

NURSING
TENNESSEE CODE UNANNOTATED
TITLE 63, CHAPTER 7
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63-7-101. Purpose of chapter. —

The purpose of this chapter is to safeguard life and health by requiring each person who is practicing, or is offering to practice, nursing to submit evidence that the person is qualified to practice and to be licensed as provided in this chapter. Such evidence of qualifications shall be submitted to the state board of nursing, which is the regulatory body authorized to enforce the provisions of this chapter.

[Acts 1967, ch. 78, § 1; T.C.A., § 63-729; Acts 1990, ch. 651, § 1; 2005, ch. 387, § 1.]

63-7-102. Exemptions. —

Nothing in this chapter shall be construed as applying to:

- (1) The domestic administration of family remedies or the furnishing of assistance in the case of an emergency;
- (2) Persons employed in the office of a licensed physician or dentist, assisting in the nursing care of patients where adequate medical or nursing supervision or both is provided;
- (3) The practice of nursing incidental to a program of study by students enrolled in nursing education programs approved by the board;
- (4) Persons belonging to a recognized church or religious denomination having religious teachings and beliefs in regard to the care of the sick by prayer;
- (5) Care of persons in their homes by domestic servants, housekeepers, attendants, or household aides of any type whether employed regularly or because of an emergency or illness if such persons are not initially employed in a nursing capacity;
- (6) The practice of any lawfully qualified nurse of another state who is employed by the United States government, or any bureau, division or agency thereof while in the discharge of the nurse's official duties in this state;
- (7) The practice of any currently licensed nurse of another state who is presenting educational programs or consultative services within this state for a period not to exceed fourteen (14) days in a calendar year;
- (8) The practice of any currently licensed nurse of another state whose responsibilities include transporting patients into, out of, or through this state. Such exemption shall be limited to a period not to exceed forty-eight (48) hours for each transport;
- (9) The practice of nursing by students who are enrolled in board-approved refresher programs or comprehensive orientation programs;
- (10) Persons trained in accordance with § [68-1-904](#)(c) who are:
 - (A) Providing personal support services to clients living in their own home or private residence pursuant to a contract or agreement under any medicaid waiver or other program of the division of intellectual disabilities services;
 - (B) Employed by agencies that are both licensed under title [33](#) and under contract to provide residential or adult day programs for persons with mental retardation and persons trained in accordance with § [68-1-904](#)(c); or

(C) Employed by community-based licensed intermediate care facilities for the mentally retarded who will administer medication only at a location other than the community-based facility. The employees of the community-based licensed intermediate care facilities for the mentally retarded may additionally receive medication administration training specific to the person served. For the purposes of this subdivision (10), when administered by employees of the intermediate care facilities, medications shall be packaged in individual doses labeled with the name of the individual patient, the time of administration and the drug name and dosage;

(11) Except for those persons covered under subdivision (10)(A), a person employed by an agency licensed under title [33](#), chapter 2, part 4, providing personal support services to clients living in their own home or private residence may assist the client with medication, except for injections, upon a written authorization by the client or the client's authorized representative. For the purpose of this section, assistance is limited to opening medication packaging and providing medication reminders and does not permit giving the client any form of medication. Before any such person is authorized to assist the client with medication as provided in this subdivision (11), the person shall receive and be able to document training in medication assistance performed by or under the general supervision of a registered nurse and consistent with the state's home and community-based services (HCBS) training in assisting with medications. For the purposes of this subdivision (11), assisting with medications is not to be interpreted in any manner or fashion to include, or to be the same as, medication administration that would be only appropriate and acceptable for persons who are authorized so to do by specific professional acts under this title or by rules or regulations;

(12) (A) Persons trained in accordance with § [68-1-904\(c\)\(2\)](#), who are employed by agencies that are both licensed under title [37](#) and under contract with the department of children's services to provide services, can assist children and youth with the self-administration of medication in a group home setting. Before that person is authorized to assist the child or youth with self-administration of medication, that person must have received and be able to document six (6) hours of training in medication administration from a registered nurse licensed pursuant to this chapter. For the purposes of this subdivision (12), assisting with self-administration of medications is not to be interpreted in any manner or fashion to include, or to be the same as, medication administration that would be only appropriate and acceptable for persons who are authorized to do so by specific professional acts under this title or by rules or regulations;

(B) For the purposes of subdivision (12)(A), assisting with self-administration of medications is not to be interpreted in any manner or fashion to include, or to be the same as, medication administration that would be only appropriate and acceptable for persons who are authorized to do so by specific professional acts under this title or by rules or regulations; and

(13) Except to the extent that it applies to the administration of medication, an individual who holds a valid medication technician certificate issued under this chapter, if the medication is administered in accordance with this chapter.

[Acts 1967, ch. 78, § 11; T.C.A., § 63-739; Acts 1982, ch. 712, § 2; 1985, ch. 39, § 1; 1993, ch. 357, § 1; 2000, ch. 947, § 6; 2004, ch. 577, § 1; 2005, ch. 210, § 2; 2005, ch. 387, § 2; 2006, ch. 846, § 1; 2007, ch. 364, § 3; 2007, ch. 399, § 1; 2008, ch. 850, §§ 1, 2; 2009, ch. 403, § 1; 2009, ch. 477, § 1.]

63-7-103. "Practice of professional nursing" defined. —

(a) (1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care.

(2) "Professional nursing" includes:

(A) Responsible supervision of a patient requiring skill and observation of symptoms and reactions and accurate recording of the facts;

(B) Promotion, restoration and maintenance of health or prevention of illness of others;

(C) Counseling, managing, supervising and teaching of others;

(D) Administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist or nurse authorized to prescribe pursuant to § [63-7-123](#);

(E) Application of such nursing procedures as involve understanding of cause and effect; and

(F) Nursing management of illness, injury or infirmity including identification of patient problems.

(b) Notwithstanding the provisions of subsection (a), the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by §§ [63-1-132](#), [63-7-123](#) and [63-7-207](#).

[Acts 1967, ch. 78, § 12; 1972, ch. 523, § 1; T.C.A., § 63-740; Acts 1990, ch. 651, § 2.]

63-7-104. Registered nurse qualifications. —

An applicant for a license to practice professional nursing shall submit to the board evidence in such form as the board may prescribe that such applicant:

(1) Is in good physical and mental health;

(2) Holds a diploma from a four-year accredited high school, or the equivalent thereof, as determined by the board; and

(3) Has successfully completed a course of study in an approved school of nursing, as defined by the board, and the applicant holds a diploma or degree from an approved school of nursing, or the approved school has certified to the board that the applicant has met all requirements for a diploma or degree.

[Acts 1967, ch. 78, § 13; T.C.A., § 63-741; Acts 1984, ch. 848, § 1.]

63-7-105. Registered nurse licensure. —

(a) **By Examination:** An applicant for a license to practice professional nursing shall be required to pass an examination in such subjects as the board may determine. The board shall issue a license to practice professional nursing to an applicant who successfully completes the examination.

(b) **Without Examination:** The board may issue a license to practice professional nursing to a professional or registered nurse who has been duly licensed in another state or territory if, in the opinion of the board, the individual meets the professional nurse qualifications that, at the time of the applicant's graduation, were in effect in this state.

(c) **Temporary Permits:** The board may issue a temporary permit to a professional or registered nurse duly licensed according to the laws of another state and who has made application for permanent licensure in Tennessee. A permit issued under the provisions of this subsection (c) shall be valid for a single period of six (6) months.

[Acts 1967, ch. 78, § 14; 1976, ch. 501, §§ 3, 13; 1978, ch. 678, § 1; 1981, ch. 462, § 2; T.C.A., § 63-742; Acts 1982, ch. 712, § 3; 1985, ch. 39, § 11; 2005, ch. 387, § 3.]

63-7-106. Registered nurse fees — Certification to other states. —

(a) (1) The applicant for a license to practice as a professional or registered nurse by examination must pay a fee as set by the board and the board may direct, by regulation, that a part of the fee shall be paid directly to a testing service by the applicant.

(2) An unsuccessful applicant for licensure by examination may rewrite the examination upon payment of a fee as set by the board, and the board may direct, by regulation, that a part of the fee shall be paid directly to a testing service by the applicant.

(3) The applicant for a license to practice as a professional or registered nurse without examination, under § [63-7-105](#)(b), shall pay a fee as set by the board.

(b) The applicant for a temporary permit shall pay a fee as set by the board.

(c) Any person who holds a license to practice professional nursing under this chapter, and who seeks to be licensed in

another state by endorsement on the basis of the person's Tennessee license, shall have the license certified by the board for a fee as set by the board.

(d) The applicant for a duplicate original license or a duplicate renewal certificate shall pay a fee as set by the board.

(e) The applicant for a school transcript shall pay a fee as set by the board.

(f) The applicant for a change in name shall pay a fee as set by the board.

(g) An applicant for a certificate of fitness or a temporary certificate of fitness, pursuant to § [63-7-123](#), shall pay a fee as set by the board.

[Acts 1967, ch. 78, § 15; 1976, ch. 501, §§ 4, 5; 1981, ch. 462, §§ 3-5; T.C.A., § 63-743; Acts 1982, ch. 712, § 4; 1985, ch. 39, §§ 2-4; 1989, ch. 523, §§ 194-200; 1992, ch. 822, § 2; 2005, ch. 387, § 4.]

63-7-107. Use of “registered nurse” title. —

Any person who holds a license to practice professional nursing under this chapter shall, during the effective period of such license, be entitled to use the title “nurse”, “Registered Nurse”, or the abbreviation “R.N.” No other person shall assume such titles or use such abbreviation or any other words, letters or signs to indicate that the person using the same is a professional or registered nurse.

[Acts 1967, ch. 78, § 16; T.C.A., § 63-744; Acts 2004, ch. 573, § 1.]

63-7-108. “Practical nursing” defined. —

The “practice of practical nursing” means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

[Acts 1967, ch. 78, § 17; T.C.A., § 63-745.]

63-7-109. Practical nurse qualifications. —

An applicant for a license to practice as a licensed practical nurse shall submit to the board evidence in such form as the board may prescribe that the applicant:

(1) Is in good physical and mental health;

(2) Has completed the twelfth grade or its equivalent or has successfully passed the test for and has received a general equivalency diploma and such other preliminary qualifications and requirements as the board may prescribe; and

(3) Has successfully completed a course of study in an approved school for practical nurses, as defined by the board, and the applicant holds a certificate therefrom, or the approved school has certified to the board that the applicant has met all requirements for a certificate.

[Acts 1967, ch. 78, § 18; 1981, ch. 462, §§ 6, 7; T.C.A., § 63-746; Acts 1984, ch. 848, § 2.]

63-7-110. Practical nurse licensure. —

(a) **By Examination:** An applicant for a license to practice practical nursing shall be required to pass a written examination as prescribed by the board. The board shall issue a license to practice practical nursing to an applicant who successfully completes the examination.

(b) **Without Examination:** The board may issue a license to a licensed practical nurse who has been duly licensed in another state or territory if, in the opinion of the board, the individual meets the practical nurse qualifications that, at the

time of the applicant's graduation, were in effect in this state.

(c) Temporary Permits: The board may issue a temporary permit to a practical nurse duly licensed according to the laws of another state and who has made application for a permanent license in Tennessee. A permit issued under the provisions of this subsection (c) shall be valid for a single period of six (6) months.

[Acts 1967, ch. 78, § 19; 1976, ch. 501, § 6; 1978, ch. 678, § 2; 1981, ch. 462, § 8; T.C.A., § 63-747; Acts 1982, ch. 712, § 5; 2005, ch. 387, § 5.]

63-7-111. Practical nurse fees — Certification to other states. —

(a) The applicant for a license to practice as a licensed practical nurse shall pay an examination fee as set by the board, and the board may direct, by regulation, that a part of the fee shall be paid directly to a testing service by the applicant. An applicant to rewrite an examination shall pay an examination fee as set by the board, and the board may direct, by regulation, that a part of the fee shall be paid directly to a testing service by the applicant.

(b) The applicant to practice as a licensed practical nurse without examination, under § [63-7-110](#)(b), shall pay a fee as set by the board.

(c) The applicant for a permit shall pay a fee as set by the board.

(d) Any person who holds a license to practice as a practical nurse under this chapter, and who seeks to be licensed in another state by endorsement on the basis of the person's Tennessee license, shall have the license certified by the board for a fee as set by the board.

(e) The applicant for a duplicate original license or a duplicate renewal certificate shall pay a fee as set by the board.

(f) The applicant for a school transcript shall pay a fee as set by the board.

(g) The applicant for a change in name shall pay a fee as set by the board.

[Acts 1967, ch. 78, § 20; 1976, ch. 501, § 7; 1981, ch. 462, §§ 9-12; T.C.A., § 63-748; Acts 1982, ch. 712, § 6; 1985, ch. 39, §§ 5-7; 1989, ch. 523, §§ 201-208; 2005, ch. 387, § 6.]

63-7-112. Use of “licensed practical nurse” title. —

Any person who holds a license to practice practical nursing under this chapter shall, during the effective period of such license, be entitled to use the title “nurse”, “Licensed Practical Nurse” or the abbreviation “L.P.N.” No other person shall assume such titles or use such abbreviation or any other words, letters or signs to indicate that the person using the same is a licensed practical nurse.

[Acts 1967, ch. 78, § 21; T.C.A., § 63-749; Acts 2004, ch. 573, § 2.]

63-7-113. Examinations. —

(a) An examination for both the professional and practical nurses shall be held at least once each year at such time and place as the board may determine and additional examinations as the board may deem necessary.

(b) The board shall appoint the number of nurses and proctors necessary to administer the examination in each place designated and make such rules and regulations in regard to the examinations as are essential to efficient service. Each nurse or proctor shall receive fifty dollars (\$50.00) per day for each day of service, and in addition thereto, shall be reimbursed for travel and other necessary expenses. Such expenses shall be claimed and paid in accordance with the prevailing travel regulations of the state government.

[Acts 1967, ch. 78, § 22; 1976, ch. 501, § 8; T.C.A., § 63-750; Acts 2005, ch. 387, § 7.]

63-7-114. Renewal of license. —

(a) All licensed professional or registered nurses shall submit an application for renewal of licensure registration to the board of nursing with a biennial renewal fee as set by the board.

(b) Each licensed practical nurse shall submit an application for the renewal of licensure registration to the board with a biennial renewal fee as set by the board.

(c) (1) Notwithstanding any provision of this chapter to the contrary, the division, with the approval of the commissioner, shall establish a system of license renewals at alternative intervals that will allow for the distribution of the license workload as uniformly as is practicable throughout the calendar year. Licenses issued under the alternative method are valid for twenty-four (24) months, and shall expire on the last day of the last month of the license period. However, during a transition period, or at any time thereafter when the board shall determine that the volume of work for any given interval is unduly burdensome or costly, either the licenses or renewals, or both of them, may be issued for terms of not less than six (6) months nor more than eighteen (18) months. The fee imposed for any license under the alternative interval method for a period of other than twenty-four (24) months shall be proportionate to the annual fee and modified in no other manner, except that the proportional fee shall be rounded off to the nearest quarter of a dollar (25¢).

(2) No renewal application will be accepted after the last day of the month following the license expiration date under the alternative method authorized in this subsection (c).

(d) The executive director of the board shall notify each person holding a current licensure registration to practice as a professional or registered nurse, or as a practical nurse at least sixty (60) days prior to the due date of the renewal fee, that the fee is due. Failure of any licensee to receive such notice shall not relieve or exempt such licensee from the requirements of this section.

(e) The license of any nurse who fails to renew the licensure registration, provide any information requested by the board to perform its duties, or pay any fees required by this chapter shall be automatically revoked unless registration is made within sixty (60) days. Reinstatement may be obtained upon good cause being shown to the board, payment of all past due fees, and upon payment of a reinstatement fee as set by the board. The board may request evidence of nursing competence prior to renewal of the nursing license.

(f) Any nurse who has not been engaged in the practice of nursing for five (5) years or more shall be issued an inactive license. If such nurse desires to resume practice, notice in writing shall be given to the board and evidence of nursing competence may be required prior to license renewal. The board shall evaluate, on an individual basis, evidence of nursing competence, which may include, but is not limited to, continuing education, a refresher program, comprehensive orientation program, employment in a health-related policy position or nursing educational program.

[Acts 1967, ch. 78, § 23; 1972, ch. 523, § 2; 1976, ch. 501, § 9; 1981, ch. 462, § 13; T.C.A., § 63-751; Acts 1982, ch. 712, § 7; 1989, ch. 360, §§ 27-29; 1989, ch. 523, §§ 209-211; 2005, ch. 387, §§ 8, 9.]

63-7-115. Grounds for denial, revocation or suspension of certificate or license. —

(a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:

(A) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;

(B) Is guilty of a crime;

(C) Is unfit or incompetent by reason of negligence, habits or other cause;

(D) Is addicted to alcohol or drugs to the degree of interfering with nursing duties;

(E) Is mentally incompetent;

(F) Is guilty of unprofessional conduct; or

(G) Has violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of, or conspired to violate, any provision of this chapter or any lawful order of the board issued pursuant thereto.

(2) This section shall also apply to members of the board.

(b) The board shall have concurrent enforcement power, pursuant to § [63-1-122](#), with the division, to revoke or suspend any certificate of fitness of a nurse practitioner who has been issued a certificate of fitness pursuant to § [63-1-104](#), or to otherwise discipline such person in accordance with the provisions of this section.

(c) (1) The board may utilize one (1) or more screening panels in its investigative and disciplinary process to assure that complaints filed and investigations conducted are meritorious, and to act as a mechanism for diversion, to professional peer review organizations and/or impaired professionals associations or foundations, those cases that the board, through established guidelines, deems appropriate; upon diversion, such entities shall retain the same immunity as provided by law for the board.

(2) The screening panels shall consist of as many members as the board directs, but shall include at least one (1) but no more than three (3) licensed nurses, who may be members of the board or may serve either voluntarily or through employment by or under contract with the board;

(3) The activities of the screening panels, and any mediation or arbitration sessions shall not be construed as meetings of an agency for purposes of the Open Meetings Act and shall remain confidential. The members of the screening panels, mediators and arbitrators have a deliberative privilege and the same immunity as provided by law for the board, and are not subject to deposition or subpoena to testify regarding any matter or issue raised in any contested case, criminal prosecution or civil lawsuit that may result from or be incident to cases processed before them.

(d) The board retains jurisdiction to modify or refuse to modify, upon request of any party, any of its orders issued pursuant to this section in compliance with procedures established by the board. The board, pursuant to duly promulgated rules, may, whenever a final order is issued after a disciplinary contested case hearing that contains findings that a licensee or other person has violated any provision of this chapter, assess the costs directly related to the prosecution of the case against the licensee or person.

(e) Any elected officer of the board, or any duly appointed or elected chair of any panel of the board, or any screening panel, and any hearing officer, arbitrator or mediator has the authority to administer oaths to witnesses, and upon probable cause being established, issue subpoenas for the attendance of witnesses and the production of documents and records. [Acts 1967, ch. 78, § 24; 1976, ch. 501, § 10; 1980, ch. 851, § 6; T.C.A., § 63-752; Acts 1982, ch. 712, § 8; 1998, ch. 1047, § 1.]

63-7-116. License revocation or suspension procedure — Reissuance. —

(a) Any person may prefer charges against a nurse for violation of any grounds of discipline mentioned in § [63-7-115](#). The charges shall be in writing and submitted to the board unless they originate with the board or a member thereof.

(b) Unless the charges are dismissed without a hearing by the board as unfounded or not warranting further investigation, the board shall, within ninety (90) days from the date on which the charges are preferred, set a time, date and place for a hearing on the charges. The date set for the hearing shall not be more than six (6) months from the date on which the charges are preferred.

(c) A copy of the charges, together with the notice of the time and place of hearing, shall be furnished to the accused, which may be done by registered mail directed to the address furnished the board at the time of registration, at least thirty (30) days before the date fixed for the hearing.

(d) (1) The chair or the vice chair of the board has the power to administer oaths, issue subpoenas, and enforce the attendance of witnesses and the production of books, records and papers at any hearing on any matter that the board has power to investigate.

(2) If any witness fails or refuses to obey a subpoena issued by it, the board is authorized to make application to any court of record in this state within the jurisdiction of which the witness is found or resides, and the court shall have power to attach the body of the witness and compel the witness to appear before the board and give testimony or produce books,

records or papers as ordered, and any failure to obey the court order may be punished by the court issuing the order as a contempt.

(3) Each witness who appears before the board by order of the board shall receive for attendance the compensation provided by law for attendance of witnesses in a court of record, which shall be paid from the funds of the board in the same manner as all other expenses of the board are paid.

(e) At the hearing, the accused shall have the right to appear personally and by counsel, to cross-examine witnesses, to produce evidence and witnesses, and shall also have the right to have subpoenas issued by the board to compel the attendance of all witnesses considered by the parties to be necessary to a full and complete hearing.

(f) After the hearing, if a majority of the members of the board present vote in favor of finding the accused guilty of any of the charges, the board shall suspend or revoke the certificate of registration of the accused as in its judgment the offense deserves.

(g) Review of the action of the board in suspending or revoking any license shall be pursuant to title [27](#), chapter 9.

(h) The board may reissue any license that it has revoked if a majority of the members of the board present vote in favor of the reissuance of the license for reasons the board may consider sufficient.

(i) Notwithstanding any other law to the contrary, for purposes of contested case hearings and disciplinary matters, three (3) or more members shall constitute a quorum and the board chair is authorized, when it is deemed necessary, to split the board into panels of three (3) or more members, each to conduct contested case hearings or disciplinary matters. A majority vote of the members present on any duly constituted panel shall be required to authorize board action in disciplinary matters and contested case hearings. The board chair shall have the authority to appoint board members to serve, as necessary, on the panels regardless of the grand division from which the appointed member was chosen or the member's status as a nurse or non-nurse member. The participation of a non-nurse board member creates no rights in any individual concerning the composition of any panel in any disciplinary matter or contested case hearing. The unavailability of a member of any panel before rendition of a final order shall not require substitution of another member unless the unavailability results in there being less than the quorum required by this section for contested case hearings or disciplinary matters. Any substitute required shall use any existing record and may conduct any further proceedings as is necessary in the interest of justice. A decision by the panel shall be deemed an order of the board.

[Acts 1967, ch. 78, § 25; 1972, ch. 523, § 3; T.C.A., § 63-753; Acts 1984, ch. 755, § 7; 1985, ch. 39, §§ 8, 9, 12; 2008, ch. 849, § 1.]

63-7-117. Application for school accreditation. —

An institution desiring to conduct a school of professional nursing, or a school of practical nursing, on ground, distance, online or via other electronic means, must apply to the board for approval, and submit evidence that it is prepared to:

(1) Carry out the prescribed basic professional nursing curriculum, or the prescribed curriculum for practical nursing, as the case may be; and

(2) Meet other standards established by this chapter, or by the board.

[Acts 1967, ch. 78, § 26; T.C.A., § 63-754; Acts 2005, ch. 387, § 10.]

63-7-118. Investigation of applicants for accreditation. —

A survey of the institution or institutions and agencies with which the school is to be affiliated shall be made by the executive director, or by a qualified nurse appointed for this purpose by the board. The school shall submit a written report to the board. If, in the opinion of the board, the requirements for an approved school are found to be met, the board shall approve such school and designate it as an approved school of nursing.

[Acts 1967, ch. 78, § 27; T.C.A., § 63-755; Acts 2005, ch. 387, § 11.]

63-7-119. Investigation of schools — Loss of accreditation. —

At least once every eight (8) years, the executive director or other authorized employee shall survey each school of nursing in Tennessee and submit a written report to the board. If the board determines that a school of nursing previously approved is not maintaining the required standards, written notice shall be furnished the school with a specification of the deficiencies claimed to exist by the board. After a hearing, which shall be afforded if demanded, a school that fails to correct the deficiencies written in such notice within the time specified shall be removed from the list of approved schools of nursing.

[Acts 1967, ch. 78, § 28; T.C.A., § 63-756; Acts 1985, ch. 39, § 10; 2005, ch. 387, § 12.]

63-7-120. Violations and penalties. —

(a) It is a Class B misdemeanor for any person, corporation or association to:

- (1) Sell or fraudulently obtain or furnish any nursing diploma, license or record, or aid or abet therein;
- (2) Practice nursing as defined by this chapter under cover of any diploma, license or record illegally or fraudulently obtained or assigned or issued unlawfully or under fraudulent representation;
- (3) Practice nursing as defined by this chapter unless duly licensed to do so under the provisions of this chapter;
- (4) Use in connection with the person's name any designation tending to imply that the person is a registered nurse or a licensed practical nurse unless duly licensed so to practice under the provisions of this chapter;
- (5) Practice nursing during the time the person's license issued under the provisions of this chapter is suspended or revoked;
- (6) Conduct a school of nursing or a program for the training of practical nurses unless the school or program has been approved by the board; or
- (7) Otherwise violate any provisions of this chapter.

(b) Legal procedure in prosecution of violations of this section shall be in accordance with general statutes.

[Acts 1967, ch. 78, § 29; 1976, ch. 501, § 11; T.C.A., § 63-757; Acts 1989, ch. 591, § 112.]

63-7-121. Validity of license issued on or before September 1, 1967. —

Any person holding a license to practice as a registered or professional nurse or licensed practical nurse issued by the board that is valid on September 1, 1967, shall thereafter be considered to be licensed under the provisions of this chapter.

[Acts 1967, ch. 78, § 30; T.C.A., § 63-758.]

63-7-122. Enjoining violations. —

(a) The board, in addition to the powers and duties expressly granted by this chapter in the matter of suspension or revocation of a license, is authorized and empowered to petition any circuit or chancery court having jurisdiction to enjoin from practicing any person who is practicing or attempting to practice as a professional or registered nurse, as defined in § [63-7-103](#), or as a licensed practical nurse, as defined in § [63-7-108](#), without possessing a valid license, or to enjoin any licensee from practicing who has been found guilty of the acts enumerated in § [63-7-115](#).

(b) No injunction bond shall be required of the board.

(c) Jurisdiction is conferred upon the circuit and chancery courts to hear and determine such causes as chancery causes and to exercise full and complete jurisdiction in such injunctive proceedings.

[Acts 1976, ch. 501, § 12; T.C.A., § 63-759.]

63-7-123. Certified nurse practitioners — Drug prescriptions — Temporary certificate — Rules and regulations.

(a) The board shall issue a certificate of fitness to nurse practitioners who meet the qualifications, competencies, training, education and experience, pursuant to § [63-7-207](#)(14), sufficient to prepare such persons to write and sign prescriptions and/or issue drugs within the limitations and provisions of § [63-1-132](#).

(b) (1) A nurse who has been issued a certificate of fitness as a nurse practitioner pursuant to § [63-7-207](#) and this section shall file a notice with the board, containing the name of the nurse practitioner, the name of the licensed physician having supervision, control and responsibility for prescriptive services rendered by the nurse practitioner, and a copy of the formulary describing the categories of legend drugs to be prescribed and/or issued by the nurse practitioner. The nurse practitioner shall be responsible for updating this information.

(2) The nurse practitioner who holds a certificate of fitness shall be authorized to prescribe and/or issue controlled substances listed in Schedules II, III, IV and V of title [39](#), chapter 17, part 4, upon joint adoption of physician supervisory rules concerning controlled substances pursuant to subsection (d).

(3) (A) Any prescription written and signed or drug issued by a nurse practitioner under the supervision and control of a supervising physician shall be deemed to be that of the nurse practitioner. Every prescription issued by a nurse practitioner pursuant to this section shall be entered in the medical records of the patient and shall be written on a preprinted prescription pad bearing the name, address, and telephone number of the supervising physician and of the nurse practitioner, and the nurse practitioner shall sign each prescription so written. Where the preprinted prescription pad contains the names of more than one (1) physician, the nurse practitioner shall indicate on the prescription which of those physicians is the nurse practitioner's primary supervising physician by placing a checkmark beside or a circle around the name of that physician.

(B) Any handwritten prescription order for a drug prepared by a nurse practitioner who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription. The handwritten prescription order must contain the name of the prescribing nurse practitioner; the name and strength of the drug prescribed; the quantity of the drug prescribed, handwritten in both letters and numerals; instructions for the proper use of the drug; and the month and day that the prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing nurse practitioner must sign the handwritten prescription order on the day it is issued, unless the prescription order is:

(i) Issued as a standing order in a hospital, a nursing home or an assisted care living facility as defined in § [68-11-201](#); or

(ii) Prescribed by a nurse practitioner in the department of health or local health departments, or dispensed by the department of health or a local health department as stipulated in § [63-10-205](#).

(C) Any typed or computer-generated prescription order for a drug issued by a nurse practitioner who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription order. The typed or computer-generated prescription order must contain the name of the prescribing nurse practitioner; the name and strength of the drug prescribed; the quantity of the drug prescribed, recorded in letters or in numerals; instructions for the proper use of the drug; and the month and day that the typed or computer-generated prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing nurse practitioner must sign the typed or computer-generated prescription order on the day it is issued, unless the prescription order is:

(i) Issued as a standing order in a hospital, nursing home or an assisted care living facility as defined in § [68-11-201](#); or

(ii) Prescribed by a nurse practitioner in the department of health or local health departments, or dispensed by the department of health or a local health department as stipulated in § [63-10-205](#).

(D) Nothing in this section shall be construed to prevent a nurse practitioner from issuing a verbal prescription order.

(E) (i) All handwritten, typed or computer-generated prescription orders must be issued on tamper-resistant

prescription paper that meets the current centers for medicare and medicaid service guidance to state medicaid directors regarding § 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, P.L. 110-28, and meets or exceeds specific TennCare requirements for tamper-resistant prescription paper.

(ii) Subdivision (b)(3)(E)(i) shall not apply to prescriptions written for inpatients of a hospital, outpatients of a hospital where the doctor, or other person authorized to write prescriptions, writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order, a nursing home or an assisted care living facility as defined in § [68-11-201](#) or inpatients or residents of a mental health hospital or residential facility licensed under title [33](#) or individuals incarcerated in a local, state or federal correctional facility.

(4) The nurse practitioner shall maintain a copy of the protocol the nurse practitioner is using at the nurse practitioner's practice location and shall make the protocol available upon request by the board of nursing, the board of medical examiners or authorized agents of either board.

(c) (1) The board may issue a temporary certificate of fitness to a registered nurse who:

(A) Is licensed to practice in Tennessee;

(B) Has a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills that includes three (3) quarter hours of pharmacology instruction or its equivalent; and

(C) Has applied for examination and/or is awaiting examination results for national certification as a first-time examinee in an appropriate nursing specialty area.

(2) Such temporary certificate shall remain valid until the examination results are obtained. The holder of a temporary certificate issued under the provisions of this subsection (c), who has not received the results of the examination, shall work only under the supervision and control of a certified nurse practitioner or physician.

(d) Any rules that purport to regulate the supervision of nurse practitioners by physicians shall be jointly adopted by the board of medical examiners and the board of nursing.

[Acts 1980, ch. 851, § 4; T.C.A., § 63-760; Acts 1985, ch. 120, § 9; 1992, ch. 822, § 1; 1994, ch. 569, § 2; 1995, ch. 358, § 1; 1996, ch. 659, § 2; 1997, ch. 507, § 2; 1998, ch. 842, §§ 2, 3; 2003, ch. 259, § 1; 2004, ch. 678, § 9; 2005, ch. 12, § 4; 2008, ch. 1035, §§ 5, 9.]

63-7-124. Authority to issue oral contraceptives. —

(a) Notwithstanding the provisions of §§ [63-1-132](#)(c) and 63-7-123, a professional nurse, licensed pursuant to §§ [63-7-104](#) — 63-7-107, who is employed by a primary health care center established under § [68-1-701](#), that receives fifty percent (50%) or more of its family planning funds from funds distributed by the department of health, has the authority to issue:

(1) Oral contraceptives, excluding abortifacients; and

(2) Drugs relating to sexually transmitted diseases;

in the same manner as is currently permitted the department or local health departments under § [63-10-205](#).

(b) A drug issued under this section shall be issued in accordance with any protocols or standards established by the department for the use of such drug.

(c) No drugs as provided in this section shall be issued unless a physician has examined the patient for the condition for which such drugs are issued; provided, that this requirement does not supersede any protocol under which a nurse practitioner is rendering service to a patient pursuant to § [63-6-204](#) or § [63-7-123](#).

[Acts 1990, ch. 858, § 1.]

63-7-125. Confidentiality. —

(a) The confidential communications between a client and a registered nurse, who is nationally certified as a specialist in psychiatric and mental health nursing and who is practicing in that specialty, are considered equivalent to the confidential communications between a patient and a licensed physician practicing as a psychiatrist, under laws addressing privilege and confidentiality, and shall have the same protections accorded to patient-psychiatrist communications under § [24-1-207](#).

(b) Nothing in this section shall be construed to prevent disclosure of confidential communications in proceedings arising under title [37](#), chapter 1, part 4, concerning mandatory child abuse reports or in proceedings arising under title [71](#), chapter 6, part 1, concerning mandatory adult abuse reports.

[Acts 1995, ch. 271, § 1.]

63-7-126. Advanced practice nurses. —

(a) “Advanced practice nurse” means a registered nurse with a master's degree or higher in a nursing specialty and national specialty certification as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist.

(b) Nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists holding such education and practice credentials shall apply to the board for a certificate to practice as an advanced practice nurse including authorization to use the title “advanced practice nurse” or the abbreviation “APN”. No other person shall assume such title or use such abbreviation or any other words, letters or signs to indicate that the person using the same is an advanced practice nurse.

(c) An applicant for a certificate to practice as an advanced practice nurse shall pay an initial fee as set by the board as well as a biennial renewal fee as set by the board.

(d) A nurse practitioner, nurse anesthetist, nurse midwife or clinical nurse specialist who holds a Tennessee registered nurse license in good standing and current national specialty certification in the advanced practice specialty shall be eligible for a certificate to practice as an advanced practice nurse on May 22, 2002, and shall be exempt from the requirement of a master's degree or higher in the nursing specialty if licensed in Tennessee and holding national specialty certification prior to July 1, 2005. Notwithstanding the previous requirements, a nurse anesthetist shall be eligible for a certificate to practice as an advanced practice nurse if the nurse anesthetist graduated prior to January 1, 1999, from a nurse anesthesia educational program approved by the American Association of Nurse Anesthetists Council on Accreditation.

(e) Nothing in this section shall be interpreted to alter or change the current law as it existed on May 22, 2002, regarding prescriptive rights, supervision, or scope of practice for nurse anesthetists regulated under this title, nurse midwives as described in § [56-7-2407](#), clinical nurse specialists, or certified nurse practitioners as defined in § [63-7-123](#). Nor shall anything in this section be interpreted to allow any board or other entity to promulgate rules that would alter or change the law as it existed on May 22, 2002, regarding such prescriptive rights, supervision, or scope of practice.

[Acts 2002, ch. 768, § 1; 2003, ch. 111, § 1; 2008, ch. 782, § 1.]

63-7-127. Use of medication aides certified — Certification — Medication aide training program — Standardized medication aide examination services — Delegation of medication administration to a medication aide certified. —

(a) As used in this part, “medication aide certified” means an individual who administers medications as set forth in this section under the general supervision of a licensed nurse pursuant to this section. During the course of administering medication, a medication aide certified shall not be assigned any other non-medication administration duties. A medication aide certified shall not be precluded from responding, as appropriate, to an emergency.

(b) Any nursing home or assisted care living facility licensed pursuant to title [68](#) may use one (1) or more medication aides certified to administer medications, as set forth in this section, to its patients, provided that each and every individual used as a medication aide must hold a current, valid medication aide certificate issued by the board of nursing

under this section. The utilization of one (1) or more medication aides certified by a facility shall not serve as a basis for a reduction in a facility's licensed nursing staff.

(c) When carrying out their responsibilities as defined under this section, medication aides certified must wear a name tag visible to others that includes the designation "Medication Aide Certified".

(d) An individual seeking certification as a medication aide shall apply to the board of nursing on a form prescribed and provided by the board, along with the applicable certification fee established by the board.

(e) To be eligible to receive a medication aide certificate, an applicant shall meet all of the following conditions:

(1) Is at least eighteen (18) years of age;

(2) Has completed the twelfth grade or its equivalent or has successfully passed the test for and has received a general equivalency diploma;

(3) Is a nurse aide duly certified under the standards established under federal law and title 68, chapter 11, part 2 and has practiced as a certified nurse aide in a nursing home or assisted care living facility for a minimum of one (1) year, on a full-time basis, at the time the applicant submits an application for certification as a medication aide under this section;

(4) Has successfully completed the course of instruction provided by a training program approved by the board under subsection (i); and

(5) Has passed a standardized examination as described in subsection (j).

(f) If an applicant meets the requirements specified in subsection (e), the board shall issue a medication aide certificate to the applicant.

(g) A medication aide certificate is valid for two (2) years, unless earlier suspended or revoked. The certificate may be renewed in accordance with procedures specified by the board in rules promulgated by the board under this section. To be eligible for renewal, an applicant shall pay a renewal fee established by the board and shall meet the following continuing competency standards:

(1) Any and all continuing education or continued competency requirements, or both, necessary to maintain nurse aide certification under title [68](#), chapter 11, part 2 and the rules promulgated pursuant to title [68](#), chapter 11, part 2; and

(2) A total of six (6) contact hours per year of continuing education. Five (5) hours of the continuing education shall be in pharmacology provided by a licensed pharmacist or registered nurse.

(h) (1) The board has the power to deny, revoke or suspend any certificate to practice as a medication aide or to otherwise discipline a certificate holder, including, but not necessarily limited to, civil monetary penalties, upon proof of the following:

(A) Is guilty of fraud or deceit in procuring or attempting to procure a certificate as a medication aide;

(B) Is guilty of a crime;

(C) Is addicted to alcohol or drugs to the degree of interfering with the medication aide's professional duties;

(D) Is mentally incompetent;

(E) Is unfit or incompetent by reason of negligence, habits or other cause, including the following:

(i) Intentionally or negligently causing physical or emotional injury to a patient;

(ii) Failure to maintain a record for each patient that accurately reflects the medication administration by the medication aide or failure to maintain a record for each patient that accurately reflects the name and title of the aide providing care, or both;

(iii) Unauthorized use or removal of drugs, supplies or equipment from any licensed nursing home or assisted care living facility;

(iv) The use of any intoxicating beverage or the illegal use of any narcotic or dangerous drug while on duty in any licensed nursing home or assisted care living facility;

(v) Being under the influence of alcoholic beverages, or under the influence of drugs that impair judgment while on duty in any licensed nursing home or assisted care living facility;

(vi) Impersonating another licensed or certified health care provider;

(vii) Revocation, suspension, probation or other discipline of a certificate to practice as a medication aide, or its equivalent, or as a certified nurse aide, by another state for any act or omission that would constitute grounds for the revocation, suspension, probation or other discipline of a certificate in this state;

(viii) Practicing as a medication aide certified in this state on a lapsed certificate;

(ix) Aiding, abetting or assisting an individual to violate or circumvent any law or duly promulgated rule intended to guide the conduct of any certified or licensed health care provider;

(x) Exercising undue influence on the patient, including the promotion or sale of services, goods, appliances or drugs in such a manner as to exploit the patient for financial gain of the medication aide or of a third party;

(xi) Discriminating in the rendering of services as it relates to race, age, sex, religion, national origin or the condition of the patient;

(xii) Violating confidentiality of information or knowledge concerning the patient, except when required to do so by a court of law;

(xiii) Failing to take appropriate action in safeguarding the patient from incompetent health care practices;

(xiv) Failing to report, through proper channels, facts known to the individual regarding incompetent, unethical or illegal practice of any health care provider;

(xv) Performing health care techniques or procedures without proper education and practice; and

(xvi) Engaging in acts of dishonesty that relate to the practice of a medication aide;

(F) Conviction of any one of the following crimes:

(i) First degree murder, § [39-13-202](#);

(ii) Second degree murder, § [39-13-210](#);

(iii) Kidnapping, § [39-13-303](#);

(iv) Aggravated kidnapping, § [39-13-304](#);

(v) Especially aggravated kidnapping, § [39-13-305](#);

(vi) Aggravated robbery, § [39-13-402](#);

(vii) Especially aggravated robbery, § [39-13-403](#);

(viii) Aggravated rape, § [39-13-502](#); or

(ix) Rape, § [39-13-503](#);

(G) Furnishing or otherwise providing the board with false or incomplete information on an application for a certificate regarding the individual's criminal conviction record will be denied initial certification or renewal; or

(H) Has violated or attempted to violate, or assisted in or abetted the violation of, or conspired to violate, this chapter or any lawful order of the board issued pursuant to this chapter.

(2) All disciplinary actions taken by the board under this section shall conform to the Uniform Administrative Procedures Act, compiled in title [4](#), chapter 5, part 3 and may be heard by a screening panel pursuant to § [63-7-115](#)(c).

(i) (1) A qualified educational institution seeking approval to provide a medication aide training program shall apply to the board of nursing on a form prescribed and provided by the board, along with the applicable fee established by the board.

(2) The board shall approve the applicant to provide a medication aide training program if they are a qualified educational institution and the content of the course of instruction to be provided by the program meets the standards specified by the board in rules promulgated under this section and includes all of the following:

(A) At least seventy-five (75) clock hours of instruction, consisting of fifty (50) classroom hours and twenty-five (25) clinical hours. The standard minimum curriculum shall include the following:

- (i) Communication and interpersonal skills;
- (ii) Patient rights related to medication administration;
- (iii) The five “rights” of medication administration, including:
 - (a) The right person;
 - (b) The right drug;
 - (c) The right dose;
 - (d) The right time; and
 - (e) The right route;
- (iv) Drug terminology, storage and disposal:
 - (a) Medical terminology, symbols and accepted abbreviations;
 - (b) Reference resources;
 - (c) Principles of safe medication storage and disposal;
- (v) Fundamentals of the following body systems, including:
 - (a) Gastrointestinal;
 - (b) Musculoskeletal;
 - (c) Nervous and sensory;
 - (d) Urinary/renal;
 - (e) Cardiovascular;
 - (f) Respiratory;
 - (g) Endocrine;
 - (h) Male and female reproductive; and
 - (i) Integumentary and mucous membranes;
- (vi) Basic pharmacology, drug classifications and medications affecting body systems, including:
 - (a) Purposes of various medications; and
 - (b) Controlled substances;

(vii) Safe administration of medications, including:

- (a)** Oral medications;
- (b)** Topical medications;
- (c)** Proper patient positioning; and

(d) Measurement of apical pulse, blood pressure and pulse oximetry in association with routine medication administration;

(viii) Principles of infection control and standard blood and body fluid precautions;

(ix) Documentation in patients' clinical records of medications administered;

(x) Circumstances in which a medication aide certified should report to, or consult with, a licensed nurse concerning a patient or patients to whom medications are administered, including:

(a) The potential need of a patient for the administration of an as-needed medication, as evidenced by a patient's expression of discomfort or other indication;

(b) A patient exercising the right to refuse medication administration;

(c) Any deviation from the delegation of medication administration instructions; and

(d) Any observation about the condition of a patient that should cause concern to a medication aide certified;

(xi) Medication errors, including:

(a) Error prevention through promotion of safe medication administration practices; and

(b) Timeliness and manner of reporting medication errors;

(xii) The role of the medication aide certified as set forth in this section, including:

(a) The fact that administration of medication is a nursing function that may only be performed by a medication aide certified when it has been delegated by a licensed nurse in accordance with this chapter;

(b) The settings in which medications may be administered by medication aides certified;

(c) The types of medications that may be administered by medication aides certified as well as those that a medication aide certified may not administer; and

(d) The activities associated with the administration of medications that are prohibited for a medication aide certified; and

(xiii) Basic life support instruction; and

(B) A supervised clinical practice component of an approved medication aide training program shall be sufficient to assure that students are prepared to administer medications as a medication aide certified in a safe and effective manner and shall satisfy the following:

(i) The supervised clinical practice component shall consist of twenty-five (25) clock hours, including experience in tasks related to the administration of medication and shall be conducted under the direction and supervision of a licensed nurse;

(ii) The supervised clinical practice component shall take place in a nursing home or assisted care living facility with which the training program has a written agreement to provide licensed nurse supervision of the student in accordance with this section;

(iii) While engaged in medication administration, a student shall be under the one-on-one direction and supervision of a licensed nurse; and

(iv) During the supervised clinical practice, the licensed nurse supervising the medication aide student shall periodically inform the faculty member responsible for the student of the student's progress in the supervised clinical practice.

(3) The board may deny, suspend or revoke the approval granted to the provider of a medication aide certified training program for reasons specified in rules promulgated under this section. All actions taken by the board to deny, suspend or revoke the approval of a training program shall conform to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(j) (1) The board shall provide or contract for the provision of standardized medication aide examination services as follows:

(A) Publish an annual schedule of examination schedules and sites;

(B) Scheduled tests shall be administered, except when no individual is scheduled to test at a particular test site;

(C) Publish the number of individuals passing and failing the exam on at least a quarterly basis;

(D) The minimum passing grade shall be eighty-five percent (85%) for the examination; and

(E) Individuals who fail any portion of the examination two (2) consecutive times shall repeat the course of training as set forth in subsection (i) prior to taking the examination again.

(2) Acting in accordance with the provisions of the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, the board shall have rulemaking authority to establish any necessary rules for the administration of this subsection (j).

(k) (1) (A) Except for the prohibited medications and the methods of medication administration specified in subdivision (k)(3), a medication aide who holds a current, valid medication aide certificate issued under this chapter may administer medications as set forth in this section to the residents of nursing homes or assisted care living facilities that use medication aides pursuant to this section. A medication aide shall administer medications only pursuant to delegation by a licensed nurse.

(B) Delegation of medication administration to a medication aide certified shall be carried out in accordance with the rules for nursing delegation adopted under this chapter by the board of nursing.

(C) A medication aide certified may only administer medication after each resident is evaluated by a licensed nurse on admission and after any change in status or acuity or any change in medication and the licensed nurse makes a determination that it is appropriate for the resident to receive medication by a medication aide certified.

(2) In exercising the authority to administer medications pursuant to nursing delegation, a medication aide certified may administer medications in any of the following categories:

(A) Oral medications;

(B) Topical medications; and

(C) Any medications set forth in subdivision (k)(2)(A) or (k)(2)(B) prescribed with a designation authorizing or requiring administration on an as-needed basis, but only if a nursing assessment of the patient is completed by a nurse licensed under this title before the medication is administered.

(3) A medication aide certified shall not:

(A) Administer medications containing a controlled substance, as defined in chapter 10, part 2 of this title;

(B) Administer medications when such administration would require a dosage calculation by the medication aide;

(C) Directly receive orders from a physician or other medication prescriber;

- (D) Administer barium or other contrast media;
- (E) Administer chemotherapeutic agents;
- (F) Administer medications administered as drops to the eye, ear or nose;
- (G) Administer rectal and vaginal medications;
- (H) Administer medications delivered by metered hand-held inhalers;
- (I) Administer medications delivered by aerosol/nebulizer;
- (J) Apply topical medications ordered for the treatment of pressure ulcers or skin grafts; or
- (K) Change a dosage amount to adhere to a change in a physician's order.

(4) A medication aide certified shall not, under any circumstances, administer medications by certain methods or routes, or both. These include, but are not necessarily limited to, the following:

- (A) Injection;
- (B) Intravenous;
- (C) Central lines;
- (D) Intrathecal;
- (E) Colostomy;
- (F) A surgically placed feeding tube, e.g., gastrostomy, jejunostomy;
- (G) Nasogastric;
- (H) Non-metered inhaler;
- (I) Intradermal;
- (J) Urethral;
- (K) Epidural;
- (L) Endotracheal;
- (M) Intramuscular; or
- (N) Subcutaneous.

(5) A nursing home or assisted care living facility that uses medication aides certified shall not allow medication aides certified to access any controlled substances within the facility.

(I) (1) The board of nursing shall adopt rules to implement the provisions of this section. Initial rules shall be approved for a rulemaking hearing no later than February 1, 2010.

(2) The rules adopted under this section shall establish or specify the following:

- (A) Fees, in an amount sufficient to cover the costs the board incurs in implementing this section;
- (B) Procedures for renewal of medication aide certificates;
- (C) Grounds for discipline of applicants or certificate holders, or both;
- (D) Standards for approval of peer support programs for the holders of medication aide certificates; and

(E) Procedures for approval or denial of medication aide training programs.
[Acts 2009, ch. 403, § 2.]

Part 2
—Board of Nursing

63-7-201. Creation. —

There is created a board to be known as the “board of nursing,” composed of eleven (11) members, referred to in this chapter as “board,” appointed by the governor in the manner and for the terms of office as provided in § [63-7-202](#).
[Acts 1967, ch. 78, § 2; T.C.A., § 63-730; Acts 1984, ch. 755, § 3; 2005, ch. 387, § 16.]

63-7-202. Composition — Candidates — Qualifications — Vacancies. —

(a) The board shall be composed of five (5) members who are registered nurses, three (3) members who are licensed practical nurses, two (2) members who are advanced practice nurses, and one (1) member who is not a nurse and who is not commercially or professionally associated with the health care industry.

(1) **Nomination of Candidates.** Members of the board may be appointed by the governor from lists of nominees submitted by their respective organizations. Each list shall contain a minimum of three (3) times as many names as the number of appointments to be made. Lists of nominees shall be submitted at least forty-five (45) days prior to the expiration of the term of office of any members of the board.

(2) **Qualifications.**

(A) Each registered nurse appointed to serve on the board shall:

- (i) Be a resident of this state for at least one (1) year immediately precede appointment;
- (ii) Be currently licensed in good standing as a registered nurse in Tennessee;
- (iii) Be currently engaged in the practice of nursing as a registered nurse; and

(iv) Have had no fewer than five (5) years of experience as a registered nurse, at least three (3) of which immediately preceded appointment.

(B) Each licensed practical nurse appointed to serve on the board shall:

- (i) Be a resident of this state for at least one (1) year immediately preceding appointment;
- (ii) Be currently licensed in good standing as a licensed practical nurse in this state;
- (iii) Be currently engaged in the practice of nursing as a licensed practical nurse; and

(iv) Have had no fewer than five (5) years of experience as a licensed practical nurse, at least three (3) of which immediately preceded appointment.

(C) Each advanced practice nurse appointed to serve on the board shall:

- (i) Be a resident of this state for at least one (1) year immediately preceding appointment;
- (ii) Be currently licensed in good standing as a registered nurse in Tennessee;
- (iii) Be currently certified in good standing as an advanced practice nurse in Tennessee;
- (iv) Be currently engaged in the practice of nursing as an advanced practice nurse; and

(v) Have had no fewer than five (5) years experience as an advanced practice nurse, at least three (3) of which immediately preceded appointment.

(D) The representative of the public appointed to serve on the board shall:

(i) Be a resident of this state for at least one (1) year immediately preceding appointment;

(ii) Not have direct or indirect financial interest in health care services;

(iii) Neither be nor ever have been a health care provider or be enrolled in any health related educational program; and

(iv) Not be a member or employee of any board of control of any public or private health care organization.

(3) **Vacancies.** Vacancies on the board created by the expiration of terms of office or otherwise shall be filled for the unexpired terms by appointment by the governor in like manner.

(b) In making appointments to the board, the governor shall strive to ensure that at least one (1) person serving on the board is sixty (60) years of age or older and that at least one (1) person serving on the board is a member of a racial minority.

[Acts 1967, ch. 78, § 3; 1981, ch. 462, § 1; T.C.A., § 63-731; Acts 1984, ch. 755, § 4; 1988, ch. 1013, § 45; 2005, ch. 387, §§ 13, 14.]

63-7-203. Terms of members. —

Members of the board shall serve for a term of four (4) years or until their successor shall be appointed. No member may serve more than three (3) consecutive terms.

[Acts 1967, ch. 78, § 4; T.C.A., § 63-732.]

63-7-204. Organization. —

Promptly after the appointment of the board, it shall meet and organize by electing one (1) member to serve as chair and one (1) member to serve as vice chair.

[Acts 1967, ch. 78, § 5; T.C.A., § 63-733.]

63-7-205. Meetings — Quorum. —

(a) Six (6) members of the board shall constitute a quorum for a meeting.

(b) No action of the board shall be valid unless authorized by the affirmative vote of a majority of members present.

(c) The board shall hold at least one (1) regular meeting each year and such other meetings as the board may determine.

[Acts 1967, ch. 78, § 6; T.C.A., § 63-734; Acts 1984, ch. 755, § 5; 2005, ch. 387, § 15.]

63-7-206. Disposition of fees and moneys received — Operating expenses — Compensation. —

(a) All fees and moneys from whatever source coming into the hands of the board shall be paid by the board to the state treasurer and become a part of the general fund.

(b) The commissioner of finance and administration shall make allotments out of the general fund for the proper expenditures of the board, and no expenditure may be made by the board until allotment for the expenditure has been made by the commissioner. The allotments for the operation of the board shall be disbursed under the general budgetary laws of the state.

(c) The members of the board shall be entitled to a per diem of one hundred dollars (\$100) for each day's service in attending meetings of the board, and other administrative or disciplinary functions of the board, and necessary expenses for traveling and subsistence while attending such meetings or performing such functions. All reimbursement for travel expenses shall be in accordance with the provisions of the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter.

[Acts 1967, ch. 78, § 7; 1976, ch. 501, § 1; 1976, ch. 806, § 1(114); T.C.A., § 63-735; modified; Acts 2005, ch. 80, § 1.]

63-7-207. Powers and duties. —

The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter:

(1) (A) Employ, with the approval of the governor, an executive director, who shall not be a member of the board. The executive director shall be entitled to have and receive a salary to be fixed by the board, and approved by the commissioner of personnel and the commissioner of finance and administration;

(B) Employ such other personnel as may be necessary for the effective and efficient discharge of the duties of the board.

Such executive director and other employees shall be reimbursed for travel expenses in accordance with the provisions of the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter;

(2) Maintain an office in Nashville;

(3) Adopt a seal that shall bear the words "Tennessee Board of Nursing" and the imprint thereof shall be placed upon all official papers of the board;

(4) Adopt and from time to time revise such rules and regulations as may be necessary to govern its proceedings and to carry into effect the purpose of this chapter;

(5) Make an annual report to the governor the first week in July, together with a statement of the receipts and disbursements of the board and maintain such records as may be required by the applicable laws and regulations of the state;

(6) Cause the prosecution of persons violating the provisions of this chapter;

(7) Prescribe the minimum curricular and minimum standards for schools of nursing and for courses of training preparing persons for licensure under this chapter, and provide for surveys of such schools or an affiliation of schools and courses;

(8) Approve such schools and courses as meet the requirements of this chapter and the rules and regulations of the board;

(9) Conduct examinations to ascertain the qualifications and fitness of applicants and issue licenses to applicants who successfully pass the examination for the practice of professional nursing or practical nursing;

(10) Conduct hearings upon charges of suspension or revocation of a license or approval of a school of nursing or course of training, and deny, suspend or revoke for proper cause, licenses or approval of schools or course of training as provided in this chapter. Any action of or ruling or order made or entered by the board shall be subject to review by the courts of this state in the same manner and subject to the same powers and conditions as now provided by law in regard to the rulings, orders and findings of other quasi-judicial bodies in Tennessee, where not otherwise specifically provided;

(11) Promote nursing education and nursing service through the state through surveys, institutes, conferences or such other means as may result in improved nursing education and nursing services in the state;

(12) Determine the state, national and other meetings to be attended by the employees or individual members of the

board in the interest of the advancement of nursing in this state;

(13) Annually publish a directory listing all persons licensed to practice as a professional or practical nurse in Tennessee. The board shall have the authority to adopt and promulgate rules and regulations governing the distribution of such directories. Such regulations may establish a reasonable price, not to exceed ten dollars (\$10.00) per directory, to be charged for the directories. The directories shall be available free of charge to nonprofit health agencies operating in the state of Tennessee, federal and state governmental agencies, local health departments and individual licensees;

(14) Establish and examine the qualifications, competencies, training, education and experience required of a registered nurse applying for a certificate of fitness as a nurse practitioner, as defined by the board, sufficient to prepare such person to write and sign prescriptions and/or issue drugs in accordance with the limitations and provisions of § [63-1-132](#);

(15) Issue advisory private letter rulings to any affected licensee who makes such a request regarding any matters within the board's primary jurisdiction. Such private letter ruling shall only affect the licensee making such inquiry, and shall have no precedential value for any other inquiry or future contested case to come before the board. Any dispute regarding a private letter ruling may, if the board chooses to do so, be resolved pursuant to the declaratory order provisions of § [4-5-223](#);

(16) By January 1, 2002, the board of nursing shall implement a plan to assure continuing competence of licensees, using educationally sound methods to promote learning and assess outcomes pertinent to contemporary standards of nursing practice;

(17) Compile and disseminate demographic data collected on all licensees; and

(18) Enter into grants, agreements, scholarships or other arrangements with statewide nonprofit agencies or other state agencies for the purpose of evaluating and guiding the development of the education, distribution, and availability of the nursing workforce to provide a basis for improving the delivery of quality health care.

[Acts 1967, ch. 78, § 8; 1976, ch. 501, § 2; 1976, ch. 806, § 1(114); 1980, ch. 851, § 3; T.C.A., § 63-736; Acts 1985, ch. 120, § 10; 1998, ch. 1047, §§ 2, 3; 1999, ch. 439, § 3; 2001, ch. 314, § 1.]

63-7-208. Qualifications of executive director. —

The executive director shall serve as consultant on nursing education and nursing service and shall have the following minimum qualifications:

(1) Master's degree in nursing from a recognized college or university;

(2) License to practice nursing in this state; and

(3) At least five (5) years' experience in any combination of administration, teaching or supervision in schools of nursing or public health nursing agencies.

[Acts 1967, ch. 78, § 9; T.C.A., § 63-737; Acts 1982, ch. 712, § 1.]

63-7-209. Duties of executive director. —

The duties of the executive director of the board shall be such as are prescribed by the board and shall include the following:

(1) Within thirty (30) days after the election of the officers of the board, the executive director shall certify to the governor the names of the officers so elected. A vacancy in any office or in the board membership shall likewise be certified by the executive director to the governor;

(2) Keep a record of the minutes of the meetings of the board, a record of all persons applying for licenses under this chapter, and of the actions of the board thereon, and a register of all nurses who have complied with the requirements of the chapter. Such records shall at all reasonable times be open to public inspection;

(3) Make a bond in such sum as required by the board, conditioned on the faithful performance of the duties of the office. The premium of the bond shall be paid by the board;

(4) Issue licenses to nurses complying with the requirements of this chapter and issue renewal certificates as provided in this chapter; and

(5) From time to time, as may be determined by the board, render such reports and accountings as the board may order.

[Acts 1967, ch. 78, § 10; T.C.A., § 63-738.]

63-7-210. Special volunteer license for practice in free health clinic — Exemption from fees — Renewal. —

A nurse licensed pursuant to this chapter under a special volunteer license who is a medical practitioner, as defined by § [63-1-201](#), engaged in practice at a free health clinic shall not be subject to license fees under this chapter. The board of nursing may issue a special volunteer license, as such license is defined in § [63-1-201](#), to qualified applicants without fee or charge. Such license shall be for a period of two (2) years and may be renewed on a biennial basis.

[Acts 2004, ch. 579, § 5.]

Part 3
—Interstate Nurse Licensure Compact

63-7-301. Short title. —

This part may be known and cited as the “Interstate Nurse Licensure Compact.”

[Acts 2002, ch. 538, § 1.]

63-7-302. Enactment — Text of compact. —

The Interstate Nurse Licensure Compact is enacted into law and entered into by this state with all states legally joining therein and in the form substantially as follows:

ARTICLE I Findings and Declaration of Purpose

(a) The party states find that:

(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's healthcare delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex; and

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

(b) The general purposes of this compact are to:

- (1) Facilitate the states' responsibility to protect the public's health and safety;
- (2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- (3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
- (4) Promote compliance with the laws governing the practice of nursing in each jurisdiction; and
- (5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

ARTICLE II Definitions

As used in this compact:

- (a) "Adverse Action" means a home or remote state action;
- (b) "Alternative program" means a voluntary, non-disciplinary monitoring program approved by a nurse licensing board;
- (c) "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing boards;
- (d) "Current significant investigative information" means:
 - (1) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 - (2) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond;
- (e) "Home state" means the party state which is the nurse's primary state of residence;
- (f) "Home state action" means any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice;
- (g) "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses;
- (h) "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice;
- (i) "Nurse" means a registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws;
- (j) "Party state" means any state that has adopted this compact;
- (k) "Remote state" means a party state, other than the home state,
 - (1) Where the patient is located at the time nursing care is provided, or,
 - (2) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing

practice is located;

(l) “Remote state action” means:

(1) Any administrative, civil, equitable or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state; and

(2) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof;

(m) “State” means a state, territory, or possession of the United States, the District of Columbia or the Commonwealth of Puerto Rico; and

(n) “State practice laws” means those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. ‘State practice laws’ does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

ARTICLE III General Provisions and Jurisdiction

(a) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

(b) Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

(c) Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.

(d) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

(e) Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

ARTICLE IV Applications for Licensure in a Party State

(a) Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

(b) A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.

(c) A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

(d) When a nurse changes primary state of residence by:

(1) Moving between two (2) party states, and obtains a license from the new home state, the license from the former home state is no longer valid;

(2) Moving from a non-party state to a party state, and obtains a license from the new home state, the individual state license issued by the non-party state is not affected and will remain in full force if so provided by the laws of the non-party state; or

(3) Moving from a party state to a non-party state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

ARTICLE V Adverse Actions

In addition to the general provisions described in Article III, the following provisions apply:

(a) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.

(b) The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action, and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

(c) A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state.

(d) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

(e) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.

(f) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain non-public if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.

ARTICLE VI Additional Authorities Invested in Party State Nurse Licensing Boards

Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:

(a) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;

(b) Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, and the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and evidence are located;

(c) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state; and

(d) Promulgate uniform rules and regulations as provided for in Article VIII(c).

ARTICLE VII Coordinated Licensure Information System

(a) All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

(b) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure information system.

(c) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

(d) Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

(e) Any personally identifiable information obtained by a party states' licensing board from the coordinated licensure information system may not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

(f) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information, shall also be expunged from the coordinated licensure information system.

(g) The compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this compact.

ARTICLE VIII Compact Administration and Interchange of Information

(a) The head of the nurse licensing board, or his/her designee, of each party state shall be the administrator of this compact for his/her state.

(b) The compact administrator of each party state shall furnish to the compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this compact.

(c) Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states, under the authority invested under Article VI (d).

ARTICLE IX Immunity

No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.

ARTICLE X Entry into Force, Withdrawal and Amendment

(a) This compact shall enter into force and become effective as to any state when it has been enacted into the laws of

that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six (6) months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

(b) No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.

(c) Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this compact.

(d) This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

ARTICLE XI Construction and Severability

(a) This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

(b) In the event party states find a need for settling disputes arising under this compact:

(1) The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the compact administrator in the home state; an individual appointed by the compact administrator in the remote state(s) involved; and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute.

(2) The decision of a majority of the arbitrators shall be final and binding.
[Acts 2002, ch. 538, § 2.]

63-7-303. Definition. —

For purposes of this part, the term “head of the nurse licensing board” means the executive director of the state board of nursing.

[Acts 2002, ch. 538, § 3.]

63-7-304. Conflict with other laws. —

This part shall take precedence over any law in conflict with this part.

[Acts 2002, ch. 538, § 4.]