

Maine State Board of Nursing
Questionnaire for Addressing Questions Regarding Nursing Practice

Date: _____

Name of person(s) submitting question(s) _____

Position _____

Address _____

Telephone Number _____

Institution/Employer _____

1. Please define the nursing practice/procedure for which you would like an answer from the Board of Nursing.

2. Briefly describe the circumstances/environment in which this practice would be done.

3. What type of education would be/has been provided to perform this practice?

4. What is the national association's position (specialty) on this practice?

5. Are nurse performing this procedure/practice within this state or other states? If yes, where?

6. Does your agency have a present or proposed policy for this practice?

7. List reasons why nurses should engage in this practice.

8. List reasons why nurses shouldn't engage in this practice.