

**Chapter 8: REGULATIONS RELATING TO ADVANCED PRACTICE REGISTERED NURSING**

---

**SUMMARY:** This chapter identifies the role of a registered professional nurse in advanced practice registered nursing; implements the Board's authority to approve the credentials for practice as a certified nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, and certified clinical nurse specialist; delineates the scope of practice; and implements the Board's authority to grant prescriptive authority.

---

**Section 1. Definitions, Special Provisions, and Scopes of Practice****1. Definitions**

- A. **Advanced practice registered nursing.** "Advanced practice registered nursing" (**A.P.R.N.**) means the practice of a registered professional nurse who, on the basis of specialized education and experience, is authorized under these rules to deliver expanded professional health care.
- B. **Assessment.** "Assessment" means a process of collecting information regarding health status of patients including, but not limited to: illness; response to illness; health risks of individuals, families and groups; resources; strengths and weaknesses and coping behaviors; and the environment. The skills employed during the assessment process include, but are not limited to: obtaining patient histories; conducting physical examinations; and ordering, interpreting, and conducting a broad range of diagnostic procedures.
- C. **Case management.** "Case management" means the provision and/or coordination of the health care that clients receive.
- D. **Certified clinical nurse specialist.** "Certified clinical nurse specialist" (**C.N.S.**) means a registered professional nurse who has received post-graduate education in a master's degree program accredited by the National League for Nursing (N.L.N.) or American Association of Colleges of Nursing in a specialty area in nursing, and who has been certified as a clinical nurse specialist by the American Nurses Credentialing Center (A.N.C.C.) or has been certified in the clinical specialty by a national certifying organization acceptable to the Board.
- E. **Certified nurse-midwife.** "Certified nurse-midwife" (**C.N.M.**) means a registered professional nurse who has received post-graduate education in a nurse-midwifery program approved by the American College of Nurse-Midwives and who has passed the national certification examination administered by the American Midwifery Certification Board or its successors, the former American

College of Nurse- Midwives or the American College of Nurse-Midwives Certification Council, Inc. (A.C.C.).

- F. **Certified nurse practitioner.** "Certified nurse practitioner" (**C.N.P.**) means a registered professional nurse who has received post-graduate education designed to prepare the nurse for advanced practice registered nursing in a specialty area in nursing that has a defined scope of practice and has been certified in the clinical specialty by a national certifying organization acceptable to the Board.
- G. **Certified registered nurse anesthetist.** "Certified registered nurse anesthetist" (**C.R.N.A.**) means a registered professional nurse who has received post-graduate education in a master's degree nurse anesthesia program approved by the Council on Accreditation of Nurse Anesthesia Educational Programs and who has passed the national certification examination administered by the Council on Certification of Anesthetists.
- H. **Collaboration.** "Collaboration" means working jointly with other health care providers to provide patient care.
- I. **Consultation.** "Consultation" means communication with other health care providers for the purpose of obtaining information and/or advice.
- J. **Counseling.** "Counseling" means providing advice and/or making recommendations to patients based on mutual exchange of ideas or information
- K. **Diagnosis.** "Diagnosis" means identifying actual or potential health problems or need for intervention, based on analysis of the data collected.
- L. **Evaluation.** "Evaluation" means determining the effectiveness of interventions on health status of patients.
- M. **Formulary.** "Formulary" means those non-scheduled drugs which are Food and Drug Administration (F.D.A.) approved and those listed on Schedules II/II<sub>n</sub>, III/III<sub>n</sub>, IV, and V.
- N. **Guidance.** "Guidance" means providing instruction and/or education to patients.
- O. **Health care provider.** "Health care provider" may include, but is not limited to: advanced practice registered nurse, counselor, dietician, licensed practical nurse, occupational therapist, pharmacist, physical therapist, physician, physician assistant, podiatrist, psychologist, registered nurse, respiratory therapist, social worker, speech therapist.
- P. **Initial approval.** "Initial approval" means the first approval granted by the Board following the applicant's completion of an advanced practice registered nurse program.
- Q. **Intervention.** "Intervention" means utilizing measures that promote health; protecting against disease; treating illness in its earliest stages; managing acute and chronic illness; and limiting disability. Interventions may include, but are not limited to, issuance of orders; provision of direct nursing care; prescription of

medications or other therapies; and consultation with or referral to other health care providers.

- R. **Plan.** "Plan" means establishing a therapeutic goal based on the diagnosis.
- S. **Practice requirement in an expanded specialty role.** "Practice requirement in an expanded specialty role" means clinical practice in the provision of primary health care or other activities which have a clinical focus. Other activities include, but are not limited to, teaching, consultation, and research related to the specialty area of practice and certification.
- T. **Primary health care.** "Primary health care" means health care that clients receive at the first point of contact with the health care system and is continuous and comprehensive. Primary health care includes: health promotion; prevention of disease and disability; health maintenance; rehabilitation; identification of health problems; management of health problems; and referral.
- U. **Recent graduate.** "Recent graduate" means an applicant who has completed an advanced practice registered nurse program within the previous 12 months.
- V. **Referral.** "Referral" means directing patients to other resources for the purpose of assessment and/or intervention.

## 2. **Special provisions**

- A. A registered professional nurse who is approved by the Board to practice as an advanced practice registered nurse prior to January 1, 1996 is considered to have met the requirements of 32 M.R.S.A. Section 2201-A(2) and (3) regarding education and certification.
- B. An applicant for approval as an advanced practice registered nurse who has been approved as such in another jurisdiction may be approved by the Board as set forth below:
  - (1) If approved in another jurisdiction prior to **September 8, 1993**, an applicant must have completed an advanced practice registered nurse program.
  - (2) If approved in another jurisdiction on or after **September 8, 1993**, an applicant must have completed an advanced practice registered nurse program, and must hold a national certification in the specialty area of practice.
- C. As of **January 1, 2006**, an applicant for initial approval as an advanced practice registered nurse in Maine must hold a master's degree with preparation in the specialty area for which application is made.
- D. As of **January 1, 2006**, an applicant from another U.S. jurisdiction seeking approval by endorsement as an advanced practice registered nurse in Maine must have met requirements comparable to what was current Maine law at the time of graduation.

- E. In the event the licensee's certification expires during the licensing cycle, the licensee must submit evidence of continuous certification, and when eligible, recertification to the board on or before the certification expiration date. If the licensee has not received verification of recertification from his/her national certifying body, the licensee must provide evidence that he or she has made application to his/her certifying body, the application has been reviewed, and the licensee is awaiting processing of the recertification document.
- F. Failure to comply with the rules regarding certification may, at the Board's discretion, result in a decision to deny continuing licensure as an advanced practice registered nurse, or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to maintain a current national certification. Terms and conditions of a consent agreement may include civil penalties, suspension and other terms as the Board, licensee and the Department of the Attorney General determine appropriate.

### 3. **Scopes of Practice**

- A. **Certified nurse practitioner.** The certified nurse practitioner shall provide only those health care services for which the certified nurse practitioner is educationally and clinically prepared, and for which competency has been maintained. The Board, in its discretion, reserves the right to make exceptions. Such health care services, for which the certified nurse practitioner is independently responsible and accountable, include;
  - (1) obtaining a complete health data base that includes a health history, physical examination, and screening and diagnostic evaluation;
  - (2) interpreting health data by identifying wellness and risk factors and variations from norms;
  - (3) diagnosing and treating common diseases and human responses to actual and potential health problems;
  - (4) counseling individuals and families;
  - (5) consulting and/or collaborating with other health care providers and community resources; and
  - (6) referring client to other health care providers and community resources.
- B. **Certified nurse-midwife.** The certified nurse-midwife may provide only those health care services for which the certified nurse-midwife is educationally and clinically prepared and for which competency has been maintained. The certified nurse-midwife is authorized to function to the full extent of the midwife education, training and competency within the population focus and scope of practice. Such health care services for which the certified nurse-midwife is independently responsible and accountable include:

- (1) primary health care services for women from adolescence to beyond menopause;
- (2) primary health care of the newborn up to age 28 days;
- (3) primary maternity care, including preconception care, and care during pregnancy, childbirth and the postpartum period; and
- (4) provision of gynecological and family planning services, and treatment of sexually transmitted diseases in male and female patient contacts.

**C. Certified registered nurse anesthetist**

- (1) The certified registered nurse anesthetist may formulate and implement a patient-specific plan for anesthesia care that may include;
  - (a) a pre-anesthetic assessment;
  - (b) verification of informed consent; and
  - (c) adjustments and corrective actions as indicated.
- (2) For aspects of anesthesia practice that require execution of the medical regimen, the certified registered nurse anesthetist shall be responsible and accountable to a physician or dentist. Without limitation, coordination and appropriate communication shall be deemed to have occurred if the prescribing physician or dentist signed the patient's anesthesia record. The certified registered nurse anesthetist shall practice:
  - (a) within the limits of the nurse's individual education, training, and experience;
  - (b) in accordance with state laws; and
  - (c) consistent with institutionally defined policies and clinical privileges.

**D. Certified clinical nurse specialist**

- (1) The certified clinical nurse specialist may apply-research-based knowledge, skills and experience to intervene in human responses to complex health/illness problems. The certified clinical nurse specialist may;
  - (a) provide case management skills to coordinate comprehensive health services and ensure continuity of care;
  - (b) evaluate client progress in attaining expected outcomes;
  - (c) consult with other health care providers to influence care of clients, effect change in systems, and enhance the ability of others to provide health care; and

- (d) perform additional functions specific to the specialty area(s).
- (2) In addition to the above, the certified psychiatric clinical nurse specialist may independently assess, diagnose, and therapeutically intervene in complex mental health problems using psychotherapy and other interventions.
- (3) **The Board reserves the right to make exceptions for approval of scope of practice for those clinical nurse specialists in practice prior to January 1, 1996, based on consideration of national certification acceptable to the Board, educational and clinical preparation and practice for which competency has been maintained.**

**Section 2. General Regulations Relating to Certified Nurse Practitioners and Recent Graduates of Nurse Practitioner Programs**

**1. Requirements for initial approval to practice**

- A. Submits official transcript from a nurse practitioner program approved by the appropriate national accrediting body for that specific area of practice.
- B. Submits evidence of current certification in the specialty area of practice, if applicable.
- C. Submits evidence of a minimum of 1500 hours of practice in an expanded specialty nursing role within 5 years preceding application, or completion of a nurse practitioner program within 5 years preceding application. If more than 5 years have elapsed since completion of an advanced practice registered nurse program and the applicant does not meet the practice requirement of 1500 hours, the applicant shall complete 500 hours of clinical practice supervised by a physician or nurse practitioner in the same specialty area of practice.
- D. Submits evidence of satisfactory completion of 45 contact hours (or 3 credits) of pharmacology as set forth in Section 6(3).
- E. Submits the \$100.00 approval fee, which is not refundable; an application which remains incomplete after 12 months shall be considered void.

**2. Temporary approval for graduates of nurse practitioner programs**

- A. A nurse practitioner must practice for a minimum of 24 months under the supervision of a licensed physician, or a supervising nurse practitioner, or be employed by a clinic or hospital that has a medical director who is a licensed physician.
- B. The applicant shall identify a supervisory relationship with a licensed physician or nurse practitioner practicing in the same practice category who will provide oversight for the nurse practitioner.

- C. The applicant identifying a supervising relationship shall:
  - (1) Obtain an application from the Board to register a supervising relationship as part of the initial authority to practice process, prior to changing or adding a supervising relationship.
  - (2) Submit an application including the appropriate fee.
- D. The nurse practitioner must submit to the Board written evidence of completion of the required clinical experience.
- E. Evidence shall be submitted that the applicant has applied for and is eligible to take, or has taken, the first available certification examination in the specialty area of practice for which application is made.
- F. The applicant may not practice as a nurse practitioner if unsuccessful in 2 attempts to pass the certification examination within 2 years.

### 3. Requirements for continuing approval to practice

- A. Request for continuing approval must be made concurrently with renewal of the registered nurse license and must include evidence of current certification by the appropriate national certifying body.
- B. *(Deleted effective December 7, 1997)*
- C. The applicant shall submit his/her assigned number from the Drug Enforcement Agency (DEA), if applicable.
- D. All applicants shall submit the \$100.00 approval fee, which is not refundable.

(NOTE: SEE SECTION 8)

### 4. Certification

- A. Only a registered professional nurse whose credentials have been approved by the Board may hold her/himself out to be and use the title of "certified nurse practitioner" or "advanced practice registered nurse."
- B. Certification shall **not** be required of a registered professional nurse who was approved by this Board for practice as a nurse practitioner **prior to September 8, 1993**.
- C. The Board accepts nurse practitioner certification conferred by national certifying organizations such as, but not limited to: American Nurses Credentialing Center; National Board of Pediatric Nurse Associates and Practitioners; National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties; and American Academy of Nurse Practitioners.

- D. A nurse who is no longer certified by the national organization for the specific area of practice shall notify the Board immediately and shall not practice as or use the titles of "certified nurse practitioner" or "advanced practice registered nurse."

### **Section 3. General Regulations Relating to Certified Nurse-Midwives**

#### **1. Requirements for approval to practice**

- A. Submits evidence of completion of a nurse-midwifery program approved by the American College of Nurse-Midwives (A.C.N.M.).
- B. Submits evidence of certification by the American Midwifery Certification Board or its successors, or the former American College of Nurse-Midwives (A.C.N.M.) or the American College of Nurse-Midwives Certification Council, Inc. (A.C.C.).
- C. Submits the fee established by the Board for initial approval, which is not refundable; an application which remains incomplete after 12 months shall be considered void.

#### **2. Temporary approval to practice pending certification**

- A. Temporary approval to practice pending certification may be granted for a period not to exceed 12 months to a recent graduate of a nurse-midwifery program who meets the requirements set forth in Section 3(1)(A) and (C) and has applied to sit for the first available examination given by the American Midwifery Certification Board.
- B. Evidence shall be submitted that the applicant has applied for and is eligible to take, or has taken, the initial American Midwifery Certification Board certification examination.

#### **3. Requirements for continuing approval to practice**

- A. Request for continuing approval must be made concurrently with renewal of the registered nurse license and must include evidence of current certification by the appropriate national certifying body.
- B. An applicant shall submit evidence of current certification by the American Midwifery Certification Board.
- C. *(Deleted effective December 7, 1997)*
- D. The applicant shall submit his/her assigned number from the Drug Enforcement Agency (DEA), if applicable.
- E. An applicant shall submit the \$100.00 approval fee, which is not refundable.

(NOTE: SEE SECTION 8)



4. **Certification**

- A. Only a registered professional nurse whose credentials have been approved by the Board may hold her/himself out to be and use the titles of "certified nurse-midwife" or "advanced practice registered nurse."
- B. Certification shall **not** be required of a registered professional nurse who was approved by this Board for practice as a nurse-midwife **prior to September 8, 1993**.
- C. A nurse-midwife who is no longer certified by the American Midwifery Certification Board shall notify the Board immediately and shall not practice as or use the title of "certified nurse-midwife" or "advanced practice registered nurse."

**Section 4. General Regulations Relating to Certified Registered Nurse Anesthetists**

1. **Requirements for approval to practice**

- A. Submits evidence of completion of a master's degree nurse anesthesia program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessors or successors.
- B. Submits evidence of certification by the Council on Certification of Nurse Anesthetists and, as applicable, recertification by the Council on Recertification of Nurse Anesthetists.
- C. Submits the fee established by the Board for initial approval, which is not refundable; an application which remains incomplete after 12 months shall be considered void.

2. **Temporary approval to practice pending certification**

- A. Temporary approval to practice pending certification may be granted to a recent graduate of an approved nurse anesthesia program who meets the requirements in Section 4(1)(A) and (C) and has applied to sit for the first available Council Certification Examination.
- B. Such practice shall be under the supervision of an anesthesiologist or a certified registered nurse anesthetist.
- C. Evidence shall be submitted that the applicant has applied for and is eligible to take the initial Council Certification Examination following graduation.
- D. The applicant will identify her/himself as a graduate nurse anesthetist.
- E. The applicant must pass the Council Certification Examination within 12 months of graduation. An applicant who fails the initial Council Certification Examination must practice as set forth in Section 4(2)(B) and (D).

3. **Requirements for continuing approval to practice**

- A. Request for continuing approval must be made concurrently with renewal of the registered nurse license and must include evidence of current certification by the appropriate national certifying body.
- B. An applicant shall submit evidence of recertification by the Council on Recertification of Nurse Anesthetists.
- C. *(Deleted effective December 7, 1997)*
- D. An applicant shall submit the \$100.00 approval fee, which is not refundable.

(NOTE: SEE SECTION 8)

4. **Certification**

- A. Only a registered professional nurse whose credentials have been approved by the Board may hold her/himself out to be and use the titles of "certified registered nurse anesthetist" or "advanced practice registered nurse."
- B. Certification shall **not** be required of a registered professional nurse who was approved by the Board for practice as a nurse anesthetist **prior to September 8, 1993**.
- C. A nurse anesthetist who is no longer certified by the Councils on Certification/Recertification of Nurse Anesthetists shall notify the Board immediately and shall not practice as or use the title of "certified registered nurse anesthetist" or "advanced practice registered nurse".

**Section 5. General Regulations Relating to Certified Clinical Nurse Specialists**

1. **Requirements for approval to practice**

- A. Submits evidence of completion of a master's degree program in a clinical specialty area accredited by the National League for Nursing or the American Association of Colleges of Nursing. The program must have as its objective the preparation of nurses to practice as clinical nurse specialists.
- B. Submits evidence of certification in a clinical specialty area by a national certifying body acceptable to the Board.
- C. Submits the fee established by the Board for initial approval, which is not refundable; an application which remains incomplete after 12 months shall be considered void.

2. **Temporary approval to practice pending certification**

- A. Temporary approval to practice pending certification may be granted for a period not to exceed 12 months to a graduate of a master's degree program in a clinical

specialty who meets the requirements set forth in Section 5(1)(A) and (C). The applicant may not practice as a certified clinical nurse specialist if unsuccessful on the certification examination.

- B. Evidence shall be submitted that the applicant has applied for and is eligible to take, or has taken, the first available certification examination given by the American Nurses Credentialing Center or other specialty area examination(s).
- C. Evidence shall be submitted that the applicant has a master's degree from a National League for Nursing or American Association of Colleges of Nursing accredited program in the specialty area for which the applicant will be taking the certification examination. The program must have as its objective the preparation of nurses to practice as clinical nurse specialists.

### 3. **Requirements for continuing approval to practice**

- A. Request for continuing approval must be made concurrently with renewal of the registered nurse license.
- B. An applicant shall submit evidence of recertification by the A.N.C.C. or other recertification as defined in Section 5(1)(B).
- C. (Deleted effective December 7, 1997)
- D. An applicant shall submit the \$100.00 approval fee, which is not refundable.

(NOTE: SEE SECTION 8)

### 4. **Certification**

- A. Only a registered professional nurse whose credentials have been approved by the Board may hold her/himself out to be and use the title of "certified clinical nurse specialist" or "advanced practice registered nurse."
- B. A clinical nurse specialist who is no longer certified shall notify the Board immediately and shall not practice as or use the titles of "certified clinical nurse specialist" or "advanced practice registered nurse."

## **Section 6. General Regulations Relating to Prescriptive and Dispensing Authority for Certified Nurse Practitioners and Certified Nurse-Midwives**

### 1. **Requirements for prescriptive authority for certified nurse practitioners and certified nurse-midwives**

- A. If the applicant has not prescribed drugs within the past 2 years, the applicant shall provide evidence of satisfactory completion of 15 contact hours of pharmacology within the 2 years prior to applying for approval to practice.
- B. If the applicant has not prescribed drugs within the past 5 years, the applicant shall provide evidence of satisfactory completion of 45 contact hours (or 3

credits) of pharmacology within the 2 years prior to applying for approval to practice.

2. **Provision for certified nurse practitioners and certified nurse-midwives with prescriptive authority in other U.S. jurisdictions**

A. A certified nurse practitioner or certified nurse-midwife who holds prescriptive authority in another U.S. jurisdiction must submit evidence of the following:

- (1) minimum of 200 hours of practice in an expanded specialty role within the preceding 2 years; and
- (2) 45 contact hours (or 3 credits) of pharmacology equivalent to the requirements set forth in Section 6(3)(A) and (B).

B. If the applicant has not prescribed drugs within the past 2 years, the applicant shall provide evidence of satisfactory completion of 15 contact hours of pharmacology within the 2 years prior to applying for approval to practice.

C. If the applicant has not prescribed drugs within the past 5 years, the applicant shall provide evidence of satisfactory completion of 45 contact hours (or 3 credits) of pharmacology within the 2 years prior to applying for approval to practice.

3. **Pharmacology course requirements**

A. The required 45 contact hours (or 3 credits) of pharmacology may be obtained in a formal academic setting as a discrete offering or as non-credit continuing education offerings.

B. A pharmacology course acceptable to the Board shall include:

- (1) applicable federal/state laws;
- (2) prescription writing;
- (3) drug selection, dosage and route;
- (4) drug interactions;
- (5) information resources; and
- (6) clinical application of pharmacology related to specific scope of practice.

C. The applicant shall submit evidence of successful completion of the course and/or continuing education offering in pharmacology.

**4. Requirements for authorized prescription and dispensing**

- A. In addition to the required client and drug information, a written prescription shall include the date, printed name, legal signature, specialty category, business address, and telephone number of the prescribing certified nurse practitioner or certified nurse-midwife.
- B. Prescriptions may be written for medical appliances and devices and for over-the-counter drugs.
- C. Drugs in the formulary may be prescribed, administered, dispensed, or distributed in combination.
- D. Any product name drug may be prescribed, administered, dispensed, or distributed as long as the generic name or category for the drug is in the formulary.
- E. The certified nurse practitioner and certified nurse-midwife shall comply with all applicable laws and rules in prescribing, administering, dispensing, and distributing drugs, including compliance with the labeling requirements and all other applicable requirements of the Maine Board of Pharmacy.
- F. For the administration, dispensing, and distribution of controlled substances, the certified nurse practitioner and certified nurse-midwife shall comply with the requirements in the *Code of Federal Regulations*, 21 CFR Chapter II, Sections 1301, 1304.03 and 1304.04.

**5. Termination of prescriptive or dispensing authority**

- A. The Board may restrict, deny, suspend, or revoke prescriptive and/or dispensing authority for violations of 32 MRSA Chapter 31 (*Law Regulating the Practice of Nursing*) or evidence of abuse of such authority.
- B. Abuse of prescriptive or dispensing authority constitutes conduct derogatory to nursing standards and is defined as:
  - (1) prescribing, dispensing, administering, or distributing drugs not listed in the formulary;
  - (2) prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes;
  - (3) prescribing or distributing drugs to individuals who are not clients of the certified nurse practitioner or certified nurse-midwife or who are not within that nurse's specialty area of certification;
  - (4) prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to clients according to acceptable and prevailing standards of practice;

- (5) selling, purchasing, trading, or offering to sell, purchase, or trade drug samples; and
  - (6) failing to inform the client that s/he has the freedom to select the source from which prescriptions may be filled.
- C. The Board will notify the Maine Board of Pharmacy when an advanced practice registered nurse's prescriptive authority has been restricted, denied, suspended or revoked.

**6. Distribution of drug samples**

- A. Certified nurse practitioners or certified nurse-midwives may receive prepackaged complimentary samples of drugs included in the formulary for prescription writing and may distribute these samples to clients.
- B. Distribution of drug samples shall be in accordance with D.E.A. laws, regulations, and guidelines.

**Section 7. Formulary for Certified Nurse Practitioners and Certified Nurse-Midwives with Prescriptive Authority**

**1. General regulations relating to the formulary**

- A. Certified nurse practitioners and certified nurse-midwives are authorized to prescribe the following:
  - (1) over-the-counter drugs;
  - (2) appliances and devices;
  - (3) drugs related to the specialty area of certification; and
  - (4) drugs prescribed off label according to common and established standards of practice.
- B. Regardless of the schedules indicated on the certificate issued by the Drug Enforcement Administration, the certified nurse practitioner and certified nurse-midwife shall prescribe only those controlled drugs from schedules II/IIIn, III/IIIIn, IV, and V. A Drug Enforcement Agency (D.E.A.) number is required to Prescribe these Drugs.

**Section 8. Continuing Education Requirements for Certified Nurse Practitioners, Certified Nurse-Midwives, Certified Registered Nurse Anesthetists, Certified Clinical Nurse Specialists and those Approved to Practice prior to September 8, 1993 When Certification Was Not Required**

**1. Continuing Approval to Practice**

- A. A certified nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, certified clinical nurse specialist (and those approved to practice prior to September 8, 1993 when certification was not required) seeking continuing approval to practice as an advanced practice registered nurse must have completed during the 2 year period of licensure a minimum of 75 contact hours of continuing education in nursing, medicine or allied health in the area of practice for which the individual has been approved as an advanced practice registered nurse. The applicant for continuing approval shall affirm under oath, on the continuing approval form, completion of the required continuing education.

Documentation of continuing education must be maintained by the advanced practice registered nurse for two license renewal periods and is subject to random or targeted audits.

- B. A minimum of 30 contact hours must be in Category I, which is defined in subsection 2(A).

By December 31, 2017 and thereafter advanced practice registered nurses with prescriptive authority must complete 3 contact hours of Category I continuing education on the prescribing of opioid medication.

- C. No more than 45 contact hours may be in Category II.

**2. Definitions of Categories**

- A. Category I activities are those planned continuing education activities sponsored by organizations or institutions whose educational offerings are approved by professional bodies such as: American Nurses Association Credentialing Center; American Academy of Nurse Practitioners; American Midwifery Certification Board; the former American College of Nurse-Midwives; Council on Recertification of Nurse Anesthetists; National Organization of Nurse Practitioner Faculty; Maine State Nurses Association; American Psychological Association; American Medical Association Council of Medical Education; Accreditation Council for Continuing Medical Education or the Committee of Continuing Medical Education of the Maine Medical Association. Completion of courses which offer academic credit related to the practice area. Value: One contact hour for 50 minutes of participation.

- B. Category II activities include the following continuing health related education activities described below:

- (1) exhibits or presentations offered to health professionals
- (2) papers published in nursing and allied health journals

- (3) articles or chapters authored and published in professional textbooks
- (4) self-instruction such as: reading advanced nursing journals or allied health journals; listening to audio or videotapes; viewing slides; utilizing programmed or computer-assisted instruction
- (5) participation in peer review; utilization management; and nursing/medical audits
- (6) presentation at grand rounds
- (7) participation at meetings that have a clinical focus
- (8) precepting registered nurses enrolled in advanced practice registered nursing programs
- (9) active participation in health related research Value: One contact hour for each 50 minutes of participation. Ten contact hours for each article or chapter published in nursing and allied health journals. One contact hour for three hours of precepting registered nurses enrolled in advanced practice registered nursing programs. For presenters seeking contact hours, a one-time credit of 10 contact hours will be awarded for the preparation of the **initial** presentation.

C. Documentation of continuing education activities shall be maintained by the individual to reflect the following: category; date of offering; subject matter or title; sponsor, provider or institution; number of academic contact hours; and proof of attendance in Category I.

### 3. **Failure to Meet Continuing Education Requirements**

Failure to comply with the continuing education rules may, at the Board's discretion, result in a decision to deny continuing approval to practice as an advanced practice registered nurse, or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, licensee and the Department of the Attorney General determine appropriate.

---



STATUTORY AUTHORITY: 32 M.R.S.A. §§ 2102 (2-A) and 2210

EFFECTIVE DATE:

May 19, 1978 (filed July 3, 1979)

REPEALED & REPLACED:

September 13, 1993

May 4, 1996

EFFECTIVE DATE (ELECTRONIC CONVERSION):

September 24, 1996

NON-SUBSTANTIVE CORRECTIONS:

February 6, 1997 - text brought up to date in line with May 4, 1996 amendment

March 20, 1997 - statutory authority citation corrected

April 8, 1997 - minor formatting, correction of Statutory Authority reference

AMENDED:

December 7, 1997 - Sec. 2(3)(B) and Note; Sec. 3(3)(C) and Note; Sec. 4(3)(C) and Note;  
Sec. 5(3)(C) and Note; Sec. 8

NON-SUBSTANTIVE CORRECTIONS:

January 30, 1998 - corrected 1983 to 1993 in §8 sub-§1 par. A; note that Section 8's title correctly reads 1993

AMENDED:

February 19, 1998 (EMERGENCY - expires May 20, 1998) - language added to §8 sub-§2 ¶B under "Value"

AMENDED:

June 28, 1998 - language added to §8 sub-§2 ¶B under "Value"

April 18, 2000 - Sec. 1(3)(D)(5) added (EMERGENCY - expires July 17, 2000)

NON-SUBSTANTIVE CORRECTIONS:

June 1, 2000 - corrected. citation in history note for April 18, 2000 amendment

AMENDED:

August 20, 2000

April 30, 2001

NON-SUBSTANTIVE CORRECTIONS:

March 25, 2004 - punctuation and capitalization only

AMENDED:

June 25, 2008 – filing 2008-266

March 24, 2010 – filing 2010-100

May 29, 2017 – filing 2017-082