification exams. Therefore, the requirements are extremely varied. For example, the AACN has different certification requirements than the American Association of Operating Room Nurses (AAORN). To determine the exact requirements for certification, nurses should check with the specialty organization through which they wish to become certified.

Differences Between Licensure and Certification

Certification, on its face, appears to be very similar to licensure. However, licensure and certification are two different terms that carry different meanings both professionally and legally. Certification is the granting of credentials that indicate a person has achieved a level of specialization higher than the minimal level of competency indicated by licensure (AACN, 2016). Licensure is technically a form of legal certification. Although some very specific forms of certification carry a legal status, most certifications only imply a specialized skill or knowledge set associated with specific professional status. Nursing licensure, on the other hand, implies a legal status because it establishes lawful authorization for a scope of nursing practice (NCSBN, 2011b).

The Regulation of Advanced Practice Registered Nurses

The regulation of APRNs differs significantly from state to state among BONs. In addition, it is important to note that in some states advanced practice nurses, such as certified registered nurse anesthetists (CNRAs), may be managed by the state's medical board. Currently, the NCSBN recommends the use of APRN certification examinations as a basis for determining APRN credentialing. However, the scope of practice and prescriptive privileges that APRNs have depend on each state's NPA. Until states adopt the APRN Compact, APRNs must seek and receive recognition from each state in which they practice. Currently, Texas, Utah, and Iowa are the only three APRN Compact states with partial implementation (Evans, 2015).

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The NLC applies only to nursing licensure and currently does not apply to APRN certifications (NCSBN, 2016h). Generally, an APRN would need to contact the state in which he or she anticipates practicing as an APRN and meet the requirements for licensure and certification as an APRN with prescribing privileges (as permitted) in that state. The APRN who resides in a state that is part of the mutual recognition model and declares that state as their primary residence may go to another compact state and practice as an RN because he or she has a compact RN license but may *not* practice as an APRN *until* he or she receives advanced practice licensure and meets the certification requirements for that state.

It is important to know that regulatory state requirements can affect certification within a particular state. APRNs can track state legislative changes through the NCSCN website at https://www.ncsbn.org/aprn.htm and the ANA Advance Practice Nurses Consensus Model Toolkit at http://www.nursingworld.org/consensusmodel (ANCC, 2016a).

In 2008, the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (LACE Model) was developed as a collaborative effort by more than 40 nursing organizations to make APRN practice and regulation more uniform and consistent. The APRN Regulatory Model (LACE) defines four advance nurse practice roles: certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). Under the APRN Regulatory Model, certification and licensure must be congruent in terms of role and population focus.

With the progression of implementation of the APRN Consensus Model, certifying organizations such as ANCC are changing certification programs to more accurately reflect the roles and populations required by the Model (ANCC, 2016a). For example, the Adult Nurse Practitioner Primary Care Nurse Practitioner certification is being retired in December 2016 and is being replaced by the Adult Gerontology Primary Care Nurse Practitioner certification (ANCC, 2016d). As the APRN Regulatory Model and Enhanced Compact and new state legislative changes are implemented, it will be critically important for APRNs to understand the issues affecting their licensure, certification, and practice.

Standard of Care

KEY TERM

Standard of care: The degree of care, expertise, and judgment exercised by a reasonable person under the same or similar circumstances.

A **standard of care** is a legal concept that all nurses should become familiar with and understand. This concept is used to depict a standard or measure of behavior that describes how a nurse is expected to act or professionally conduct him- or herself according to an accepted reasonable practice of nursing care. Standards of care and practice can be published within a state's administrative code, and

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are generally defined within each state's or territory's jurisdiction. For example, in the state of Indiana, RNs and LPNs have a defined responsibility to apply the nursing process and to act in a specific manner as a member of the registered nursing profession (Indiana Administrative Code, 2013).

RNs are mandated to function within the legal boundaries of nursing based on their knowledge of the statutes and rules governing nursing (Indiana Administrative Code, 2013). Therefore, it is imperative for nurses to be aware of and fully understand the rules and statutes that govern nursing practice in their state or territory. Nursing behaviors, including acts, knowledge, and practices that fail to meet defined minimal standards of acceptable current practice that could endanger the health, safety, and welfare of the public, represent unprofessional nursing conduct in Indiana (Indiana Administrative Code, 2013).

Nurses should conduct themselves with the degree of care, skill, and knowledge that reasonably competent nurses would exhibit in comparable situations. It is important to note that the standard of care represents a minimum level of practice that a nurse must stay within to avoid being found negligent or guilty of malpractice. Nurses must exercise good judgment using their nursing education to the best of their ability under the circumstances. In addition, a standard of care can be used to compare the performance of a nurse with another in the same specialty.

Standards of Care for Particular Areas of Nursing Practice

In malpractice actions, the adequacy of a nurse's performance is based on a professional standard that is then compared with the performance of other nurses in the same specialty area. This type of comparison allows nurses to be compared more accurately with the performance of their peers. For example, neonatal intensive care nurses determine the standard of care for other neonatal intensive care nurses. The conduct of a surgical nurse would not be compared with the conduct of a public health nurse. Standards of care apply to specific areas of nursing practice (ANA, 2016b).

Malpractice actions are premised on allegations of failure to comply with a professional standard of care or performance. If a nurse's actions fall below the accepted professional standard of care, he or she may be found guilty of malpractice. It is extremely important for nurses to be familiar with and understand the professional standard of care that applies to their practice area. There are various layers of accountability for nursing practice ranging from broad national/general practice guidelines to narrow specialty- and state-specific guidelines. Nurses can go to their professional organization's website to determine appropriate standards of care for particular practice settings also called standards of practice. For example, nurses can visit the ANA website to access information concerning appropriate standards of care and practice.

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It is important to note that the Standards of Professional Nursing Practice are duties that are common to all RNs regardless of their role, specialty, or population that nurses are expected to perform with competence. These standards are used as evidence of standard or care with the understanding that standards are context dependent and vary upon clinical circumstances. For example, the application of standards could be different during a natural disaster such as a hurricane than a regular day (ANA, 2010). The ANA published the third edition of *Nursing: Scope and Standards of Practice* in 2015 (ANA, 2015).

The ANA states that "the public has a right to expect RNs to demonstrate professional competence throughout their careers" (ANA, 2010, p. 32). The ANA's *Scope and Standards of Nursing Practice* provides and outlines the expectations of the professional role for RNs including scope of practice and standards of professional practice and related competencies. The *Scope and Standards* also provide new information that can be incorporated into state nurse practice acts, which provide another layer of accountability. Rules and regulations promulgated by states that are specific to that state's nurse practice act, may further restrict the RN's practice. Additional restrictions upon nursing practice can be enforced by institutions or agencies of employment through policies and procedures (ANA, 2010). **Contemporary Practice Highlight 3-1** offers additional discussion of patient safety and standards of care.

CONTEMPORARY PRACTICE HIGHLIGHT 3-1

EMPHASIS ON PATIENT SAFETY

Since the Institute of Medicine (IOM) released its report *To Err Is Human: Building a Safer Healthcare System* (IOM, 2000), which revealed only 55 percent of patients received recommended care, reporting that approximately 98,000 died each year due to medical errors, there has been a renewed interest in patient safety and standards of care. In 2010, the U.S. Department of Health and Human Services, Office of Inspector General (2010). reported that below standard hospital care resulted in approximately 180,000 Medicare deaths. In 2013, the *Journal of Patient Safety* reported that deaths from preventable harm may be as high as 210,000–400,000 (James, 2013). This would make medical errors the third leading cause of death in the United States. Medication errors, in particular, provide an example of high-risk situations that can result in a breach of standards of care and patient safety while exposing nurses to potential liability. Fully engaging patients and their advocates during hospital stays, listening to patients to identify harms, and transparency in accountability will be necessary to decrease patient harm (James, 2013).

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Official Resources for Determining Standards of Practice and Care

A variety of resources for nursing practice standards exist. Nurses may wish to use different resources depending on the states in which they decide to practice. In addition, standards are interpreted and applied differently depending on the state of jurisdiction. In malpractice actions, courts rely on some or all of these resources to help determine the applicable standard of care in each individual case. Some of these resources include:

- State statutes and administrative codes
- Nurse practice acts (a listing of resources concerning nurse practice acts can be found at http://www.ncsbn.org)
- American Nurses Association (a listing of specialty care nursing standards and scopes of practice can be found at http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards)
- The Joint Commission (www.jointcommission.org)
- State and federal case law and published opinions by judges
- Hospital policies
- Specialty nurse organizations, for example:
  - American Association of Critical Care Nurses (http://www.aacn.org)
  - Association of Public Health Nurses (http://phnurse.org)
  - American Association of Nurse Practitioners (https://www.aanp.org)

Summary

It is critically important for RNs to understand how and why nursing practice is regulated. By understanding the basic concepts of nursing regulation, licensure, certification, and standards of care, RNs are empowered with the necessary skills to provide safe nursing care. State nurse practice acts vary from state to state and territories, and nurses must be aware of their governing nurse practice act when delivering and/or delegating care. As nursing continues to advance, and with the emergence of the field of telehealth, it is becoming increasingly important for nurses to understand that the care they deliver across state lines is affected by varying state laws and the regulatory process.

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Reflective Practice Questions

1. Have you ever read the NCSBN *Model Nursing Practice Act* and *Model Nursing Administrative Rules*? You can find a copy of both on the NCSBN website at http://www.ncsbn.org. Note the differences between the *Practice Act* and *Administrative Rules*. How are they different? Is one easier to read than the other? Do the *Administrative Rules* provide more detail? Do you think that your state or territory follows the NCSBN *Model Nursing Practice Act* and *Model Nursing Administrative Rules*? Explain why or why not.
2. Do you think it is important for various types of nurses to serve on state boards of nursing? What qualities do you think a state board of nursing member should exemplify? Why?
3. What state do you want to obtain nursing licensure from after graduating from nursing school? Can you list your state's nursing licensure requirements? Is it a Nurse Licensure Compact participating state? Do you plan to practice outside your state of residency? What entity should you contact to find out the exact requirements for nursing licensure?
4. How does certification affect an individual's nursing practice? What are some of the benefits associated with certification?

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