IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

IDAHO BOARD OF NURSING

24.34.01 – Rules of the Idaho Board of Nursing

Who does this rule apply to?
These rules apply to registrants and licensees of the Idaho Board of Nursing.

What is the purpose of this rule?
These rules include, but are not limited to the minimum standards of nursing practice, licensure, educational programs and discipline.

What is the legal authority for the agency to promulgate this rule?
This rule implements the following statute passed by the Idaho Legislature:

Professions, Vocations, and Businesses -
- 54-1404(13), Idaho Code – Nurses: Board of Nursing – Powers and Duties

Who do I contact for more information on this rule?

Idaho Board of Nursing
Office Hours: 8:00 am – 5:00 pm, M-F
Mailing: PO Box 83720 Boise, ID 83720-0061
Physical: 11351 W Chinden Blvd, Bldg 6, Boise, ID 83714
Phone: (208) 577-2476
Fax: (208) 577-2490
Email: IBN-info@dopl.idaho.gov
Website: https://ibn.idaho.gov/

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000. LEGAL AUTHORITY.
This chapter is adopted in accordance with Section 54-1404(13), Idaho Code. (3-28-23)

001. SCOPE.
These rules govern the standards of nursing practice, licensure, educational programs and discipline in Idaho. (3-28-23)

002. DEFINITIONS.

01. Accreditation. The official authorization or status granted by a recognized accrediting entity or agency other than a state board of nursing. (3-28-23)

02. Advanced Practice Registered Nurse. Advanced practice registered nurses, when functioning within the recognized scope of practice, assume primary responsibility for the care of their patients in diverse settings. This practice incorporates the use of professional judgment in the assessment and management of wellness and conditions appropriate to the advanced practice registered nurse's role, population focus and area of specialization. (3-28-23)

03. Approval. The process by which the Board evaluates and grants official recognition to education programs that meet standards established by the Board. (3-28-23)

04. Assistance With Medication. The process whereby a non-licensed care provider is delegated tasks by a licensed nurse to aid a patient who cannot independently self-administer medications. (3-28-23)

05. Certification. Means recognition of the applicant's advanced knowledge, skills and abilities in a defined area of nursing practice by a national organization recognized by the Board. The certification process measures the theoretical and clinical content denoted in the advanced scope of practice, and is developed in accordance with generally accepted standards of validation and reliability. (3-28-23)

06. Certified Nurse-Midwife. Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse-midwifery program, and has current certification as a nurse-midwife from a national organization recognized by the Board. In addition to the core standards, the advanced practice registered nurse in the role of certified nurse midwife provides the full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, care of the newborn and reproductive health care treatment of the male partners of female patients. (3-28-23)

07. Certified Nurse Practitioner. Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse practitioner program and has current certification as a nurse practitioner from a national organization recognized by the Board. In addition to core standards, the advanced practice registered nurse in the role of certified nurse practitioner provides initial and ongoing comprehensive primary care services to patients including, but not limited to, diagnosis and management of acute and chronic disease, and health promotion, disease prevention, health education counseling, and identification and management of the effects of illness on patients and their families. (3-28-23)

08. Certified Registered Nurse Anesthetist. Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse anesthesia program and has current certification as a nurse anesthetist from a national organization recognized by the Board. In addition to core standards, the advanced practice registered nurse in the role of certified registered nurse anesthetist provides the full spectrum of anesthesia care and anesthesia-related care and services to individuals across the lifespan whose health status may range across the wellness-illness continuum to include healthy persons; persons with immediate, severe or life-threatening illness or injury; and persons with sustained or chronic health conditions. (3-28-23)

09. Clinical Nurse Specialist. Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate clinical nurse specialist program and has current certification as a clinical nurse specialist from a national organization recognized by the Board. In addition to core standards, the advanced practice registered nurse in the role of clinical nurse specialist provides services to patients, care providers and health care delivery systems including, but not limited to, direct care, expert consultation, care coordination, monitoring for quality indicators and facilitating communication between patients, their families, members of the health care team and components of the health care delivery system. (3-28-23)

10. Charge Nurse. A licensed nurse who bears primary responsibility for assessing, planning, prioritizing and evaluating care for the patients on a unit, as well as the overall supervision of the licensed and unlicensed staff delivering the nursing care. (3-28-23)

11. Curriculum. The systematic arrangement of learning experiences including didactic courses, practical experiences, and other activities needed to meet the requirements of the nursing program and of the certificate or degree conferred by the parent institution. (3-28-23)

12. Diagnosis. Means identification of actual or potential health problems and the need for intervention based on analysis of data collected. Diagnosis depends upon the synthesis of information obtained through interview, physical exam, diagnostic tests or other investigations. (3-28-23)

13. Disability. Any physical, mental, or emotional condition that interferes with the ability to safely and competently practice. (3-28-23)

14. Intervention. Means measures to promote health, protect against disease, treat illness in its earliest stages, manage acute and chronic illness, and treat disability. Interventions may include, but are not limited to ordering diagnostic studies, performing direct nursing care, prescribing pharmacologic or non-pharmacologic or other therapies and consultation with or referral to other health care providers. (3-28-23)

15. Licensed Practical Nurse (LPN). In addition to the definition set forth in Section 54-1402, Idaho Code, licensed practical nurses function in dependent roles. The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the licensed practical nurse. (3-28-23)

16. Licensed Registered Nurse (RN). In addition to the definition set forth in Section 54-1402, Idaho Code, licensed registered nurses are expected to exercise competency in judgment, decision making, implementation of nursing interventions, delegation of functions or responsibilities, and administration of medications and treatments prescribed by legally authorized persons. (3-28-23)

17. Nursing Assessment. The systematic collection of data related to the patient's health needs. (3-28-23)

18. Nursing Intervention. An action deliberately selected and performed to support the plan of care. (3-28-23)

19. Nursing Jurisdiction. Unless the context clearly denotes a different meaning, when used in these rules, the term nursing jurisdiction means any or all of the fifty (50) states, U.S. territories or commonwealths. (3-28-23)

20. Organized Program of Study. A written plan of instruction to include course objectives and content, teaching strategies, provisions for supervised clinical practice, evaluation methods, length and hours of course, and faculty qualifications. (3-28-23)

21. Peer Review Process. The systematic process by which a qualified peer assesses, monitors, and makes judgments about the quality of care provided to patients measured against established practice standards. Peer review measures on-going practice competency of the advance practice registered nurse (APRN) and is performed by a licensed APRN, physician, physician assistant, or other professional certified by a recognized credentialing organization. Peer review focuses on a mutual desire for quality of care and professional growth incorporating attitudes of mutual trust and motivation. (3-28-23)

22. Plan of Care. The goal-oriented strategy developed to assist individuals or groups to achieve optimal health potential. (3-28-23)

23. Population Focus. Means the section of the population which the APRN has targeted to practice within. The categories of population foci are family/individual across the lifespan, adult-gerontology, women's health/gender-related, neonatal, pediatrics, and psychiatric-mental health. (3-28-23)

24. Practice Standards. General guidelines that identify roles and responsibilities for a particular category of licensure and used in conjunction with the decision-making model, define a nurse's relationship with other care providers. (3-28-23)

25. Prescriptive and Dispensing Authorization. Means the legal permission to prescribe, deliver, distribute and dispense pharmacologic and non-pharmacologic agents to a patient in compliance with Board rules and applicable federal and state laws. Pharmacologic agents include legend and Schedule II through V controlled substances. (3-28-23)

26. Restricted License. A nursing license subject to specific restrictions, terms, and conditions. (3-28-23)

27. Scope of Practice. The extent of treatment, activity, influence, or range of actions permitted or authorized for licensed nurses based on the nurse's education, preparation, and experience. (3-28-23)

28. Specialization. Means a more focused area of preparation and practice than that of the APRN role/population foci that is built on established criteria for recognition as a nursing specialty to include, but not limited to, specific patient populations (e.g., elder care, care of post-menopausal women), and specific health care needs (e.g., palliative care, pain management, nephrology). (3-28-23)

29. Specialty Nursing Organization. A licensed registered nurse may carry out functions beyond the basic educational preparation within the parameters of a nursing specialty that meets criteria approved by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA) of the National Organization of Competency Assurance (NOCA) when the nurse has completed additional education through an organized program of study which includes clinical experience and conforms to recognized nursing specialty practice parameters. (3-28-23)

30. Supervision. Designating or prescribing a course of action, or giving procedural guidance, direction, and periodic evaluation. (3-28-23)

31. Unlicensed Assistive Personnel (UAP). This term is used to designate unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. The term also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses. UAPs are prohibited from performing any licensed nurse functions that are specifically defined in Section 54-1402, Idaho Code. UAPs may not be delegated procedures involving acts that require nursing assessment or diagnosis, establishment of a plan of care or teaching, the exercise of nursing judgment, or procedures requiring specialized nursing knowledge, skills or techniques. (3-28-23)

003. USE OF TITLES, ABBREVIATIONS, AND DESIGNATIONS FOR THE PRACTICE OF NURSING.

Only those persons who hold a license or privilege to practice nursing in this state shall have the right to use the following title abbreviations: (3-28-23)

01. Title: "Registered Nurse" and the abbreviation "RN". (3-28-23)

02. Title: "Licensed Practical Nurse" and the abbreviation "LPN". (3-28-23)

03. Abbreviations. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title "advanced practice registered nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist" and "certified nurse practitioner," and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively. (3-28-23)

04. More Abbreviations. The abbreviation format for the Advanced Practice Registered Nurse will be "APRN", plus the role title abbreviation of "CRNA", "CNM", "CNS", or "CNP" respectively. (3-28-23)

004. -- 099. (RESERVED)

100. LICENSURE.

01. Persons Exempted by the Board. Licensure to practice nursing is not necessary, nor is the practice of nursing prohibited for persons exempted by the Board including: (3-28-23)

a. Technicians and technologists may perform limited nursing functions within their training, education and experience provided they have enrolled in or completed a formal training program or are registered or certified by a national organization acceptable to the Board. (3-28-23)

b. A nurse apprentice is a nursing student who is employed for remuneration in a non-licensed capacity outside the student role by a Board approved health care agency. Applicants for a nurse apprentice must be enrolled in good standing in an accredited nursing education program that is substantially similar to Idaho's programs for licensed/registered nursing and satisfactorily complete a basic nursing fundamentals course. (3-28-23)

c. Applicants for nurse apprentice must: (3-28-23)

i. Be enrolled in an accredited/approved nursing education program that is substantially equivalent to Idaho's approved programs for practical/registered nursing. (3-28-23)

ii. Be in good academic standing at the time of application and notify the Board of any change in academic standing. (3-28-23)

iii. Satisfactorily complete a basic nursing fundamentals course. (3-28-23)

iv. Complete an application on a board approved form. (3-28-23)

v. An individual whose application is approved will be issued a letter identifying the individual as a nurse apprentice for a designated time period to extend not more than three (3) months after successful completion of the nursing education program. (3-28-23)

vi. A nurse apprentice may, under licensed registered nurse supervision, perform all functions approved by the Board for unlicensed assistive personnel as set forth in Subsection 002.31 of these rules. (3-28-23)

02. Licensure: General Requirements. (3-28-23)

a. Board Forms. Initial applications, renewal applications and other forms used for licensure or other purposes must be in such form as designated by the Board. (3-28-23)

b. Date License Lapsed. Licenses not renewed prior to September 1 of the appropriate year are lapsed and therefore invalid. (3-28-23)

c. LPN, RN, and APRN License Renewal. The original completed renewal application and renewal fee as prescribed in Section 400 of these rules, are submitted to the Board and dated not later than August 31 of the appropriate renewal year. All licenses are renewed as prescribed in Section 54-1411, Idaho Code. (3-28-23)

d. Reapplication. Review of a denied application may be requested by submitting a written statement and documentation that includes evidence, satisfactory to the Board, of rehabilitation, or elimination or cure of the conditions for denial. (3-28-23)

e. Only one license- exception. A licensee may hold only one (1) active renewable license to practice nursing at any time except that licensed advanced practice registered nurses must also be licensed to practice as licensed registered nurses. (3-28-23)

03. Temporary Licensure. (3-28-23)

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a. Issued at Discretion of Board. Temporary licenses are issued for a period not to exceed ninety (90) days, and may be extended, at the discretion of the Board. (3-28-23)

b. Temporary Licensure by Interstate Endorsement. A temporary license may be issued to an applicant for interstate endorsement on proof of current licensure in good standing in another nursing jurisdiction, and in compliance with the requirements of Section 100.07 of these rules. (3-28-23)

c. Temporary Licensure by Examination. A temporary license to practice nursing until notification of examination results and completion of criminal background check may be issued to an applicant for Idaho licensure beginning thirty (30) days prior to graduation from a nursing education program recognized by this Board or the professional licensing board for another nursing jurisdiction, and compliance with Section 100.05 of these rules. (3-28-23)

d. The practice of nursing by new graduates holding temporary licensure is limited as follows: (3-28-23)

i. Direct supervision is provided by a licensed registered nurse that is physically present and immediately accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. (3-28-23)

ii. Precluded from acting as charge nurse. (3-28-23)

e. Unsuccessful Examination Candidates. An applicant who fails to pass the licensing examination is not eligible for further temporary licensure. In the event that such applicant subsequently passes the licensing examination after twelve (12) months or more have elapsed following completion of the educational program, a temporary license with conditions may be issued until verification of clinical competence is received. (3-28-23)

f. Applicants Not in Active Practice. A temporary license with specific terms and conditions may be issued to a person who has not actively engaged in the practice of nursing in any nursing jurisdiction for more than three (3) years immediately prior to the application for licensure or to an applicant whose completed application indicates the need for confirmation of the applicant's ability to practice safe nursing. (3-28-23)

g. Applicants from Other Countries. Upon final evaluation of the completed application, the Board may, at its discretion, issue a temporary license to a graduate from a nursing education program outside of a nursing jurisdiction, pending notification of results of the licensing examination. (3-28-23)

h. Temporary Licensure- Advanced Practice Registered Nurse. A temporary license to engage in advanced practice registered nursing may be issued to the following: (3-28-23)

i. An otherwise qualified applicant who is eligible to take the first available certification examination following completion of an approved advanced practice registered nurse education program. Verification of registration to write a Board-recognized national certification examination must be received from the national certifying organization. (3-28-23)

ii. Temporary licensure to practice shall be deemed to expire upon failure of the certification examination. An applicant who fails the national certification exam shall not engage in advanced practice registered nursing until such time as all requirements are met. (3-28-23)

iii. An applicant who is granted a temporary license to practice as an advanced practice registered nurse must submit notarized results of the certification examination within ten (10) days of receipt. Failure to submit required documentation shall result in the immediate expiration of the temporary license. (3-28-23)

iv. The temporary license of an applicant who does not write the examination on the date scheduled shall immediately expire and the applicant shall not engage in advanced practice registered nursing until such time as all requirements are met. (3-28-23)

i. Applicants Whose Certification Has Lapsed. A licensed registered nurse applying for re-entry into

advanced registered nursing practice, who is required by the national certifying organization to meet certain specified practice requirements under supervision. The length of and conditions for temporary licensure shall be determined by the Board. (3-28-23)

j. Applicants Holding a Temporary Registered Nursing License. An advanced practice registered nurse currently authorized to practice advanced practice registered nursing in another nursing jurisdiction upon issuance of a temporary license to practice as a registered nurse, and upon evidence of current certification as an advanced practice registered nurse from a Board-recognized national certifying organization. (3-28-23)

k. Applicants Without Required Practice Hours. An advanced practice registered nurse who has not practiced the minimum required period of time during the renewal period may be issued a temporary license in order to acquire the required number of hours and demonstrate ability to safely practice. (3-28-23)

04. Qualifications for Licensure by Examination. (3-28-23)

a. In-State. Individuals who have successfully completed all requirements for graduation and have been conferred a degree from an Idaho nursing education program approved by the Board, will be eligible to make application to the Board to take the licensing examination. (3-28-23)

b. Out-of-State. Individuals who hold a certificate of completion from a nursing education program having board of nursing approval in another nursing jurisdiction will be eligible to make application to the Board to take the licensing examination, providing they meet substantially the same basic educational requirements as graduates of Idaho nursing education programs at the time of application. (3-28-23)

c. Practical Nurse Equivalency Requirement. An applicant for practical nurse licensure by examination who has not completed an approved practical nurse program, must provide satisfactory evidence (such as official transcripts) of successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses to include a course in personal and vocational relationships of the practical nurse. Related courses are to be equivalent to those same courses included in a practical nursing program approved by the Board. (3-28-23)

d. Time Limit for Examinations. Graduates who do not take the examination within twelve (12) months following completion of the nursing education program must follow specific remedial measures as prescribed by the Board. (3-28-23)

05. Examination and Re-Examination. (3-28-23)

a. Applicants for Registered or Practical Nurse Licensure. Applicants will successfully pass the National Council Licensure Examination (NCLEX) for registered nurse licensure or for practical nurse licensure, as applied for and approved. In lieu of the NCLEX, the Board may accept documentation that the applicant has taken and successfully passed the State Board Test Pool examination. (3-28-23)

06. Qualifications for Licensure by Endorsement. (3-28-23)

a. An applicant for Idaho licensure by interstate endorsement must: (3-28-23)

i. Graduation. Be a graduate of a state approved/accredited practical or registered nursing education program Applicants for practical nurse licensure may also qualify under the provisions of Section 100.08.a. of these rules. (3-28-23)

ii. Licensing Examination. Have taken the same licensing examination as that administered in Idaho and achieved scores established as passing for that examination by the Board. (3-28-23)

iii. Minimum Requirements. In lieu of the requirements in Section 100.08.a of this rule, have qualifications that are substantially equivalent to Idaho's minimum requirements. (3-28-23)

iv. License from Another Nursing Jurisdiction. Hold a current, valid, and unrestricted license from

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another nursing jurisdiction. (3-28-23)

07. Licensure by Equivalency and Endorsement Licensure. (3-28-23)

a. Application by Equivalency. An applicant for practical nurse licensure by interstate endorsement based on equivalency must meet the following requirements: (3-28-23)

i. Have successfully taken the same licensing examination as that administered in Idaho; and (3-28-23)

ii. Hold a license in another nursing jurisdiction based on successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses to include a course in personal and vocational relationships of the practical nurse (or equivalent experience) and additional courses equivalent to those same courses included in a practical nursing program approved by the Board and provide evidence thereof. (3-28-23)

b. Applicants Licensed in Another Nursing Jurisdiction. Graduates of schools of nursing located outside the United States, its territories or commonwealths who are licensed in a nursing jurisdiction and who meet the requirements of Subsection 09 of these rules may be processed as applicants for licensure by endorsement from another state. (3-28-23)

08. Qualifications for Licensure of Graduates of Schools of Nursing Located Outside the United States, Its Territories, or Commonwealths. A graduate from a nursing education program outside of the United States, its territories or commonwealths must: (3-28-23)

a. Qualifications. Demonstrate nursing knowledge and; if the prelicensure education program is not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes components of reading, writing, speaking and listening. (3-28-23)

b. Education Credentials. Have education qualifications that are substantially equivalent to Idaho's minimum requirements at the time of application. (3-28-23)

c. License. Hold an active, unencumbered license or other indication of authorization to practice in good standing, issued by a government entity or agency from a country outside the United States, its territories or commonwealths. (3-28-23)

d. Examination/Re-Examination. Take and achieve a passing score on the licensing examination required in Subsection 100.06 of these rules. (3-28-23)

09. Qualifications for Advanced Practice Registered Nurse. To qualify as an advanced practice registered nurse, an applicant shall provide evidence of: (3-28-23)

a. Current Licensure. Current licensure to practice as a registered nurse in Idaho; (3-28-23)

b. Completion of Advanced Practice Registered Nurse Program. Successful completion of a graduate or post-graduate advanced practice registered nurse program which is accredited by a national organization recognized by the Board; and (3-28-23)

c. National Certification. Current national certification by an organization recognized by the Board for the specified APRN role. (3-28-23)

10. Recognition of National Certifying Organizations for Advanced Practice Registered Nursing. The Board recognizes advanced practice registered nurse certification organizations that meet criteria as defined by the National Council of State Boards of Nursing. (3-28-23)

11. Renewal of Advanced Practice Registered Nurse License. The advanced practice registered nurse license may be renewed every two (2) years as specified in Section 54-1411, Idaho Code, provided that the

advanced practice registered nurse: (3-28-23)

a. Current Registered Nurse License. Maintains a current registered nurse license or privilege to practice in Idaho. (3-28-23)

b. Evidence of Certification. Submits evidence of current APRN certification by a national organization recognized by the Board. (3-28-23)

c. Peer Review Process. Provides evidence, satisfactory to the Board, of participation in a peer review process acceptable to the Board. (3-28-23)

d. Exemption from Requirements. Nurse Practitioners not certified by a national organization recognized by the Board and approved prior to July 1, 1998, shall be exempt from the requirement set forth in Subsection 100.12.b of these rules. (3-28-23)

12. Persons Exempted from Advanced Practice Registered Nursing License Requirements. (3-28-23)

a. Students. Nothing in these rules prohibits a registered nurse who holds a current license, or privilege, to practice in Idaho and who is enrolled as a matriculated student in a nationally accredited educational program for advanced practice registered nursing from practicing as an advanced practice registered nurse when such practice is an integral part of the advanced practice registered nurse curriculum. (3-28-23)

b. Certified Nurse Practitioners Licensed Prior to July 1, 1998. A certified nurse practitioner authorized to practice prior to July 1, 1998 may satisfy the requirement of Subsection 100.12.b of these rules by documenting competency within their specialty area of practice based upon education, experience and national certification in that specialty or education, experience and approval by the Board. (3-28-23)

c. Advanced Practice Registered Nurses Educated Prior to January 1, 2016. (3-28-23)

i. An applicant for APRN licensure who completed a nationally accredited undergraduate or certificate APRN program prior to January 1, 2016, does not need to meet the APRN graduate or post-graduate educational requirements for initial licensure contained within Subsection 100.10 of these rules. (3-28-23)

ii. A person applying for APRN licensure in Idaho who: holds an existing APRN license issued by any nursing jurisdiction, completed their formal APRN education prior to January 1, 2016, and who meets all of the requirements for initial licensure contained within Subsection 100.10 of these rules except for the APRN graduate or post-graduate educational requirement, may be issued an APRN license by endorsement if at the time the person received their APRN license in the other jurisdiction they would have been eligible for licensure as an APRN in Idaho. (3-28-23)

13. Reinstatement. A person whose license has lapsed for failure to pay the renewal fee by the specified date may apply for reinstatement by submitting the items set out in Section 54-1411(3), Idaho Code and a current fingerprint-based criminal history check as set forth in Section 54-1401(3), Idaho Code, and paying the fee under Rule 400.02. (3-28-23)

a. Application Following Discipline. A person whose license has been subject to disciplinary action by the Board is to include documentation of compliance with any terms and restrictions set forth in any order as a condition of reinstatement. (3-28-23)

b. Appearance Before Board. Applicants for reinstatement may be called to appear before the Board. (3-28-23)

c. Application for Reinstatement After Revocation. Unless otherwise provided in the order of revocation, applicants for reinstatement of revoked licenses are precluded from applying for reinstatement for a period of two (2) years after entry of the order. (3-28-23)

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d. Following Disciplinary Action. (3-28-23)

i. After evaluation of an application for licensure reinstatement, the Board may issue a restricted license to a nurse whose license has been revoked. (3-28-23)

ii. The Board will specify the conditions of issuance of the restricted license in writing. The conditions may be stated on the license. (3-28-23)

14. Reinstatement of Advanced Practice Registered Nurse License. An advanced practice registered nurse license may be reinstated as specified in Section 54-1411, Idaho Code, provided that the applicant: (3-28-23)

a. Current Registered Nurse License. Maintains a current registered nurse license or privilege to practice in Idaho. (3-28-23)

b. Evidence of Certification. Submits evidence of current APRN certification by a national organization recognized by the Board. (3-28-23)

c. Fee. Pays the fee specified in Section 400 of these rules. (3-28-23)

101. -- 149. (RESERVED)

150. NURSING EDUCATION FOR REGISTERED AND PRACTICAL NURSES.

01. Nursing Educational Programs. (3-28-23)

a. Accreditation. To qualify as an approved education program for the purpose of qualifying graduates for licensure, the nursing education program must be currently accredited by the Accreditation Commission for Education in Nursing, or the Commission on Collegiate Nursing Education, or the Commission for Nursing Education Accreditation. (3-28-23)

b. Limited-Time Approval for Nursing Education Programs. (3-28-23)

i. Prior to obtaining the accreditation described in Rule 150.01, a nursing education program may submit a board-approved application to qualify for a limited-time program approval demonstrating initial implementation of accreditation standards and continued compliance towards obtaining the accreditation. (3-28-23)

ii. A nursing education program with limited-time approval may only qualify graduates for licensure until the program becomes accredited or until five (5) years from the date of the initial application for accreditation, whichever is less. (3-28-23)

iii. A nursing education program with limited-time approval must provide an annual report. (3-28-23)

iv. A nursing education program with limited-time approval must have each student prior to enrollment execute a disclosure which, at a minimum, states the following: "The nursing education program in which you are enrolling has not yet been accredited. The program is being reviewed by the [insert name of accrediting body]. This program is allowed to enroll new students because it meets the requirements of Rule 150.01.b. Any education you complete before a final determination by the [insert name of accrediting body] will satisfy associated state requirements for licensure. If the [insert name of accrediting body] ultimately determines that the program does not qualify for accreditation, you will not be made eligible for the NCLEX by the State of Idaho." (3-28-23)

v. A nursing education program with limited-time approval may not enroll any new students into the program beyond five (5) years from the date of the initial application for accreditation unless the program has a final site visit scheduled with a nursing program accreditor. (3-28-23)

02. Board Notification. (3-28-23)

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a. If an accredited program or limited-time program seeking accreditation receives notice or determines that its accreditation status is in jeopardy, the institution offering the program must immediately notify the Board of its accreditation status; immediately and verifiably notify each enrolled student in writing of the program's accreditation status, including: the estimated date when the accrediting body will make its final determination as to the program's accreditation; the potential impact of a program's accreditation status on the graduate's ability to secure licensure and employment or transfer academic credits to another institution in the future; and attempt negotiations with other academic institutions to establish a transfer articulation agreement. (3-28-23)

b. If a program with limited-time approval fails to achieve accreditation within the timeframe specified in Rule 150.01.b, or if a program loses its accreditation, the institution offering the program shall: submit a written report of official notice of losing accreditation or failing to achieve accreditation to the Board within ten days of receiving formal notification from the accrediting body; notify each matriculated and pre-enrollment nursing student about the program's accreditation status; inform each nursing student who will graduate from a non-accredited program that they will not be eligible for initial licensure through the state; and provide the Board with a written plan to close the program and cease operations to the Board within ten days of receiving formal notice of losing accreditation from the program's accrediting body. (3-28-23)

03. Continuance of Full Approval of Educational Program. (3-28-23)

a. The Board may rescind full approval that has been granted to a nursing education program that consistently fails to meet the Board's standards, as evidenced in the annual report, failure to include a Board representative in site visits, or unacceptable performance on a licensing examination for each program with a pass rate of less than eighty percent (80%) for its first-time writers in any given year for two consecutive calendar years. (3-28-23)

151. -- 199. (RESERVED)

200. PRACTICE STANDARDS.

01. Decision-Making Model. The decision-making model is the process by which a licensed nurse evaluates whether a particular act is within the legal scope of that nurse's practice and determines whether to delegate the performance of a particular nursing task in a given setting. This model applies to all licensure categories permitting active practice, regardless of practice setting. (3-28-23)

a. Determining Scope of Practice. To evaluate whether a specific act is within the legal scope of nursing practice, a licensed nurse shall determine whether: (3-28-23)

i. The act is expressly prohibited by the Nursing Practice Act, or the act is limited to the scope of practice of advanced practice registered nurses or to licensed registered nurses, or the act is prohibited by other laws; (3-28-23)

ii. The act was taught as a part of the nurse's educational institution's required curriculum and the nurse possesses current clinical skills; (3-28-23)

iii. The act is consistent with standards of practice published by a national specialty nursing organization or supported by recognized nursing literature or reputable published research and the nurse can document successful completion of additional education through an organized program of study including supervised clinical practice or equivalent demonstrated competency; (3-28-23)

iv. Performance of the act is within the accepted standard of care that would be provided in a similar situation by a reasonable and prudent nurse with similar education and experience and the nurse is prepared to accept the consequences of the act. (3-28-23)

b. Deciding to Delegate. When delegating nursing care, the licensed nurse retains accountability for the delegated acts and the consequences of delegation. Before delegating any task the nurse shall: (3-28-23)

i. Determine that the acts to be delegated are not expressly prohibited by the Nursing Practice Act or

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Board rules and that the activities are consistent with job descriptions or policies of the practice setting; (3-28-23)

ii. Assess the patient's status and health care needs prior to delegation, taking into consideration the complexity of assessments, monitoring required and the degree of physiological or psychological instability; (3-28-23)

iii. Exercise professional judgment to determine the safety of the delegated activities, to whom the acts may be delegated, and the potential for harm; (3-28-23)

iv. Consider the nature of the act, the complexity of the care needed, the degree of critical thinking required and the predictability of the outcome of the act to be performed; (3-28-23)

v. Consider the impact of timeliness of care, continuity of care, and the level of interaction required with the patient and family; (3-28-23)

vi. Consider the type of technology employed in providing care and the knowledge and skills required to effectively use the technology, including relevant infection control and safety issues; (3-28-23)

vii. Determine that the person to whom the act is being delegated has documented education or training to perform the activity and is currently competent to perform the act; and (3-28-23)

viii. Provide appropriate instruction for performance of the act. (3-28-23)

c. Delegating to UAPs. (3-28-23)

i. The nursing care tasks that may be delegated to UAPs shall be stated in writing in the practice setting. Decisions concerning delegation will be determined in accordance with the provisions of Section 200 of these rules. UAPs may complement the licensed nurse in the performance of nursing functions, but cannot substitute for the licensed nurse; UAPs cannot redelegate a delegated act. (3-28-23)

ii. Where permitted by law, after completion of a Board-approved training program, UAPs in care settings may assist patients who cannot independently self-administer medications, provided that a plan of care has been developed by a licensed registered nurse, and the act has been delegated by a licensed nurse. Assistance with medication may include: breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non-nasogastric) tube, assisting with oral or topical medications and insertion of suppositories. (3-28-23)

d. Monitoring Delegation. Subsequent to delegation, the licensed nurse shall: (3-28-23)

i. Evaluate the patient's response and the outcome of the delegated act, and take such further action as necessary; and (3-28-23)

ii. Determine the degree of supervision required and evaluate whether the activity is completed in a manner that meets acceptable outcomes. The degree of supervision shall be based upon the health status and stability of the patient, the complexity of the care and the knowledge and competence of the individual to whom the activity is delegated. (3-28-23)

02. Standards of Conduct. (3-28-23)

a. License. (3-28-23)

i. Reporting Grossly Negligent or Reckless Practice. The nurse shall report to the Board any licensed nurse who is grossly negligent or reckless in performing nursing functions or who otherwise violates the Nursing Practice Act or the Board rules. (3-28-23)

ii. Unlawful Use of License. The nurse shall not permit their license to be used by another person for any purpose or permit unlicensed persons under their jurisdiction or supervision to indicate in any way that they are

licensed to perform functions restricted to licensed persons. (3-28-23)

b. Practice. The nurse shall have knowledge of the statutes and rules governing nursing and function within the defined legal scope of nursing practice, not assume any duty or responsibility within the practice of nursing without adequate training: (3-28-23)

i. Delegate activities only to persons who are competent and qualified to undertake and perform the delegated activities and will not delegate to non-licensed persons functions that are to be performed only by licensed nurses. The nurse delegating functions is to supervise the persons to whom the functions have been assigned or delegated. (3-28-23)

ii. Act to safeguard the patient from the incompetent practice, verbal or physical abusive acts or illegal practice of any person. (3-28-23)

iii. Not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law. (3-28-23)

iv. Not abandon patients in need of nursing care in a negligent manner. The nurse will leave a nursing assignment only after properly reporting and notifying appropriate personnel and will transfer responsibilities to appropriate personnel or care giver when continued care is necessitated by the patient's condition. (3-28-23)

v. Respect the patient's privacy. (3-28-23)

vi. Observe the condition and signs and symptoms of a patient, record the information, and report to appropriate persons any significant changes. (3-28-23)

vii. Function as a member of the health team and shall collaborate with other health team members as necessary to meet the patient's health needs. (3-28-23)

viii. Adhere to precautions and carry out principles of asepsis and infection control and not place the patient, the patient's family or the nurse's coworkers at risk for the transmission of infectious diseases. (3-28-23)

03. Professional Responsibility. (3-28-23)

a. Disclosing Contents of Licensing Examination. The nurse is not to disclose contents of any licensing examination, or solicit, accept, or compile information regarding the contents of any examination before, during, or after its administration. (3-28-23)

b. Considerations in Providing Care. In providing nursing care, the nurse will respect and consider the individual's human dignity, health problems, personal attributes, national origin, and handicaps and not discriminate on the basis of age, sex, race, religion, economic or social status or sexual preferences. (3-28-23)

c. Responsibility and Accountability Assumed. The nurse is responsible and accountable for their nursing judgments, actions and competence. (3-28-23)

d. Witnessing Wastage of Controlled Substances Medication. Controlled substances may not be wasted without witnesses. The nurse cannot sign any record as a witness attesting to the wastage of controlled substance medications unless the wastage was personally witnessed. The nurse cannot solicit the signatures on any record of a person as a witness to the wastage of a controlled substance when that person did not witness the wastage. The nurse will solicit signatures of individuals who witnessed the wastage in a timely manner. (3-28-23)

e. Record-keeping. The nurse shall make or keep accurate, intelligible entries into records mandated by law or customary practice of nursing, and will not knowingly make incorrect or unintelligible entries into patients' records or employer or employee records. (3-28-23)

f. Diverting or Soliciting. The nurse will respect the property of the patient and employer and not take or divert equipment, materials, property, or drugs without prior consent or authorization, nor solicit or borrow money,

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materials or property from patients. (3-28-23)

g. Professionalism. The nurse must not abuse the patient's trust, will respect the dignity of the profession and maintain appropriate professional boundaries with respect to patients, the patients' families, and the nurse's coworkers. The nurse is not to engage in sexual misconduct or violent, threatening or abusive behavior towards patients, patients' families or the nurse's coworkers. The nurse will be aware of the potential imbalance of power in professional relationships with patients, based on their need for care, assistance, guidance, and support, and ensure that all aspects of that relationship focus exclusively upon the needs of the patient. (3-28-23)

h. Sexual Misconduct with a Patient. The nurse must not engage in sexual misconduct. For purposes of this rule, sexual misconduct is defined as set forth in Section 18-919(b)(1)-(4), Idaho Code. (3-28-23)

04. Standards of Practice for Advanced Practice Registered Nursing. (3-28-23)

a. Core Standards for All Roles of Advanced Practice Registered Nursing. The advanced practice registered nurse is a licensed independent practitioner who shall practice consistent with the definition of advanced practice registered nursing, recognized national standards and the standards set forth in these rules. (3-28-23)

b. The advanced practice registered nurse shall provide patient services for which the advanced practice registered nurse is educationally prepared and for which competence has been achieved and maintained. (3-28-23)

c. The advanced practice registered nurse shall recognize their limits of knowledge and experience and consult and collaborate with and refer to other health care professionals as appropriate. (3-28-23)

d. The advanced practice registered nurse shall evaluate and apply current evidence-based research findings relevant to the advanced nursing practice role. (3-28-23)

e. The advanced practice registered nurse shall assume responsibility and accountability for health promotion and maintenance as well as the assessment, diagnosis and management of patient conditions to include the use of pharmacologic and non-pharmacologic interventions and the prescribing and dispensing of pharmacologic and non-pharmacologic agents. (3-28-23)

f. The advanced practice registered nurse shall use advanced practice knowledge and skills in teaching and guiding patients and other health care team members. (3-28-23)

g. The advanced practice registered nurse shall have knowledge of the statutes and rules governing advanced nursing practice, and practice within the established standards for the advanced nursing practice role and population focus. (3-28-23)

h. The advanced practice registered nurse shall practice consistent with Subsection 200.01 of these rules. (3-28-23)

i. Unless exempted under Subsection 100.13.b. of these rules, an Advanced Practice Registered Nurse must document competency within their specialty area of practice based upon the education, experience, and national certification in the role and population focus. (3-28-23)

05. Prescriptive and Dispensing Authorization for Advanced Practice Registered Nurses. (3-28-23)

a. Prescriptions written by advanced practice registered nurses shall contain all the minimum information required by Idaho Board of Pharmacy statute and administrative rules and applicable federal law as well as the printed name and signature of the nurse prescriber, and the abbreviation for the applicable role of the advanced practice nurse (i.e. "CNP," "CNM," "CNS," or CRNA"). If the prescription is for a controlled substance, it shall also include the DEA registration number and address of the prescriber. (3-28-23)

b. Prescribing and Dispensing Authorization. All advanced practice registered nurses may prescribe

and dispense pharmacologic and non-pharmacologic agents pursuant to applicable state and federal laws. (3-28-23)

06. Valid Advanced Practice Registered Nurse/Patient Relationships. (3-28-23)

a. An advanced practice registered nurse shall not prescribe or dispense pharmacologic agents except in the course of their professional practice and when a bona fide advanced practice registered nurse/patient relationship has been established pursuant to Section 54-1733, Idaho Code. A valid relationship will exist when the advanced practice registered nurse has obtained sufficient knowledge of the patient's medical condition through examination and has assumed responsibility for the health care of the patient. (3-28-23)

201. -- 299. (RESERVED)

300. DISCIPLINE.

01. Grounds. In addition to the grounds set forth in Section 54-1413, Idaho Code, a nursing license may be suspended, revoked, placed upon probation, or other disciplinary sanctions imposed by the Board on the following grounds: (3-28-23)

a. Conduct to Deceive, Defraud, or Endanger. Conduct of a character likely to deceive, defraud, or endanger patients or the public. (3-28-23)

b. Habitual Use of Alcohol or Drugs. Use of drugs or alcohol to the extent that the nurse's judgment, skills, or abilities to provide safe and competent nursing care are impaired. (3-28-23)

c. Physical or Mental Unfitness. A court order or evaluation by a qualified professional which determines that a licensee is physically or mental incompetent or incapable of providing safe and competent nursing care. (3-28-23)

02. Grounds for Discipline of an Advanced Practice Registered Nurse License. In addition to the grounds set forth in Section 54-1413, Idaho Code, and Sections 200 and 300 of these rules, an advanced practice registered nursing license may be suspended, revoked, placed upon probation, or other disciplinary sanctions imposed by the Board on the following grounds: (3-28-23)

a. Prescribing or Dispensing Controlled Substances. Prescribing, dispensing, or selling any drug classified as a controlled substance to a family member or to oneself. For purposes of these rules, "family member" is defined as the licensee's spouse, child (biological, adopted, or foster), parent, sibling, grandparent, grandchild, or the same relation by marriage. (3-28-23)

b. Violating Governing Law. Violating any state or federal law relating to controlled substances. (3-28-23)

c. Outside Scope of Practice. Prescribing or dispensing outside the scope of the advanced practice registered nurse's practice. (3-28-23)

03. Restricted Status. (3-28-23)

a. The Board or its executive officer may restrict the license of a licensee upon a determination by the Board that the licensee engaged in conduct constituting disciplinary grounds pursuant to Section 54-1413, Idaho Code. For the purposes of this rule, a determination by the Board is not required if the licensee has signed a written statement pursuant to Subsection 300.04.b. of these rules. (3-28-23)

b. The conditions of restricted licensure may include, but are not limited to: (3-28-23)

i. Submission of regular reports to the Board. (3-28-23)

ii. Complying with Board representatives. (3-28-23)

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iii. Specific parameters of practice, excluding the performance of specific nursing functions. (3-28-23)

iv. The conditions of restricted practice may be removed by the Board following receipt of evidence confirming that the licensee can safely practice nursing. (3-28-23)

c. Compliance Required. Restricted licensure is conditioned upon an individual's compliance with terms and conditions, which may include: (3-28-23)

i. Satisfactory progress in any ordered continuing recovery program. (3-28-23)

ii. Continuing participation in, and compliance with, all recommendations and requirements of, the approved program, and obtaining of reports of progress submitted by the person directing the program at specified intervals and any time upon request. (3-28-23)

iii. Working only in approved practice settings. (3-28-23)

iv. Authorization by the licensee of the release of applicable records pertaining to assessment, diagnostic evaluation, treatment recommendations, treatment and progress, performance evaluations, counseling, random chemical screens and after care at periodic intervals as requested. (3-28-23)

v. Compliance with all laws pertaining to nursing practice, all nursing standards relating to any of the admitted misconduct or facts set out in the written statement signed by the licensee, or relating to the providing of safe, competent nursing service. (3-28-23)

vi. Compliance with other specific terms as may be directed by the executive officer. (3-28-23)

04. Disability Due to Substance Use Disorder or Mental Health Disorder. (3-28-23)

a. In lieu of discipline, the Board or its executive officer may refer a licensee who is chemically dependent or physically or psychologically impaired to a peer assistance entity. (3-28-23)

b. As a condition of entry into a peer assistance entity, the licensee may be required to sign a written statement admitting to all facts that constitute grounds for disciplinary action and/or demonstrate impairment of the safe practice of nursing and waive the right to a contested case hearing under the Idaho Administrative Procedures Act. (3-28-23)

05. Emergency Action. (3-28-23)

a. The Board may initiate an emergency action where there is reasonable cause to believe that continued practice by the licensee would create immediate danger to public health, safety, or welfare. (3-28-23)

b. The Board shall issue an order, including a brief, reasoned statement to justify both the decision that an immediate danger exists and the decision to take specific action. The order is effective when issued. (3-28-23)

c. After issuing an order, the Board will act as quickly as feasible to complete any proceedings that would be required if the matter did not involve immediate danger. (3-28-23)

301. -- 399. (RESERVED)

400. INITIAL LICENSE, RENEWAL AND REINSTATEMENT FEES.

01. Assessed Fees. Fees will be assessed for issuance, renewal of licensure or for reinstatement of a lapsed, disciplined, limited, or emeritus license. Fees are due at the time of submission. Any person submitting the renewal application and fee dated later than August 31 is considered delinquent, and the license lapsed and therefore invalid:

Initial Licensure, Renewal & Reinstatement Fees				
	Registered Nurse	**Practical Nurse**	**Advanced Practice Nurse**	**Medication Assistant - Certified**
Temporary License Fee	Not more than $25	Not more than $25	Not more than $25	
Initial Application Fee			Not more than $90	
License by Exam Fee	Not more than $90	Not more than $75	Not more than $90	
License by Endorsement	Not more than $110	Not more than $110		
License Renewal	Not more than $90	Not more than $90	Not more than $90	Not more than $35
Expiration Date	Aug 31-odd years	Aug 31-even years	Aug 31-odd years	Aug 31-even years

(1-1-25)T

02. Reinstatement Fee. Nurses requesting reinstatement of a lapsed, disciplined, or restricted license, or reinstatement of an emeritus license to active status, will be assessed the thirty-five dollar ($35) reinstatement fee provided for in Section 67-2614(9), Idaho Code, in addition to renewal fees. (1-1-25)T

401. -- 999. (RESERVED)

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