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IC 25-23-1-1 Definitions
Sec. 1. As used in this chapter:
(a) "Board" means the Indiana state board of nursing.
(b) "Advanced practice nurse" means:
(1) a nurse practitioner;
(2) a nurse midwife; or
(3) a clinical nurse specialist;
who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations.
(c) "Human response" means those signs, symptoms, behaviors, and processes that denote the individual's interaction with the environment.

IC 25-23-1-1.1 Additional definitions
Sec. 1.1. (a) As used in this chapter, "registered nurse" means a person who holds a valid license issued:
(1) under this chapter;
(2) by a party state (as defined by IC 25-23.3-2-11); and
who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.
(b) As used in this chapter, "registered nursing" means performance of services which include but are not limited to:
(1) assessing health conditions;
(2) deriving a nursing diagnosis;
(3) executing a nursing regimen through the selection, performance, and management of nursing actions based on nursing diagnoses;
(4) advocating the provision of health care services through collaboration with or referral to other health professionals;
(5) executing regimens delegated by a physician with an unlimited license to practice medicine or osteopathic medicine;
(6) teaching, administering, supervising, delegating, and evaluating nursing practice;
(7) delegating tasks which assist in implementing the nursing, medical, or dental regimen; or
(8) performing acts which are approved by the board or by the board in collaboration with the medical licensing board of Indiana.
(c) As used in this chapter, "assessing health conditions" means the collection of data through means such as interviews, observation, and inspection for the purpose of:
(1) deriving a nursing diagnosis;
(2) identifying the need for additional data collection by nursing personnel; and
(d) As used in this chapter, "nursing regimen" means preventive, restorative, maintenance, and promotion activities which include meeting or assisting with self-care needs, counseling, and teaching.
(e) As used in this chapter, "nursing diagnosis" means the identification of needs which are amenable to nursing regimen.

IC 25-23-1-1.2 "Licensed practical nurse" defined
Sec. 1.2. As used in this chapter, "licensed practical nurse" means a person who holds a valid license issued under this chapter or by a party state (as defined in IC 25-23.3-2-11) and who functions at the direction of:
(1) a registered nurse;
(2) a physician with an unlimited license to practice medicine or osteopathic medicine;
(3) a licensed dentist;
(4) a licensed chiropractor;
(5) a licensed optometrist; or
(6) a licensed podiatrist;
in the performance of activities commonly performed by practical nurses and requiring special knowledge or skill.

IC 25-23-1-1.3 "Practical nursing" defined
Sec. 1.3. As used in this chapter, "practical nursing" means the performance of services commonly performed by practical nurses, including:
(1) contributing to the assessment of the health status of individuals or groups;
(2) participating in the development and modification of the strategy of care;
(3) implementing the appropriate aspects of the strategy of care;
(4) maintaining safe and effective nursing care; and
(5) participating in the evaluation of responses to the strategy of care.

IC 25-23-1-1.4 "Certified registered nurse anesthetist" defined
Sec. 1.4. As used in this chapter, "certified registered nurse anesthetist" means a registered nurse who:
(1) is properly certified by successfully completing the certification examination administered by the AANA's Council on Certification of Nurse Anesthetists or its predecessor;
(2) is properly certified and in compliance with criteria for biennial recertification, as defined by the AANA Council on Recertification of Nurse Anesthetists.
As added by P.L.185-1993, SEC.3.

IC 25-23-1-2 Indiana state board of nursing; establishment; members; term of office; vacancies
Sec. 2. (a) There is established the Indiana state board of nursing consisting of nine (9) members appointed by the governor, each to serve a term of four (4) years subject to death, resignation, or removal by the governor.
(b) Six (6) of the board members must be registered nurses who are committed to advancing and safeguarding the nursing profession as a whole. Two (2) of the board’s members must be licensed practical nurses. One (1) member of the board, to represent the general public, must be a resident of this state and not be associated with nursing in any way other than as a consumer.

(c) Each appointed board member may serve until the member’s successor has been appointed and qualified. Any vacancy occurring in the membership of the board for any cause shall be filled by appointment by the governor for the unexpired term. Members of the board may be appointed for more than one (1) term. However, no person who has served as a member of the board for more than six (6) consecutive years may be reappointed. Reappointments of persons who have served six (6) consecutive years as a member of the board may be made after three (3) years have elapsed.


IC 25-23-1-3 Filling vacancies; removal of board members
Sec. 3. On or before December 1 of each year and at any time there is a vacancy, the Indiana State Nurses’ Association shall recommend to the Governor a list of qualified registered nurses for appointment to the Board in the number of not less than twice the number of registered nurse vacancies to be filled. On or before December 1 of each year and at any time there is a vacancy, the Indiana Federation of Licensed Practical Nurses’ shall recommend to the Governor a list of qualified licensed practical nurses and nurse educators of Practical Nurse Programs for appointment to the Board in the number of not less than twice the number of registered nurse vacancies to be filled. The Governor may remove any member from the Board for neglect of any duty required by law or for incompetency or unprofessional or dishonorable conduct.

(Formerly: Acts 1949, c.159, s.3; Acts 1971, P.L.376, SEC.3.)

IC 25-23-1-4 Qualifications of members of board; oath
Sec. 4. (a) Each registered nurse member of the board required by section 2 of this chapter must:

(1) be a citizen of the United States;
(2) be a resident of Indiana;
(3) have:
   (A) graduated from an accredited educational program for the preparation of practitioners of professional nursing;
   (B) been licensed as a registered nurse in Indiana;
   (C) had at least five (5) years successful experience since graduation in administering, teaching, or practicing in an educational program to prepare practitioners of nursing or in administering or practicing in nursing service; and
   (D) been actively engaged in the activities described in clause (C) for at least three (3) years immediately preceding appointment or reappointment; and
(4) be actively engaged in the activities described in subdivision (3) throughout the member’s term of office.

(b) Each licensed practical nurse member of the board required by section 2 of this chapter must:

(1) be a citizen of the United States;
(2) be a resident of Indiana;
(3) have:
   (A) graduated from an accredited educational program for the preparation of practitioners of practical nursing;
   (B) been licensed as a licensed practical nurse in Indiana;
   (C) had at least five (5) years successful experience as a practitioner of practical nursing since graduation; and
   (D) been actively engaged in practical nursing for at least three (3) years immediately preceding appointment to the board; and
(4) be actively engaged in practice throughout the member’s term of office.

(c) Before entering upon the discharge of official duties, each member of the board shall file the constitutional oath of office in the office of the secretary of state.

(Formerly: Acts 1949, c.159, s.4; Acts 1971, P.L.376, SEC.4.) As amended by P.L.169-1985, SEC.68.

IC 25-23-1-5 Meetings; officers; quorum
Sec. 5. (a) The board shall meet annually. At its first meeting of the calendar year, it shall elect from the membership a president, a vice president, and a secretary. It shall hold such other meetings during the year as may be necessary for the transaction of its business.

(b) Five (5) members of the board constitute a quorum. An affirmative vote of a majority of the members appointed to the board is required for action of the board.


IC 25-23-1-6 Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-7 Powers and duties of board
Sec. 7. (a) The board shall do the following:

(1) Adopt under IC 4-22-2 rules necessary to enable it to carry into effect this chapter.
(2) Prescribe standards and approve curricula for nursing education programs preparing persons for licensure under this chapter.
(3) Provide for surveys of such programs at such times as it considers necessary.
(4) Accredit such programs as meet the requirements of this chapter and of the board.
(5) Deny or withdraw accreditation from nursing education programs for failure to meet prescribed curricula or other standards.
(6) Examine, license, and renew the license of qualified applicants.
(7) Issue subpoenas, compel the attendance of witnesses, and administer oaths to persons giving testimony at hearings.
(8) Cause the prosecution of all persons violating this chapter and have power to incur necessary expenses for these prosecutions.
(9) Adopt rules under IC 4-22-2 that do the following:
   (A) Prescribe standards for the competent practice of registered, practical, and advanced practice nursing.
   (B) Establish with the approval of the medical licensing board created by IC 25-22.5-2-1 requirements that advanced practice nurses must meet to be granted authority to prescribe legend drugs and to retain that authority.
   (C) Establish, with the approval of the medical licensing board created by IC 25-22.5-2-1, requirements for the renewal of a practice agreement under section 19.4 of this chapter, which shall expire on October 31 in each odd-numbered year.
(10) Keep a record of all its proceedings.
(11) Collect and distribute annually demographic information on the number and type of registered nurses and licensed practical nurses employed in Indiana.
(12) Adopt rules and administer the interstate nurse licensure compact under IC 25-23.3.

(b) The board may do the following:

(1) Create ad hoc subcommittees representing the various nursing specialties and interests of the profession of nursing. Persons appointed to a subcommittee serve for terms as determined by the board.
(2) Utilize the appropriate subcommittees so as to assist the board with its responsibilities. The assistance provided by the subcommittees may include the following:
   (A) Recommendation of rules necessary to carry out the duties of the board.
   (B) Recommendations concerning educational programs and requirements.
   (C) Recommendations regarding examinations and licensure of applicants.
(3) Appoint nurses to serve on each of the ad hoc subcommittees. (4) Withdraw from the interstate nurse licensure compact under IC 25-23.2 (repealed).
(5) If requested by the nonprofit corporation formed under IC 12-31-1-3, provide assistance to the public umbilical cord blood bank and umbilical cord blood donation initiative.
(c) Nurses appointed under subsection (b) must:
   (1) be committed to advancing and safeguarding the nursing profession as a whole; and
   (2) represent nurses who practice in the field directly affected by a subcommittee’s actions.
(Formerly: Acts 1949, c.159, s.7; Acts 1971, P.L.376, SEC.6.)

IC 25-23-1-7.1 Rules and regulations
Sec. 7.1. The board may adopt rules and regulations applicable to nurse practitioners.

IC 25-23-1-8 Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-9 Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-10 Compensation of board members
Sec. 10. (a) Each member of the board who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2 (b).
Such a member is also entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member’s duties, as provided in the state travel policies and procedures established by the department of administration and approved by the state budget agency.
(b) Each member of the board who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member’s duties, as provided in the state travel policies and procedures established by the department of administration and approved by the state budget agency.
(Formerly: Acts 1949, c.159, s.10; Acts 1971, P.L.376, SEC.9.)
As amended by Acts 1949-1987, SEC.58.

IC 25-23-1-10.5 Temporary permits
Sec. 10.5. (a) The board may issue a temporary permit to practice as a nurse to a nurse licensed to practice in another state or territory of the United States, who has applied to the board for licensure by endorsement and submitted proof of current licensure to the board. The permit is valid for ninety (90) days after issuance or upon denial of licensure by the board. The permit may be renewed by the board, for a period not to exceed ninety (90) days, if, in the determination of the board, it is not possible to complete the application process in that time period.
(b) Persons holding a temporary permit to practice as a nurse are subject to the disciplinary provisions of this chapter and IC 25-1-9.
(c) The board may establish by rule under IC 4-22-2 application procedures and requirements for the issuance of temporary permits under this section.

IC 25-23-1-11 Registered nurse; application for license to practice; qualifications; examination; foreign applicants; issuance of license; fees
Sec. 11. (a) Any person who applies to the board for a license to practice as a registered nurse must:
   (1) not have:
       (A) been convicted of a crime that has a direct bearing on the person’s ability to practice competently; or
       (B) committed an act that would constitute a ground for a disciplinary sanction under IC 25-1-9;
   (2) have completed:
       (A) the prescribed curriculum and met the graduation requirements of a state accredited program of registered nursing that only accepts students who have a high school diploma or its equivalent as determined by the board; or
       (B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant’s qualifications and background in the practice of nursing and proficiency in the English language; and
   (3) be physically and mentally capable of and professionally competent to safely engage in the practice of nursing as determined by the board.
The board may not require a person to have a baccalaureate degree in nursing as a prerequisite for licensure.
(b) The applicant must pass an examination in each subject as the board may determine.
(c) The board may issue by endorsement a license to practice as a registered nurse to an applicant who has been licensed as a registered nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time that the applicant applies for an Indiana license by endorsement, the applicant holds a current license in another state and possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what constitutes substantial equivalence under this subsection.
(d) The board may issue by endorsement a license to practice as a registered nurse to an applicant who:
   (1) has completed the English version of the: (A) Canadian Nurse Association Testing Service Examination (CNAT); or (B) Canadian Registered Nurse Examination (CRNE); (2) achieved the passing score required on the examination at the time the examination was taken; (3) is currently licensed in a Canadian province or in another state; and (4) meets the other requirements under this section.
(e) Each applicant for examination and registration to practice as a registered nurse shall pay a fee set by the board, a part of which must be used for the rehabilitation of impaired registered nurses and impaired
licensed practical nurses. Payment of the fee or fees shall be made by the applicant prior to the date of examination. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:

(1) Twenty-five percent (25%) of the license application fee per license applied for under this section.
(2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.
(f) Any person who holds a license to practice as a registered nurse in:
(1) Indiana; or
(2) a party state (as defined in IC 25-23.3-2-11);
may use the title "Registered Nurse" and the abbreviation "R.N.". No other person shall practice or advertise as or assume the title of registered nurse or use the abbreviation of "R.N." or any other words, letters, signs, or figures to indicate that the person using same is a registered nurse.

IC 25-23-1-12 Practical nurse; application for license to practice; qualifications; examination; foreign applicants; issuance of license; fees
Sec. 12. (a) A person who applies to the board for a license to practice as a licensed practical nurse must:
(1) not have been convicted of:
(A) an act which would constitute a ground for disciplinary sanction under IC 25-1-9; or
(B) a crime that has a direct bearing on the person's ability to practice competently;
(2) have completed:
(A) the prescribed curriculum and met the graduation requirements of a state accredited program of practical nursing that only accepts students who have a high school diploma or its equivalent, as determined by the board; or
(B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and
(3) be physically and mentally capable of, and professionally competent to, safely engage in the practice of practical nursing as determined by the board.
(b) The applicant must pass an examination in such subjects as the board may determine.
(c) The board may issue endorsement a license to practice as a licensed practical nurse to an applicant who has been licensed as a licensed practical nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time of application for an Indiana license by endorsement, the applicant possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what shall constitute substantial equivalence under this subsection.
(d) Each applicant for examination and registration to practice as a practical nurse shall pay a fee set by the board, a part of which must be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. Payment of the fees shall be made by the applicant before the date of examination. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:
(1) Twenty-five percent (25%) of the license application fee per license applied for under this section.
(2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.
(f) Any person who holds a license to practice as a licensed practical nurse in:
(1) Indiana; or
(2) a party state (as defined in IC 25-23.3-2-11);
may use the title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall practice or advertise as or assume the title of licensed practical nurse or use the abbreviation of "L.P.N." or any other words, letters, signs, or figures to indicate that the person using them is a licensed practical nurse.

IC 25-23-1-13 Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-13.1 Midwives
Sec. 13.1. (a) An applicant who desires to practice midwifery shall present to the board the applicant's license as a registered nurse and a diploma earned by the applicant from a school of midwifery approved or licensed by the board or licensing agency for midwives that is located in any state.
(b) The applicant shall submit to an examination in midwifery prescribed or administered by the board. If the application and qualifications are approved by the board, the applicant is entitled to receive a limited license that allows the applicant to practice midwifery.
(c) The board shall adopt rules under IC 25-23-1-7:
(1) defining the scope of practice for midwifery; and
(2) for implementing this section.

IC 25-23-1-14 Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-15 Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-16 Repealed
(Repealed by Acts 1981, P.L.222, SEC.296.)

IC 25-23-1-16.1 Expiration of license; renewal; fee
Sec. 16.1. (a) A license to practice as a registered nurse expires on October 31 in each odd-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
(b) A license to practice as a licensed practical nurse expires on October 31 in each even-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
(c) The procedures and fee for renewal shall be set by the board.
(d) At the time of license renewal, each registered nurse and each licensed practical nurse shall pay a renewal fee, a portion of which shall
be for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:

1. Twenty-five percent (25%) of the license renewal fee per license renewed under this section.
2. The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.


IC 25-23-1-17 Receipts; use and disposition
Sec. 17. All moneys received shall be deposited with the treasurer of state at the end of each month and be placed by him in the general fund of the state. The expenses of said board shall be paid from the general fund upon appropriation being made therefrom in the manner provided for the making of such appropriations.


IC 25-23-1-18 Failure to renew license; reinstatement; fee
Sec. 18. (a) Any person who fails to renew a license before it expires shall be reinstated by the board upon meeting the requirements under IC 25-1-8-6.

(b) A person who fails to apply to reinstate a license under this section within three (3) years after the date it expires may be issued a license by the board if the person meets the requirements under IC 25-1-8-6.


IC 25-23-1-19 Repealed
(Repealed by P.L. 149-1987, SEC. 120.)

IC 25-23-1-19.4 Advanced practice nurses; collaboration with licensed practitioner
Sec. 19.4. (a) As used in this section, "practitioner" has the meaning set forth in IC 16-42-19-5. However, the term does not include the following:

1. A veterinarian.
2. An advanced practice nurse.
3. A physician assistant.

(b) An advanced practice nurse shall operate in collaboration with a licensed practitioner as evidenced by a practice agreement, or by privileges granted by the governing board of a hospital licensed under IC 16-21 with the advice of the medical staff of the hospital that sets forth the manner in which an advanced practice nurse and a licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to their patients.


IC 25-23-1-19.5 Advanced practice nurses; authority to prescribe legend drugs
Sec. 19.5. (a) The board shall establish a program under which advanced practice nurses who meet the requirements established by the board are authorized to prescribe legend drugs, including controlled substances (as defined in IC 35-48-1).

(b) The authority granted by the board under this section:

1. Expires on October 31 of the odd-numbered year following the year the authority was granted or renewed; and

2. Is subject to renewal indefinitely for successive periods of two (2) years.

(c) The rules adopted under section 7 of this chapter concerning the authority of advanced practice nurses to prescribe legend drugs must do the following:

1. Require an advanced practice nurse or a prospective advanced practice nurse who seeks the authority to submit an application to the board.
2. Require, as a prerequisite to the initial granting of the authority, the successful completion by the applicant of a graduate level course in pharmacology providing at least two (2) semester hours of academic credit.
3. Require, as a condition of the renewal of the authority, the completion by the advanced practice nurse of the continuing education requirements set out in section 19.7 of this chapter.


IC 25-23-1-19.6 Advanced practice nurses; prescriptions; identification numbers
Sec. 19.6. (a) When the board grants authority to an advanced practice nurse to prescribe legend drugs under this chapter, the board shall assign an identification number to the advanced practice nurse.

(b) An advanced practice nurse who is granted authority by the board to prescribe legend drugs must do the following:

1. Enter on each prescription form that the advanced practice nurse uses to prescribe a legend drug:
   (A) the signature of the advanced practice nurse;
   (B) initials indicating the credentials awarded to the advanced practice nurse under this chapter; and
   (C) the identification number assigned to the advanced practice nurse under subsection (a).
2. Comply with all applicable state and federal laws concerning prescriptions for legend drugs.

(c) An advanced practice nurse may be granted authority to prescribe legend drugs under this chapter only within the scope of practice of the advanced practice nurse and the scope of the licensed collaborating health practitioner.


IC 25-23-1-19.7 Renewal of prescriptive authority
Sec. 19.7. (a) This subsection applies to an applicant for renewal who has never received a renewal of prescriptive authority under section 19.5 of this chapter and whose prescriptive authority has never lapsed. If the applicant was initially granted prescriptive authority:

1. Less than twelve (12) months before the expiration date of the prescriptive authority, no continuing education is required; or
2. At least twelve (12) months before the expiration date of the prescriptive authority, the applicant shall, subject to IC 25-1-4-3, attest to the board that the applicant has successfully completed at least fifteen (15) contact hours of continuing education. The hours must:
   (A) be completed after the prescriptive authority was granted and before the expiration of the prescriptive authority;
   (B) include at least four (4) contact hours of pharmacology; and
   (C) be approved by a nationally approved sponsor of continuing education for nurses, approved by the board, and listed by the Indiana professional licensing agency as approved hours.

(b) This subsection applies to an applicant for renewal of prescriptive authority under section 19.5 of this chapter who is not described in subsection (a). The applicant shall, subject to IC 25-1-4-3, attest to the board that the applicant has successfully completed at least thirty (30) contact hours of continuing education. The hours must:

1. Be completed within the two (2) years immediately preceding the renewal;
(2) include at least eight (8) contact hours of pharmacology; and
(3) be approved by a nationally approved sponsor of continuing 
education for nurses, be approved by the board, and be listed by the 
Indiana professional licensing agency as approved hours.
P.L.1-2006, SEC.452.

IC 25-23-1-19.8 Audit; procedure; provide information to board; 
order to show cause; hearing; divulging records to professional 
licensing agency; immunity from liability
Sec. 19.8. (a) Before December 31 of an even-numbered year, the 
Indiana professional licensing agency or the agency's designee shall 
randomly audit at least one percent (1%) but not more than ten percent 
(10%) of the practice agreements of advanced practice nurses with 
authority to prescribe legend drugs under section 19.5 of this chapter to 
determine whether the practice agreement meets the requirements of 
this chapter or rules adopted by the board.
(b) The Indiana professional licensing agency shall establish an audit 
procedure, which may include the following:
(1) Requiring the advanced practice nurse to provide the agency with 
a copy of verification of attendance at or completion of a continuing 
education course or program the advanced practice nurse attended 
during the previous two (2) years.
(2) Requiring the advanced practice nurse and the licensed 
practitioner who have entered into a practice agreement to submit 
information on a form prescribed by the agency that must include a 
sworn statement signed by the advanced practice nurse and the 
licensed practitioner that the parties are operating within the terms of 
the practice agreement and the requirements under this chapter or 
rules adopted by the board.
(3) Reviewing patient health records and other patient information at 
the practice location or by requiring the submission of accurate 
copies to determine if the parties are operating within the terms of 
the practice agreement and the requirements under this chapter or 
rules adopted by the board.
(4) After a reasonable determination that the advanced practice 
nurse and the licensed practitioner who have entered into a practice 
agreement are not operating within the terms of the practice 
agreement, requiring the parties to appear before the agency or the 
agency's designee to provide evidence of compliance with the 
practice agreement.
(c) Not more than sixty (60) days after the completion of the audit 
required in subsection (a), the Indiana professional licensing agency shall 
provide the board with the following:
(1) A summary of the information obtained in the audit.
(2) A statement regarding whether an advanced practice nurse and a 
licensed practitioner who have entered into a practice agreement 
that is audited under subsection (a) are operating within the terms of 
the practice agreement.
The agency shall also provide a copy of the information described in this 
subsection to the board that regulates the licensed practitioner.
(d) The Indiana professional licensing agency may cause to be served 
upon the advanced practice nurse an order to show cause to the 
board as to why the board should not impose disciplinary sanctions 
under IC 25-1-9-9 on the licensed practitioner for the licensed 
practitioner's failure to comply with:
(1) an audit conducted under this section; or
(2) the requirements of a practice agreement under this chapter.
(e) Except for a violation concerning continuing education requirements 
under IC 25-1-4, the board shall hold a hearing in accordance with IC 4- 
21.5 and state the date, time, and location of the hearing in the order 
served under subsection (d).
(f) The board that regulates the licensed practitioner may cause to be 
served upon the licensed practitioner an order to show cause to the 

(Formerly: Acts 1949, c.159, s.20; Acts 1951, c.34, s.6.) As amended by 

IC 25-23-1-21 Survey of board; approval; surveys of accredited 
schools
Sec. 21. (a) A survey of the institution or institutions of which the 
nursing education program is a part and of institutions affiliating with the 
nursing education program shall be made by the a designated 
representative of the board. The surveyor shall submit a written report of 
the survey to the board. If, in the opinion of the board, the requirements 
for an accredited school of nursing are met, it shall approve the school as 
an accredited school of nursing.
(b) From time to time as considered necessary by the board, it shall be 
duly the duty of the board, through a designated representative of the board, 
to survey all nursing education programs in the state. Written reports of 
such surveys shall be submitted to the board. If the board determines 
that any accredited nursing education program is not maintaining the 
standards required by the statutes and by the board, notice in writing 
specifying the defect or defects shall be immediately given to the nursing 
education program. A nursing education program which fails to correct 
these conditions to the satisfaction of the board within a reasonable time 
shall be removed from the list of accredited nursing education programs.
(c) The board may elect to utilize a nursing education program's 
accreditation by a national accrediting body approved by the board and 
the Council on Postsecondary Accreditation (COPA) as evidence that the 
program has met all or part of the required state standards and 
prepared curricula for continuing accreditation of nursing education 
programs. 
(Formerly: Acts 1949, c.159, s.21.) As amended by Acts 1981, P.L.222, 
SEC.172; P.L.149-1987, SEC.64.

IC 25-23-1-22 Repealed
(Repealed by P.L.149-1987, SEC.120.)
IC 25-23-1-23 Repealed  
(Repealed by P.L.149-1987, SEC.120.)

IC 25-23-1-24 Repealed  
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-25 Repealed  
(Repealed by Acts 1981, P.L.222, SEC.296.)

IC 25-23-1-25.1 Repealed  
(Repealed by P.L.152-1988, SEC.30.)

IC 25-23-1-26 Duty of attorney general  
Sec. 26. It shall be the duty of the attorney-general to represent the board in any court in which an action may be filed for the review of an order of the board. The attorney-general may, at his discretion, call to his assistance in such action, the prosecuting attorney of the county in which such action is filed.  
(Formerly: Acts 1949, c.159, s.26.)

IC 25-23-1-27 Violations; penalty  
Sec. 27. A person who:
1. sells or fraudulently obtains or furnishes any nursing diploma, license or record;
2. practices nursing under cover of any diploma or license or record illegally or fraudulently obtained or assigned or issued unlawfully or under fraudulent representation;
3. practices nursing as a registered nurse or licensed practical nurse unless licensed to do so under this chapter or IC 25-23.3;
4. uses in connection with the person's name any designation tending to imply that the person is a registered nurse or a licensed practical nurse unless licensed to practice under this chapter or IC 25-23.3;
5. practices nursing during the time the person's license issued under this chapter or IC 25-23.3 is suspended or revoked;
6. conducts a school of nursing or a program for the training of practical nurses unless the school or program has been accredited by the board; or
7. otherwise violates this chapter;
commits a Class B misdemeanor.  

IC 25-23-1-27.1 Limitations on application of chapter; "licensed health professional" defined  
Sec. 27.1. (A) As used in this section, "licensed health professional" means:
1. a registered nurse;
2. a licensed practical nurse;
3. a physician with an unlimited license to practice medicine or osteopathic medicine;
4. a licensed dentist;
5. a licensed chiropractor;
6. a licensed optometrist;
7. a licensed pharmacist;
8. a licensed physical therapist;
9. a licensed psychologist;
10. a licensed podiatrist; or
11. a licensed speech-language pathologist or audiologist.
(b) This chapter does not prohibit:
1. furnishing nursing assistance in an emergency;
2. the practice of nursing by any student enrolled in a board approved nursing education program where such practice is incidental to the student's program of study;
3. the practice of any nurse who is employed by the government of the United States or any of its bureaus, divisions, or agencies while in the discharge of the nurse's official duties;
4. the gratuitous care of sick, injured, or infirm individuals by friends or the family of that individual;
5. the care of the sick, injured, or infirm in the home for compensation if the person assists only:
   (A) with personal care;
   (B) in the administration of a domestic or family remedy; or
   (C) in the administration of a remedy that is ordered by a licensed health professional and that is within the scope of practice of the licensed health professional under Indiana law;
6. performance of tasks by persons who provide health care services which are delegated or ordered by licensed health professionals, if the delegated or ordered tasks do not exceed the scope of practice of the licensed health professionals under Indiana law;
7. a physician with an unlimited license to practice medicine or osteopathic medicine in Indiana, a licensed dentist, chiropractor, dental hygienist, optometrist, pharmacist, physical therapist, podiatrist, psychologist, speech-language pathologist, or audiologist from practicing the person's profession;
8. a school corporation or school employee from acting under IC 34-30-14;
9. a personal services attendant from providing authorized attendant care services under IC 12-10-17.1; or
10. an attendant who provides attendant care services (as defined in IC 16-18-2-28.5).

IC 25-23-1-27.2 Injunction from continuing violation of chapter; punishment  
Sec. 27.2. The attorney general, the board, the prosecuting attorney, or any citizen of any county in which a person violates this article may maintain an action in the name of the state to enjoin the person from continuing in violation of this article. A person who is enjoined and who violates an injunction shall be punished for contempt of court. An injunction issued under this section does not relieve a person from criminal prosecution but is in addition to any remedy provided under criminal law.  
As added by P.L.149-1987, SEC.67.

IC 25-23-1-27.5 Repealed  
(Repealed by Acts 1981, P.L.222, SEC.296.)

IC 25-23-1-28 Repealed  
(Repealed by P.L.134-2008, SEC.52.)

IC 25-23-1-29 Practitioners of Church of Christ Scientist  
Sec. 29. (a) This chapter does not apply to a nurse practicing in accordance with the practice and principles of the body known as the Church of Christ Scientist.
(b) A sanitarium, nursing home, or rest home provided that it is listed and certified by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. does not have to comply with any rule adopted by the board, except a rule that concerns the following:
1. The sanitary and safe conditions of the premises.
2. The cleanliness of operation.
3. The physical equipment.
(c) The chapter does not apply to a person if:
(1) the person is licensed as a nurse in another jurisdiction;
(2) the person is employed by an individual, an agency, or a legal business entity located in that jurisdiction;
(3) the person’s employment responsibilities include transporting a patient between jurisdictions;
(4) no trip made by the person into Indiana for the purpose of transporting a patient lasts more than seventy-two (72) hours; and
(5) the person does not make more than six (6) trips into Indiana for the purpose of transporting a patient during any twelve (12) month period.

IC 25-23-1-30 Nurse anesthetists; prescriptive authority not required to administer anesthetics
Sec. 30. Nothing in this chapter shall be construed as requiring a certified registered nurse anesthetist to obtain prescriptive authority to administer anesthesia under IC 25-22.5-1-2(12).
As added by P.L.185-1993, SEC.11.

IC 25-23-1-31 Rehabilitation of impaired registered nurse or licensed practical nurse; use of information after noncompliance
Sec. 31. (a) As used in this section, “impaired registered nurse or licensed practical nurse” means a registered nurse or licensed practical nurse who has been affected by the use or abuse of alcohol or other drugs.
(b) The board shall assist in the rehabilitation of an impaired registered nurse or licensed practical nurse.
(c) The board may do the following:
(1) Enter into agreements, provide grants, and make other arrangements with statewide nonprofit professional associations, foundations, or other entities specifically devoted to the rehabilitation of impaired health care professionals to identify and assist impaired registered nurses and licensed practical nurses.
(2) Accept and designate grants, public and private financial assistance, and licensure fees to fund programs under subdivision (1) to assist impaired registered nurses and licensed practical nurses.
(d) Except as provided in subsection (f), all:
(1) information furnished to a nonprofit professional association, foundation, or other entity specifically devoted to the rehabilitation of impaired health care professionals, including interviews, reports, statements, and memoranda; and
(2) findings, conclusions, or recommendations that result from a proceeding of the professional association, foundation, or other entity specifically devoted to the rehabilitation of impaired health care professionals;
are privileged and confidential.
(e) The records of a proceeding under subsection (d) may be used only in the exercise of proper functions of the board, and may not become public records or subject to a subpoena or discovery proceeding.
(f) Information received by the board from the board designated rehabilitation program for noncompliance by the registered nurse or licensed practical nurse may be used by the board in any disciplinary or criminal proceedings instituted against the impaired registered nurse or licensed practical nurse.
(g) The board designated rehabilitation program shall:
(1) immediately report to the board the name and results of any contact or investigation concerning an impaired registered nurse or licensed practical nurse who the program believes constitutes a certain, immediate, and impending danger to either the public or the impaired registered nurse or licensed practical nurse; and
(2) in a timely fashion report to the board an impaired registered nurse or licensed practical nurse:
(A) who refuses to cooperate with the program;
(B) who refuses to submit to treatment; or
(C) whose impairment is not substantially or significantly alleviated through treatment, as determined by accepted medical standards.

IC 25-23-1-32 Reserved

IC 25-23-1-33 Professing to be nurse practitioner or clinical nurse specialist; use of title
Sec. 33. (a) An individual may not:
(1) profess to be a nurse practitioner; or
(2) use the title "nurse practitioner";
unless the individual is a nurse practitioner.
(b) An individual may not:
(1) profess to be a clinical nurse specialist; or
(2) use the title "clinical nurse specialist";
unless the individual is a clinical nurse specialist.

IC 25-23-1-34 Impaired nurses account
Sec. 34. (a) The impaired nurses account is established within the state general fund for the purpose of providing money for providing rehabilitation of impaired registered nurses or licensed practical nurses under this article. The account shall be administered by the Indiana professional licensing agency.
(b) Expenses of administering the account shall be paid from money in the account. The account consists of the following:
(1) Funds collected for the rehabilitation of impaired registered nurses and impaired licensed practical nurses under sections 11(e), 12(d), and 16.1(d) of this chapter.
(2) Funds collected under section 31(c)(2) of this chapter.
(3) Fines collected from registered nurses or licensed practical nurses under IC 25-1-9-9(a)(6).
(c) The treasurer of state shall invest the money in the account not stated in subsection (a).
The account shall be administered in the manner as other public money may be invested.
(d) Money in the account is appropriated to the board for the purpose stated in subsection (a).
ARTICLE 23.3. INTERSTATE NURSE LICENSURE COMPACT

Chapter 1. Purpose

Sec. 1. It is the purpose of this compact to allow qualified nurses who are licensed in a compact state to practice nursing in another compact state and to reduce redundant licensing requirements of nurses who practice in multiple states.

As added by P.L.134-2008, SEC.34.

Chapter 2. Definitions

Sec. 1. The definitions in this chapter apply throughout this article.

As added by P.L.134-2008, SEC.34.

Sec. 2. "Adverse action" means a home or remote state action.

As added by P.L.134-2008, SEC.34.

Sec. 3. "Alternative program" means a voluntary, nondisciplinary monitoring program approved by a nurse licensing board.

As added by P.L.134-2008, SEC.34.

Sec. 4. "Board" has the meaning set forth in IC 25-23-1-1.

As added by P.L.134-2008, SEC.34.

Sec. 5. "Coordinated licensure information system" means an integrated process:

(1) for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws; and

(2) administered by a nonprofit organization composed of and controlled by state nurse licensing boards.

As added by P.L.134-2008, SEC.34.

Sec. 6. "Home state" means the party state that is a nurse's primary state of residence.

As added by P.L.134-2008, SEC.34.

Sec. 7. "Home state action" means any administrative, civil, equitable, or criminal action permitted by the home state's laws that are imposed on a nurse by the home state's licensing board, including an action against an individual's license, such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice.

As added by P.L.134-2008, SEC.34.

Sec. 8. "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.

As added by P.L.134-2008, SEC.34.

Sec. 9. "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in that party state. All party states have the authority, in accordance with state due process law, to take actions against a nurse's privilege, such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice.

As added by P.L.134-2008, SEC.34.

Sec. 10. "Nurse" means a registered nurse or licensed practical/vocational nurse as defined by the state practice laws of each party state.

As added by P.L.134-2008, SEC.34.

Sec. 11. "Party state" means any state that has adopted this compact.

As added by P.L.134-2008, SEC.34.

Sec. 12. "Remote state" means a party state, other than the home state:

(1) where a patient is located at the time nursing care is provided; or

(2) in the case of the practice of nursing not involving a patient, in a party state where the recipient of nursing practice is located.

As added by P.L.134-2008, SEC.34.

Sec. 13. "Remote state action" means:

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

(2) cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards of remote states.

As added by P.L.134-2008, SEC.34.

Sec. 14. "State" means a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

As added by P.L.134-2008, SEC.34.

Sec. 15. "State practice laws" means the individual party state's laws and rules that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

As added by P.L.134-2008, SEC.34.

Chapter 3. General Provisions and Jurisdiction

Sec. 1. A license to practice registered nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered
nurse in the party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in the party state. To obtain or retain a license, an applicant must meet the home state’s qualifications for licensure and license renewal and all other applicable state laws. 

As added by P.L.134-2008, SEC.34.

IC 25-23.3-3-2
Sec. 2. A party state may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in the state and may take any other actions under applicable state laws necessary to protect the health and safety of the state’s citizens. If a party state takes such an action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions by remote states.

As added by P.L.134-2008, SEC.34.

IC 25-23.3-3-3
Sec. 3. A nurse practicing in a party state must comply with the state practice laws of the state in which a patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but includes all nursing practice as defined by the state practice laws of a party state. The practice of nursing subjects a nurse to the jurisdiction of the nurse licensing board, the courts, and the laws in that party state.

As added by P.L.134-2008, SEC.34.

IC 25-23.3-3-4
Sec. 4. This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if a license is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

As added by P.L.134-2008, SEC.34.

IC 25-23.3-3-5
Sec. 5. Individuals not residing in a party state continue to be able to apply for nurse licensure as provided under the laws of each party state. However, the license granted to these individuals is not recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

As added by P.L.134-2008, SEC.34.

Indiana Code § 26-23.3-4
Chapter 4. Applications for Licensure in a Party State

IC 25-23.3-4-1
Sec. 1. Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other party state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

As added by P.L.134-2008, SEC.34.

IC 25-23.3-4-2
Sec. 2. A nurse in a party state may hold licensure in only one (1) party state at a time, issued by the home state.

As added by P.L.134-2008, SEC.34.

IC 25-23.3-4-3
Sec. 3. A nurse who intends to change primary state of residence may apply for licensure in the new home state before the change. However, a new license may not be issued by a party state until a nurse provides evidence of change in primary state of residence satisfactory to the new home state’s licensing board.

As added by P.L.134-2008, SEC.34.

IC 25-23.3-4-4
Sec. 4. (a) If a nurse:
(1) changes primary state of residence by moving between two (2) party states; and
(2) obtains a license from the new home state;
the license from the former home state is no longer valid.
(b) If a nurse:
(1) changes primary state of residence by moving from a nonparty state to a party state; and
(2) obtains a license from the new home state;
the individual state license issued by the nonparty state is not affected and remains in force if provided by the laws of the nonparty state.
(c) If a nurse changes primary state of residence by moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without multistate licensure privilege to practice in other party states.

As added by P.L.134-2008, SEC.34.

Indiana Code § 26-23.3-5
Chapter 5. Adverse Actions

IC 25-23.3-5-1
Sec. 1. The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any disciplinary actions taken by the licensing entity or complaints filed by the attorney general, including the factual and legal basis for such actions, if known. The licensing board of a remote state shall promptly report any disciplinary actions taken by the licensing entity or complaints filed by the remote state’s attorney general. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.

As added by P.L.134-2008, SEC.34.

IC 25-23.3-5-2
Sec. 2. The licensing board of a party state has authority to complete any pending investigation for a nurse who changes primary state of residence during the course of the investigation. The licensing board also has authority to take appropriate action and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

As added by P.L.134-2008, SEC.34.

IC 25-23.3-5-3
Sec. 3. A remote state may take adverse action affecting the multistate licensure privilege to practice within the remote state. However, only the home state has authority to impose adverse action against the license issued by the home state.

As added by P.L.134-2008, SEC.34.
IC 25-23.3-5-4
Sec. 4. For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-5-5
Sec. 5. The home state may take adverse action based on the factual findings of a remote state, so long as each state follows its own procedures for imposing such adverse action.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-5-6
Sec. 6. This compact does not override a party state's decision that participation in an alternative program may be used instead of licensure action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require nurses who enter any alternative program to agree not to practice in any other party state during the term of the alternative program without prior authorization from the other party state.
As added by P.L.134-2008, SEC.34.

INDIANA CODE § 26-23.3-6
Chapter 6. Additional Authority Invested in Party State Nurse Licensing Boards

IC 25-23.3-6-1
Sec. 1. Notwithstanding any other powers, a party state nurse licensing board may do the following:
(1) If otherwise permitted by state law, recover from a nurse the costs of investigations and disposition of cases resulting from any adverse action taken against the nurse.
(2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses and the production of evidence from another party state shall be enforced in the latter state by a court with jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and evidence are located.
(3) Issue cease and desist orders to limit or revoke a nurse's authority to practice in the state.
(4) Adopt uniform rules as provided for in IC 25-23.3-8-3.
As added by P.L.134-2008, SEC.34.

INDIANA CODE § 26-23.3-7
Chapter 7. Coordinated Licensure Information System

IC 25-23.3-7-1
Sec. 1. All party states shall participate in a cooperative effort to create a coordinated data base of all licensed registered nurses and licensed practical/vocational nurses. This system must include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-7-2
Sec. 2. All party states’ licensing boards shall promptly report actions against multistate licensure privileges, disciplinary actions taken by the licensing entity or complaints filed by the remote state’s attorney general, denials of applications, and the reasons for such denials to the coordinated licensure information system.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-7-3
Sec. 3. All party states’ licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-7-4
Sec. 4. Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-7-5
Sec. 5. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-7-6
Sec. 6. The compact administrators, acting jointly and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.
As added by P.L.134-2008, SEC.34.

INDIANA CODE § 26-23.3-8
Chapter 8. Compact Administration and Interchange of Information

IC 25-23.3-8-1
Sec. 1. The head of the nurse licensing board of each party state, or that person's designee, shall be the administrator of this compact for that person's state. For purposes of this article, the executive director of the Indiana professional licensing agency or the executive director's designee shall be the administrator of this compact.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-8-2
Sec. 2. The compact administrator of each party state shall furnish to the compact administrator of each other party state any information and documents, including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information, to facilitate the administration of this compact.
As added by P.L.134-2008, SEC.34.
IC 25-23.3-8-3
Sec. 3. Compact administrators may develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by a board under IC 25-23.3-6-1.
As added by P.L.134-2008, SEC.34.

INDIANA CODE § 26-23.3-9
Chapter 9. Immunity

IC 25-23.3-9-1
Sec. 1. Neither a party state nor an officer, employee, or agent of a party state’s nurse licensing board who acts in accordance with this compact is liable on account of any act or omission in good faith while engaged in the performance of duties under this compact. Good faith in this article does not include willful misconduct, gross negligence, or recklessness.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-10-1
Sec. 1. This compact becomes effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-10-2
Sec. 2. No withdrawal affects the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring before the withdrawal. Sec. 3. This compact shall not be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with this compact.
As added by P.L.134-2008, SEC.34.

IC 25-23.3-10-3
Sec. 4. This compact may be amended by the party states. No amendment to this compact becomes effective and binding upon the party states unless and until it is enacted into the laws of all party states.
As added by P.L.134-2008, SEC.34.

INDIANA CODE § 26-23.3-11
Chapter 11. Construction and Severability

IC 25-23.3-11-1
Sec. 1. This compact shall be liberally construed to effectuate its purposes. The provisions of this compact are severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or if the applicability of this compact to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability of this compact to any government, agency, person, or circumstance are not affected thereby. If this compact is held contrary to the constitution of any party state, this compact remains in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to a severable matter.
As added by P.L.134-2008, SEC.34.
Sec. 2. A board, a commission, or a committee may suspend or revoke a license or certificate issued under this title by the board, the commission, or the committee if the individual who holds the license or certificate is convicted of any of the following:

1. Possession of cocaine or a narcotic drug under IC 35-48-4-6.
2. Possession of methamphetamine under IC 35-48-4-6.1.
3. Possession of a controlled substance under IC 35-48-4-7(a).
4. Fraudulently obtaining a controlled substance under IC 35-48-4-7(b).
5. Manufacture of paraphernalia as a Class D felony under IC 35-48-4-8.1(b).
6. Dealing in paraphernalia as a Class D felony under IC 35-48-4-8.5(b).
7. Possession of paraphernalia as a Class D felony under IC 35-48-4-8.3(b).
8. Possession of marijuana, hash oil, or hashish as a Class D felony under IC 35-48-4-11.
10. An offense relating to registration, labeling, and prescription forms under IC 35-48-4-14.
11. Conspiracy under IC 35-41-5-5 to commit an offense listed in subdivisions (1) through (10).
12. Attempt under IC 35-41-5-1 to commit an offense listed in subdivisions (1) through (10).
13. An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under subdivisions (1) through (12).


IC 25-1-1.1-3 Suspension or revocation of license or certificate; conviction for additional drug related offenses
Sec. 3. A board, a commission, or a committee shall revoke or suspend a license or certificate issued under this title by the board, the commission, or the committee if the individual who holds the license or certificate is convicted of any of the following:

1. Dealing in or manufacturing cocaine or a narcotic drug under IC 35-48-4-1.
2. Dealing in methamphetamine under IC 35-48-4-1.1.
3. Dealing in a schedule I, II, or III controlled substance under IC 35-48-4-2.
4. Dealing in a schedule IV controlled substance under IC 35-48-4-3.
5. Dealing in a schedule V controlled substance under IC 35-48-4-4.
6. Dealing in a substance represented to be a controlled substance under IC 35-48-4-4.5.
7. Knowingly or intentionally manufacturing, advertising, distributing, or possessing with intent to manufacture, advertise, or distribute a substance represented to be a controlled substance under IC 35-48-4-4.6.
9. Possession of marijuana, hash oil, or hashish under IC 35-48-4-10(b).
10. Conspiracy under IC 35-41-5-5 to commit an offense listed in subdivisions (1) through (9).
11. Attempt under IC 35-41-5-1 to commit an offense listed in subdivisions (1) through (9).
12. An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under subdivisions (1) through (11).
13. A violation of any federal or state drug law or rule related to wholesale legend drug distributors licensed under IC 25-26-14.
Chapter 1.2. Effect of Delinquency in Child Support Payments on Licensed or Registered Persons


IC 25-1-1.2-1 "Applicant" defined
Sec. 1. As used in this chapter, "applicant" means a person who applies for:
(1) an unlimited license, certificate, registration, or permit;
(2) a limited or probationary license, certificate, registration, or permit;
(3) a temporary license, certificate, registration, or permit; or
(4) an intern permit;
issued by a board regulating a profession or an occupation.

IC 25-1-1.2-2 "Board" defined
Sec. 2. As used in this chapter, "board" means an entity that regulates occupations or professions under this title and the department of education established by IC 20-19-3-1.

IC 25-1-1.2-3 "Bureau" defined
Sec. 3. As used in this chapter, "bureau" means the child support bureau established by IC 31-25-3-1.

IC 25-1-1.2-4 "Delinquent" defined
Sec. 4. As used in this chapter, "delinquent" means at least:
(1) two thousand dollars ($2,000); or
(2) three (3) months;
past due on payment of court ordered child support.

IC 25-1-1.2-5 "License" defined
Sec. 5. As used in this chapter, "license" has the meaning set forth in IC 25-1-2-6.

IC 25-1-1.2-6 "Practitioner" defined
Sec. 6. As used in this chapter, "practitioner" means a person that holds:
(1) an unlimited license, certificate, registration, or permit;
(2) a limited or probationary license, certificate, registration, or permit;
(3) a temporary license, certificate, registration, or permit; or
(4) an intern permit;
issued by a board regulating a profession or an occupation.

IC 25-1-1.2-7 Order for suspension or denial of license; notice to practitioner; contents; reinstatement
Sec. 7. (a) Upon receiving an order of a court issued under IC 31-14-12-5 or IC 31-16-12-8 (or IC 31-1-11.5-13(k) or IC 31-6-6.1-16(k) before their repeal), the board shall:
(1) suspend the license of the practitioner; or
(2) deny the application of the applicant;
who is the subject of the order.
(b) Upon receiving an order of a court issued under IC 31-14-12-5 or IC 31-16-12-8 (or IC 31-1-11.5-13(k) or IC 31-6-6.1-16(k) before their repeal), the board shall promptly mail a notice to the last known address of the person who is the subject of the order, stating the following:
(1) That the practitioner's license has been suspended, beginning five (5) business days after the date the notice is mailed, and that the suspension will terminate ten (10) business days after the board receives an order allowing reinstatement from the court that issued the suspension order.
(2) That the practitioner has the right to petition for reinstatement of the practitioner's license to the court that issued the order for suspension.
(c) The board may not reinstate a license suspended under this section until the board receives an order allowing reinstatement from the court that issued the order for suspension.

IC 25-1-1.2-8 Notice of delinquency; contents; delinquency finding; probationary status; suspension; reinstatement
Sec. 8. (a) The board shall, upon receiving an order from the bureau under IC 31-25-4-32(e), send a notice to the practitioner identified by the bureau that includes the following:
(1) Specifies that the practitioner is delinquent and is subject to an order placing the practitioner on probationary status.
(2) Describes the amount of child support that the practitioner is in arrears.
(3) Explains that unless the practitioner contacts the bureau and:
  (A) pays the practitioner's child support arrearage in full;
  (B) establishes a payment plan with the bureau to pay the arrearage, which must include an income withholding order under IC 31-16-15-2 or IC 31-16-15-2.5; or
  (C) requests a hearing under IC 31-25-4-33;
within twenty (20) days after the date the notice is mailed, the board shall place the practitioner on probationary status.
(4) Explains that the practitioner may contest the bureau's determination that the practitioner is delinquent and subject to an order placing the practitioner on probationary status by making written application to the bureau within twenty (20) days after the date the notice is mailed.
(5) Explains that the only basis for contesting the bureau's determination that the practitioner is delinquent and subject to an order placing the practitioner on probationary status is a mistake of fact.
(6) Explains the procedures to:
  (A) pay the practitioner's child support arrearage in full;
  (B) establish a payment plan with the bureau to pay the arrearage, which must include an income withholding order under IC 31-16-15-2 or IC 31-16-15-2.5;
  (C) request a hearing under IC 31-25-4-33.
(7) Explains that the probation will terminate ten (10) business days after the board receives a notice from the bureau that the practitioner has:
  (A) paid the practitioner's child support arrearage in full; or
  (B) established a payment plan with the bureau to pay the arrearage which includes an income withholding order under IC 31-16-15-2 or IC 31-16-15-2.5.
(b) If the board is advised by the bureau that the practitioner either requested a hearing and failed to appear or appeared and was found to be delinquent, the board shall promptly mail a notice to the practitioner who is the subject of the order stating the following:
(1) That the practitioner's license has been placed on probationary status, beginning five (5) business days after the date the notice is
mailed, and that the probation will terminate ten (10) business days after the board receives a notice from the bureau that the person has:

(A) paid the person's child support arrearage in full; or
(B) established a payment plan with the bureau to pay the arrearage which includes an income withholding order under IC 31-16-15-2 or IC 31-16-15-2.5.

(2) That if the board is advised by the bureau that the practitioner whose license has been placed on probationary status has failed to:

(A) pay the person's child support arrearage in full; or
(B) establish a payment plan with the bureau to pay the arrearage which includes an income withholding order under IC 31-16-15-2 or IC 31-16-15-2.5.
within twenty (20) days after the date the notice is mailed, the board shall suspend the practitioner's license.

(c) If the board is advised by the bureau that the practitioner whose license has been placed on probationary status has failed to:

(1) pay the person's child support arrearage in full; or
(2) establish a payment plan with the bureau to pay the arrearage which includes an income withholding order under IC 31-16-15-2 IC 31-16-15-2.5;
within twenty (20) days after the date the notice is mailed, the board shall suspend the practitioner's license.

(d) The board may not reinstate a license or permit placed on probation or suspended under this section until the board receives a notice from the bureau that the person has:

(1) paid the person's child support arrearage in full; or
(2) established a payment plan with the bureau to pay the arrearage which includes an income withholding order under IC 31-16-15-2 or IC 31-16-15-2.5.


IC 25-1-1.2-9 Repealed
(Repealed by P.L.23-1996, SEC.33.)

IC 25-1-1.2-10 Repealed
(Repealed by P.L.23-1996, SEC.33.)

INDIANA CODE § 25-1-2

Chapter 2. Renewal of Licenses Granted by State Agencies. Notice of Expiration

IC 25-1-2-1 Declaration of intent
Sec. 1. It is the declared intent of the general assembly by the enactment of this law to require those agencies which are authorized to issue the licenses designated in section 2.1 of this chapter, in the interests of efficiency and economy in the administration of government, to issue such designated permits, licenses, certificates of registration, and other evidences of compliance with statute or regulation, and renewals thereof, for periods of two (2) years duration rather than upon an annual basis, and at the time of issuance or reissuance, or at the time designated by law for the collection of fees therefore, to require the payment of such fees for a period of two (2) years rather than for one (1) year.

(Formerly: Acts 1961, c.79, s.1.) As amended by P.L.1-1990, SEC.246.

IC 25-1-2-2 Repealed
(Repealed by P.L.1-1990, SEC.247.)

IC 25-1-2-2.1 Two year or longer period for certain licenses
Sec. 2.1. Rather than being issued annually, the following permits, licenses, certificates of registration, or evidences of authority granted by a state agency must be issued for a period of two (2) years or for the period specified in the article under which the permit, license, certificate of registration, or evidence of authority is issued if the period specified in the article is longer than two (2) years:

(1) Certified public accountants, public accountants, and accounting practitioners.
(2) Architects and landscape architects.
(3) Dry cleaners.
(4) Professional engineers.
(5) Land surveyors.
(6) Real estate brokers.
(7) Real estate agents.
(8) Security dealers' licenses issued by the securities commissioner.
(9) Dental hygienists.
(10) Dentists.
(11) Veterinarians.
(12) Physicians.
(13) Chiropractors.
(14) Physical therapists.
(15) Optometrists.
(16) Pharmacists and assistants, drugstores or pharmacies.
(17) Motels and mobile home community licenses.
(18) Nurses.
(19) Podiatrists.
(20) Occupational therapists and occupational therapy assistants.
(21) Respiratory care practitioners.
(22) Social workers, marriage and family therapists, and mental health counselors.
(23) Real estate appraiser licenses and certificates issued by the real estate appraiser licensure and certification board.
(25) Physician assistants.
(26) Dietitians.
(27) Hypnotists.
(28) Athlete agents.
(29) Manufactured home installers.
(30) Home inspectors.
(31) Massage therapists.


IC 25-1-2-3 Authorization to issue and reissue two year licenses
Sec. 3. Effective October 1, 1961, such licensing agencies as are authorized to issue any of the foregoing shall issue and reissue such licenses and collect the fees for the same on the basis of two (2) years and the dates by month and day which govern the issuance or reissuance of licenses for one (1) year shall govern the issuance or reissuance of licenses for two (2) years; provided, that entire fees for a two (2) year period shall be payable before issuance thereof on the day and month designated for payment of fees for one (1) year licenses.


IC 25-1-2-4 Rebates and proration of fees
Sec. 4. Rebates and proration of fees for fractions of a biennium shall be allowed only with respect to the second year of such license if claim be made therefor before the expiration of the first year for which the license was issued.

(Formerly: Acts 1961, c.79, s.4.)
IC 25-1-2-5 Rules and regulations
Sec. 5. Notice shall be given and forms prepared by such licensing agencies as necessary to execute the provisions of this chapter and in order to expedite and effectuate the conversion from one (1) year licensing periods to those of two (2) years, such licensing agencies may adopt and promulgate such rules and regulations they may deem necessary in the manner prescribed by law.

IC 25-1-2-6 Definitions; application of section; notice to licensee of need to renew
Sec. 6. (a) As used in this section, "licensee" includes all occupational and professional licenses, registrations, permits, and certificates issued under the Indiana Code, and "licensee" includes all occupational and professional licensees, registrants, permittees, and certificate holders regulated under the Indiana Code.
(b) This section applies to the following entities that regulate occupations or professions under the Indiana Code:
(1) Indiana board of accountancy.
(2) Indiana grain buyers and warehouse licensing agency.
(3) Indiana auctioneer commission.
(4) Board of registration for architects and landscape architects.
(5) State board of barber examiners.
(6) State board of cosmetology examiners.
(7) Medical licensing board of Indiana.
(8) Secretary of state.
(9) State board of dentistry.
(10) State board of funeral and cemetery service.
(11) Worker's compensation board of Indiana.
(12) Indiana state board of health facility administrators.
(13) Committee of hearing aid dealer examiners.
(14) Indiana state board of nursing.
(15) Indiana optometry board.
(16) Indiana board of pharmacy.
(17) Indiana plumbing commission.
(18) Board of podiatric medicine.
(19) Private investigator and security guard licensing board.
(20) State board of registration for professional engineers.
(21) Board of environmental health specialists.
(22) State psychology board.
(23) Indiana real estate commission.
(24) Speech-language pathology and audiology board.
(25) Department of natural resources.
(26) State boxing commission.
(27) Board of chiropractic examiners.
(28) Mining board.
(29) Indiana board of veterinary medical examiners.
(30) State department of health.
(31) Indiana physical therapy committee.
(32) Respiratory care committee.
(33) Occupational therapy committee.
(34) Social worker, marriage and family therapist, and mental health counselor board.
(35) Real estate appraiser licensure and certification board.
(36) State board of registration for land surveyors.
(37) Physician assistant committee.
(38) Indiana dietitians certification board.
(39) Indiana hypnotist committee.
(40) Attorney general (only for the regulation of athlete agents).
(41) Manufactured home installer licensing board.
(42) Home inspectors licensing board.
(43) State board of massage therapy.
(44) Any other occupational or professional agency created after June 30, 1981.
(c) Notwithstanding any other law, the entities included in subsection (b) shall send a notice of the upcoming expiration of a license to each licensee at least sixty (60) days prior to the expiration of the license. The notice must inform the licensee of the need to renew and the requirement of payment of the renewal fee. If this notice of expiration is not sent by the entity, the licensee is not subject to a sanction for failure to renew if, once notice is received from the entity, the license is renewed within forty-five (45) days of the receipt of the notice.

IC 25-1-2-7 Application of IC 25-1-2-6
Sec. 7. Section 6 of this chapter applies to the mining board (IC 22-10-1.5-2).
As added by P.L.37-1985, SEC.56.

IC 25-1-2-8 Application of chapter; fees
Sec. 8. This chapter applies to the imposition and collection of fees under the following:
IC 14-24-10
IC 16-19-5-2
IC 25-30-1-17
IC 33-42-2-1.

IC 25-1-2-9 Repealed
(Repealed by P.L.194-2005, SEC. 87.)

INDIANA CODE § 25-1-3

Chapter 3. Civil Immunity of Regulatory Agencies

IC 25-1-3-1 Definitions
Sec. 1. (a) As used in this chapter, the term "regulatory board" means any state board, commission, or state agency which licenses persons in order to regulate the practice of a particular profession or professions.
(b) As used in this chapter, the term "board members" means members of a regulatory board.
(c) As used in this chapter, the term "secretary" means the executive secretary or other person charged with the administration of the affairs of a regulatory board.
(Formerly: Acts 1975, P.L.268, SEC.1.)

IC 25-1-3-2 Extent of immunity from civil liability
Sec. 2. The board members, the secretary, his staff, counsel, investigators and hearing officer of every regulatory board, except as provided in section 4 of this chapter, shall be immune from civil liability for damages for conduct within the scope and arising out of the performance of their duties. This section shall not be construed to include civil actions for damages not directly related to the investigative process and shall
apply only to the process for the finding of fact of the regulatory board.  
(Formerly: Acts 1975, P.L.268, SEC.1.)

IC 25-1-3-3 Immunity from civil liability; statements in course of investigatory hearing or review proceedings

Sec. 3. Any person shall be immune from civil liability for damages for any sworn or written statements, made without malice, and transmitted to the regulatory board, executive secretary, or his staff, or made in the course of investigatory, hearing or review proceedings.  
(Formerly: Acts 1975, P.L.268, SEC.1.)

IC 25-1-3-4 Regulatory boards covered

Sec. 4. The provisions of this chapter extend to every regulatory board of the state except the disciplinary commission of the supreme court of Indiana which is protected under IC 1971, 33-2-3-1.  
(Formerly: Acts 1975, P.L.268, SEC.1.)

INDIANA CODE § 25-1-5

Chapter 5. Professional Licensing Agency

IC 25-1-5-1 Centralization of staff, functions, and services; purpose

Sec. 1. The centralization of staff, functions, and services contemplated by this chapter shall be done in such a way as to enhance the Indiana professional licensing agency's ability to:  
(1) make maximum use of data processing as a means of more efficient operation; and  
(2) provide more services and carry out functions of superior quality.  

IC 25-1-5-2 Definitions

Sec. 2. As used in this chapter:  
(1) "Agency" means the Indiana professional licensing agency established by section 3 of this chapter.  
(2) "Board" means any agency, board, advisory committee, or group included in section 3 of this chapter.  

IC 25-1-5-3 Indiana professional licensing agency; functions, duties, and responsibilities

Sec. 3. (a) There is established the Indiana professional licensing agency. The agency shall perform all administrative functions, duties, and responsibilities assigned by law or rule to the executive director, secretary, or other statutory administrator of the following:  
(1) Board of chiropractic examiners (IC 25-10-1).  
(2) State board of dentistry (IC 25-14-1).  
(3) Indiana state board of health facility administrators (IC 25-19-1).  
(4) Medical licensing board of Indiana (IC 25-22-5-2).  
(5) Indiana state board of nursing (IC 25-23-1).  
(6) Indiana optometry board (IC 25-24).  
(7) Indiana board of pharmacy (IC 25-26).  
(8) Board of podiatric medicine (IC 25-29-2-1).  
(9) Board of environmental health specialists (IC 25-32).  
(10) Speech-language pathology and audiology board (IC 25-35-6-2).  
(11) State psychology board (IC 25-33).  
(12) Indiana board of veterinary medical examiners (IC 25-38-1-2).  
(13) Controlled substances advisory committee (IC 35-48-2-1).  
(14) Committee of hearing aid dealer examiners (IC 25-20).  
(15) Indiana physical therapy committee (IC 25-27).  
(16) Respiratory care committee (IC 25-34-5).  
(17) Occupational therapy committee (IC 25-23-5).  
(18) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23-6).  
(19) Physician assistant committee (IC 25-27-5).  
(20) Indiana athletic trainers board (IC 25-5-1-2-1).  
(21) Indiana dietitians certification board (IC 25-14-5-2-1).  
(22) Indiana hypnotist committee (IC 25-20-5-1-7).  
(b) Nothing in this chapter may be construed to give the agency policy making authority, which authority remains with each board.  

IC 25-1-5-4 Additional duties and functions; staff

Sec. 4. (a) The agency shall employ necessary staff, including specialists and professionals, to carry out the administrative duties and functions of the boards, including but not limited to:  
(1) notice of board meetings and other communication services;  
(2) recordkeeping of board meetings, proceedings, and actions;  
(3) recordkeeping of all persons licensed, regulated, or certified by a board;  
(4) administration of examinations; and  
(5) administration of license or certificate issuance or renewal.  
(b) In addition the agency:  
(1) shall prepare a consolidated statement of the budget requests of all the boards in section 3 of this chapter;  
(2) may coordinate licensing or certification renewal cycles, examination schedules, or other routine activities to efficiently utilize agency staff, facilities, and transportation resources, and to improve accessibility of board functions to the public; and  
(3) may consolidate, where feasible, office space, recordkeeping, and data processing services.  
(c) In administering the renewal of licenses or certificates under this chapter, the agency shall send a notice of the upcoming expiration of a license or certificate to each holder of a license or certificate at least sixty (60) days before the expiration of the license or certificate. The notice must inform the holder of the license or certificate of the need to renew and the requirement of payment of the renewal fee. If this notice of expiration is not sent by the agency, the holder of the license or certificate is not subject to a sanction for failure to renew if, once notice is received from the agency, the license or certificate is renewed within forty-five (45) days after receipt of the notice.  
(d) In administering an examination for licensure or certification, the agency shall make the appropriate application forms available at least thirty (30) days before the deadline for submitting an application to all persons wishing to take the examination.  
(e) The agency may require an applicant for license renewal to submit evidence proving that:  
(1) the applicant continues to meet the minimum requirements for licensure; and  
(2) the applicant is not in violation of:  
(A) the statute regulating the applicant's profession; or  
(B) rules adopted by the board regulating the applicant's profession.  
(f) The agency shall process an application for renewal of a license or certificate:  
(1) not later than ten (10) days after the agency receives all required forms and evidence; or
abandonment of an application is considered a new application for additional thirty (30) day periods. An application submitted after the board may, for good cause shown, extend the validity of the application year after the date on which the application was filed. However, the complete the requirements to complete the application within one (1) abandoned without an action of the board, if the applicant does not the affected board or committee.


IC 25-1-5-5 Executive Director
Sec. 5. (a) The agency shall be administered by an executive director appointed by the governor who shall serve at the will and pleasure of the governor.
(b) The executive director must be qualified by experience and training.
(c) The term "executive director" or "secretary", or any other statutory term for the administrative officer of a board listed in section 3 of this chapter, means the executive director of the agency or the executive director's designee.
(d) The executive director is the chief fiscal officer of the agency and is responsible for hiring of all staff, and for procurement of all services and supplies in accordance with IC 5-22. The executive director and the employees of the agency are subject to IC 4-15-1.8 but are not under IC 4-15-2. The executive director may appoint not to exceed three (3) deputy directors, who must be qualified to work for the boards which are served by the agency.
(e) The executive director shall execute a bond payable to the state, with surety to consist of a surety or guaranty corporation qualified to do business in Indiana, in an amount fixed by the state board of accounts, conditioned upon the faithful performance of duties and the accounting for all money and property that come into the executive director's hands or under the executive director's control. The executive director may likewise cause any employee of the agency to execute a bond if that employee receives, disburse, or in any way handles funds or property of the agency. The costs of any such bonds shall be paid from funds available to the agency.
(f) The executive director may present to the general assembly legislative recommendations regarding operations of the agency and the boards it serves, including adoption of four (4) year license or certificate renewal cycles wherever feasible.
(g) The executive director may execute orders, subpoenas, continuances, and other legal documents on behalf of a board or committee when requested to do so by the board or committee.

IC 25-1-5-6 Executive director; representatives; staff placement
Sec. 6. (a) The executive director may designate certain employees of the agency to represent the executive director of the agency at the board meetings, proceedings, or other activities of the board. (b) The executive director shall assign staff to individual boards and shall work with the boards to ensure efficient utilization and placement of staff. As added by Acts 1981, P.L.222, SEC.2. Amended by P.L.169-1985, SEC.27; P.L. 206-2005, SEC. 6.

IC 25-1-5-7 Repealed
(Repealed by P.L.186-1990, SEC.17.)

IC 25-1-5-8 Repealed
(Repealed by P.L. 206-2005, SEC. 15)

IC 25-1-5-9 Submission of certified document as proof of required diploma
Sec. 9. If a board or committee requires an applicant for a certificate or license to submit a certified copy of a diploma showing that the applicant graduated from a school or program as a condition for certification or licensure, the applicant may satisfy this requirement by submitting another certified document that shows that the applicant graduated from
or received the required diploma from the applicable school or program.  
As added by P.L.177-1996, SEC.1.

IC 25-1-5-10 Provider profiles
Sec. 10. (a) As used in this section, "provider" means an individual licensed, certified, registered, or permitted by any of the following:
(1) Board of chiropractic examiners (IC 25-10-1).
(2) State board of pharmacy (IC 25-26).
(3) State board of barber examiners (IC 25-7-5-1).
(4) State board of boxing commission (IC 25-9-1).
(5) Indiana state board of health facility administrators (IC 25-19-1).
(6) Indiana state board of nursing (IC 25-23-1).
(7) Indiana optometry board (IC 25-24).
(8) Board of podiatric medicine (IC 25-29-2-1).
(9) Board of environmental health specialists (IC 25-32-1).
(10) Speech-language pathology and audiology board (IC 25-35.6-2).
(11) State psychology board (IC 25-33).
(12) Indiana board of veterinary medical examiners (IC 25-38.1-2).
(13) Indiana physical therapy committee (IC 25-27).
(14) Respiratory care committee (IC 25-34.5).
(15) Occupational therapy committee (IC 25-23.5).
(16) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).
(17) Physician assistant committee (IC 25-27.5).
(18) Indiana athletic trainers board (IC 25-5.1-2-1).
(19) Indiana dietitians certification board (IC 25-14.5-2-1).
(20) Indiana hypnotist committee (IC 25-20.5-1-7).
(b) The agency shall create and maintain a provider profile for each provider described in subsection (a).
(c) A provider profile must contain the following information:
(1) The provider's name.
(2) The provider's license, certification, registration, or permit number.
(3) The provider's license, certification, registration, or permit type.
(4) The date the provider's license, certification, registration, or permit was issued.
(5) The date the provider's license, certification, registration, or permit expires.
(6) The current status of the provider's license, certification, registration, or permit.
(7) The provider's city and state of record.
(8) A statement of any disciplinary action taken against the provider within the previous ten (10) years by a board or committee described in subsection (a).
(d) The agency shall make provider profiles available to the public.
(e) The computer gateway administered by the office of technology established by IC 4-13.1-2-1 shall make the information described in subsection (c) generally available to the public on the Internet.
(f) The agency may adopt rules under IC 4-22-2 to implement this section.  

IC 25-1-5-11 Provision of Social Security number; access to numbers
Sec. 11. (a) An individual who applies for a license issued by a board under this chapter or who holds a license issued by a board under this chapter shall provide the individual's Social Security number to the agency.
(b) The agency and the boards shall collect and release the applicant's or licensee's Social Security number as provided in state or federal law.  
(c) Notwithstanding IC 4-1-10-3, the agency and the boards may allow access to the Social Security number of each person who is licensed or received the required diploma from the applicable school or program.  
As added by P.L.157-2006, SEC.18.

INDIANA CODE § 25-1-7

Chapter 7. Investigation and Prosecution of Complaints Concerning Regulated Occupations

IC 25-1-7-1 Definitions
Sec. 1. As used in this chapter:
"Board" means the appropriate agency listed in the definition of regulated occupation in this section.
"Director" refers to the director of the division of consumer protection.
"Division" refers to the division of consumer protection, office of the attorney general.
"Licensee" means a person who is:
(1) licensed, certified, or registered by a board listed in this section; and
(2) the subject of a complaint filed with the division.
"Person" means an individual, a partnership, a limited liability company, or a corporation.
"Regulated occupation" means an occupation in which a person is licensed, certified, or registered by one (1) of the following:
(1) Indiana board of accountancy (IC 25-2.1-2-1).
(2) Board of registration for architects and landscape architects (IC 25-4-1-2).
(3) Indiana auctioneer commission (IC 25-6.1-2-1).
(4) State board of barber examiners (IC 25-7-5-1).
(5) State boxing commission (IC 25-9-1).
(6) Board of chiropractic examiners (IC 25-10-1).
(7) State board of cosmetology examiners (IC 25-8-3-1).
(8) State board of dentistry (IC 25-14-1).
(9) State board of funeral and cemetery service (IC 25-15-9).
(10) State board of registration for professional engineers (IC 25-31-1-3).
(11) Indiana state board of health facility administrators (IC 25-19-1).
(12) Medical licensing board of Indiana (IC 25-22.5-2).
(13) Indiana state board of nursing (IC 25-23-1).
(14) Indiana optometry board (IC 25-24).
(15) Indiana board of pharmacy (IC 25-26).
(16) Indiana plumbing commission (IC 25-28.5-1-3).
(17) Board of podiatric medicine (IC 25-29-2-1).
(18) Board of environmental health specialists (IC 25-32-1).
(19) State psychology board (IC 25-33).
(20) Speech-language pathology and audiology board (IC 25-35.6-2).
(21) Indiana real estate commission (IC 25-34.1-2).
(22) Indiana board of veterinary medical examiners (IC 25-38.1).
(23) Department of natural resources for purposes of licensing water well drillers under IC 25-39-3.

IC 25-1-7-2 Duties of attorney general
Sec. 2. The office of the attorney general, under the conditions specified in this chapter, may receive, investigate, and prosecute complaints concerning regulated occupations.

IC 25-1-7-3 Investigation of complaints
Sec. 3. The division is responsible for the investigation of complaints concerning licenses.

IC 25-1-7-4 Complaints; requisites; standing
Sec. 4. All complaints must be written and signed by the complainant and initially filed with the director. Except for employees of the attorney general's office acting in their official capacity, a complaint may be filed by any person, including members of any of the boards listed in section 1 of this chapter.

IC 25-1-7-5 Duties and powers of director
Sec. 5. (a) Subsection (b)(1) does not apply to:
(1) A complaint filed by:
(A) a member of any of the boards listed in section 1 of this chapter; or
(B) the Indiana professional licensing agency; or
(2) a complaint filed under IC 25-1-5-4.
(b) The director has the following duties and powers:
(1) The director shall make an initial determination as to the merit of each complaint. A copy of a complaint having merit shall be submitted to the board having jurisdiction over the licensee's regulated occupation that board thereby acquiring jurisdiction over the matter except as otherwise provided in this chapter.
(2) The director shall through any reasonable means notify the licensee of the nature and ramifications of the complaint and of the duty of the board to attempt to resolve the complaint through negotiation.
(3) The director shall report any pertinent information regarding the status of the complaint to the complainant.
(4) The director may investigate any written complaint against a licensee. The investigation shall be limited to those areas in which there appears to be a violation of statutes governing the regulated occupation.
(5) The director has the power to subpoena witnesses and to send for and compel the production of books, records, papers, and documents for the furtherance of any investigation under this chapter. The circuit or superior court located in the county where the subpoena is to be issued shall enforce any such subpoena by the director.

IC 25-1-7-6 Statement of settlement; period of time to resolve
Sec. 6. (a) This section does not apply to:
(1) a complaint filed by:
(A) a member of any of the boards listed in section 1 of this chapter; or
(B) the Indiana professional licensing agency; or
(2) a complaint filed under IC 25-1-5-4.
(b) If, at any time before the director files the director's recommendations with the attorney general, the board files with the director a statement signed by the licensee and the complainant that the complaint has been resolved, the director shall not take further action.
For a period of thirty (30) days after the director has notified the board and the licensee that a complaint has been filed, the division shall not conduct any investigation or take any action whatsoever, unless requested by the board. If, during the thirty (30) days, the board requests an extension of the thirty (30) day period, the director shall grant it for a period not exceeding an additional twenty (20) days. If at any time during the thirty (30) day period or an extension thereof, the board notifies the director of its intention not to proceed further to resolve the complaint, the division may proceed immediately under this chapter. For every purpose of this section, a board may designate a board member or staff member to act on behalf of or in the name of the board.

IC 25-1-7-7 Disciplinary sanctions; report to attorney general; prosecution; hearing officer
Sec. 7. (a) If there has been no statement of settlement filed by the board under section 6 of this chapter, and if, after conducting an investigation, the director believes that the licensee should be subjected to disciplinary sanctions by the board of his regulated occupation, then he shall so report to the attorney general. Upon receiving the director's report, the attorney general may prosecute the matter, on behalf of the state of Indiana, before the board. The board may designate any person as a hearing officer to hear the matter.
(b) Notwithstanding subsection (a) of this section, if the board by majority vote so requests, the attorney general shall prosecute the matter before the board, on behalf of the state of Indiana.
IC 25-1-7-8 Witnesses
Sec. 8. At the hearing, the board or hearing officer may call witnesses in addition to those presented by the state or the licensee. As added by Acts 1981, P.L.222, SEC.4.

IC 25-1-7-9 Disqualification of board member
Sec. 9. A board member is disqualified from any consideration of the case if the board member filed the complaint or participated in negotiations regarding the complaint. The board member is not disqualified from the board's final determination solely because the board member was the hearing officer or determined the complaint and the information pertaining to the complaint was current significant investigative information (as defined by IC 25-23.2-1-5 (Repealed)). As added by Acts 1981, P.L.222, SEC.4. Amended by P.L.181-2002, SEC.1; P.L.1-2007, SEC.166.

IC 25-1-7-10 Confidentiality of complaints and information
Sec. 10. (a) All complaints and information pertaining to the complaints shall be held in strict confidence until the attorney general files notice with the board of the attorney general's intent to prosecute the licensee.
(b) A person in the employ of the office of attorney general or any of the boards, or any person not a party to the complaint, may not disclose or further a disclosure of information concerning the complaint unless the disclosure is required:
(1) under law; or
(2) for the advancement of an investigation.

IC 25-1-7-11 Administrative orders and procedures
Sec. 11. Nothing in this chapter limits the rights of the licensee or the state under IC 4-21.5.

IC 25-1-7-12 Reimbursement of attorney general
Sec. 12. (a) If:
(1) a fund is created by statute for the payment of an unpaid judgment against a licensee; and
(2) the office of the attorney general is required by statute to provide services to the boards that administer the funds described in subdivision (1);
the office of the attorney general is entitled to reimbursement for the costs incurred in providing the services described in subdivision (2).
(b) If:
(1) more than one (1) fund is established by statute for the payment of an unpaid judgment against a licensee; and
(2) the office of the attorney general is entitled to reimbursement under subdivision (a);
the funds for reimbursement shall be taken in equal amounts from each of the funds described in subdivision (1).
As added by P.L.255-1987, SEC.1.

IC 25-1-7-13 Reports; contents
Sec. 13. The office of the attorney general shall submit to each board, at the request of the board, a report that includes the following information concerning that regulated occupation:
(1) The number of complaints filed.
(2) The number of cases currently under investigation.
(3) The number of cases closed.
(4) The number of cases resolved.
(5) The age of the complaints.
As added by P.L.177-1997, SEC.1.
administration of examinations, a board or committee may employ professionals for testing; examination on a quadrennial cycle; refunds

Sec. 3. (a) Examination of applicants for licensure, registration, or certification.
(b) Issuance, renewal, or transfer of a license, registration, or certificate.
(c) Restoration of an expired license, registration, or certificate when such action is authorized by law.
(d) Issuance of licenses by reciprocity or endorsement for out-of-state applicants.
(e) Issuance of board or committee reciprocity or endorsements for practitioners licensed, certified, or registered in Indiana who apply to another state for a license.

No fee shall be less than twenty-five dollars ($25) unless the fee is collected under a rule adopted by the board which sets a fee for miscellaneous expenses incurred by the board on behalf of the practitioners the board regulates.

(b) Fees established by statute shall remain in effect until replaced by a new fee adopted by rule under this section.
(c) In no case shall the fees be less than are required to pay all of the costs, both direct and indirect, of the operation of the board.
(d) For the payment of fees, a board shall accept cash, a draft, a money order, a cashier's check, and a certified or other personal check. If a board receives an uncertified personal check for the payment of a fee and if the check does not clear the bank, the board may void the license, registration, or certificate for which the check was received.
(e) Unless designated by rule, a fee is not refundable.
(f) A board shall charge a fee of not more than ten dollars ($10) for the issuance of a duplicate license, registration, or certificate.


IC 25-1-8-3 Quadrennial license or registration cycle; refunds

Sec. 3. (a) A board, operating on a quadrennial license, registration, or certificate renewal cycle, shall refund one-half (1/2) of the amount of the license, registration, or certificate fee if the holder of the license, registration, or certificate surrenders it at least two (2) years before it expires.
(b) This section does not apply to the holder of a license, registration, or certificate revoked or suspended by the board.


IC 25-1-8-4 Quadrennial license renewal system

Sec. 4. (a) Notwithstanding any law establishing a biennial license renewal system, a board operating on such a system may by rule establish a quadrennial license renewal system.
(b) If a board establishes a quadrennial license renewal system, it may provide for a reduction in the fees for the four (4) year license.


IC 25-1-8-5 Employment of professionals for testing; examination on statutes, rules, and regulations; standards of review

Sec. 5. (a) Notwithstanding any statutory provisions regarding the administration of examinations, a board or committee may employ organizations or additional professionals to assist in the preparation, administration, and scoring of licensing examinations.
(b) A board or committee may require applicants for licensure, certification, or registration by examination, endorsement, or reciprocity to pass a test on the state or federal statutes, state rules, and federal regulations that the board or committee determines by rule to be relevant to the practice of a regulated profession.
(c) A board or committee may enter into a contract with a testing company or national association to set the standards of review for an examination by an applicant for licensure, certification, or registration.

The standards of review may include:
(1) setting fees for review;
(2) requiring that an examination remain confidential; and
(3) prohibiting the release of the examination or copies of the examination.


IC 25-1-8-6 Reinstatement of delinquent or lapsed licenses

Sec. 6. (a) As used in this section, "board" means any of the following:
(1) Indiana board of accountancy (IC 25-2.1-2-1).
(2) Board of registration for architects and landscape architects (IC 25-4-1-2).
(3) Indiana athletic trainers board (IC 25-5.1-2-1).
(4) Indiana auctioneer commission (IC 25-6.1-2-1).
(5) State board of barber examiners (IC 25-7.5-1-5).
(6) State boxing commission (IC 25-9-9-1).
(7) Board of chiropractic examiners (IC 25-10-1).
(8) State board of cosmetology examiners (IC 25-8-3-1).
(9) State board of dentistry (IC 25-14-1).
(10) Indiana dietitians certification board (IC 25-14.5-2-1).
(11) State board of registration for professional engineers (IC 25-31-1-3).
(12) Board of environmental health specialists (IC 25-32-1).
(13) State board of funeral and cemetery service (IC 25-15-9).
(14) Indiana state board of health facility administrators (IC 25-19-1).
(15) Committee of hearing aid dealers (IC 25-20-1-1.5).
(16) State board of registration for land surveyors (IC 25-21.5-2-1).
(17) Manufactured home installer licensing board (IC 25-23.7).
(18) Medical licensing board of Indiana (IC 25-22.5-2).
(19) Indiana state board of nursing (IC 25-23-1).
(20) Occupational therapy committee (IC 25-23.5).
(21) Indiana optometry board (IC 25-24).
(22) Indiana board of pharmacy (IC 25-26).
(23) Indiana physical therapy committee (IC 25-27).
(24) Physician assistant committee (IC 25-27.5).
(25) Indiana plumbing commission (IC 25-28.5-1-3).
(26) Board of podiatric medicine (IC 25-29-2-1).
(27) Private investigator and security guard licensing board (IC 25-30-1-5-2).
(28) State psychology board (IC 25-33).
(29) Indiana real estate commission (IC 25-34-1-2).
(30) Real estate appraiser licensure and certification board (IC 25-34-1-8).
(31) Respiratory care committee (IC 25-34.5).
(32) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).
(33) Speech-language pathology and audiology board (IC 25-35-6-2).
(34) Indiana board of veterinary medical examiners (IC 25-38.1).
(35) State board of massage therapy (IC 25-21.8-2-1).


IC 25-1-9-1  “Board” defined

Sec. 1. As used in this chapter, “board” means any of the following:
(1) Board of chiropractic examiners (IC 25-10-1).
(2) State board of dentistry (IC 25-14-1).
(3) Indiana state board of health facility administrators (IC 25-19-1).
(4) Medical licensing board of Indiana (IC 25-22.5-2).
(5) Indiana state board of nursing (IC 25-23-1).
(6) Indiana optometry board (IC 25-24).
(7) Indiana board of pharmacy (IC 25-26).
(8) Board of podiatric medicine (IC 25-29-2-1).
(9) Board of environmental health specialists (IC 25-32).
(10) Speech-language pathology and audiology board (IC 25-35.6-2).
(11) State psychology board (IC 25-33).
IC 25-1-9-2 "Practitioner" defined
Sec. 2. As used in this chapter, "practitioner" means an individual who:
(1) an unlimited license, certificate, or registration;
(2) a limited or probationary license, certificate, or registration;
(3) a temporary license, certificate, registration, or permit;
(4) an intern permit; or
(5) a provisional license;
issued by the board regulating the profession in question, including a certificate of registration issued under IC 25-20.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-3 "License" defined
Sec. 3. As used in this chapter, "license" includes a license, certificate, registration, or permit.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-3.5 "Sexual contact" defined
Sec. 3.5. As used in this chapter, "sexual contact" means:
(1) sexual intercourse (as defined in IC 35-41-1-28);
(2) deviate sexual conduct (as defined in IC 35-41-1-9); or
(3) any fondling or touching intended to arouse or satisfy the sexual desires of either the individual performing the fondling or touching or the individual being fondled or touched.

IC 25-1-9-4 Standards of professional practice; findings required for sanctions; evidence of foreign discipline
Sec. 4. (a) A practitioner shall conduct the practitioner's practice in accordance with the standards established by the board regulating the profession in question and is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds:
(1) a practitioner has:
(A) engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, including cheating on a license examination;
(B) engaged in fraud or material deception in the course of professional services or activities;
(C) advertised services in a false or misleading manner; or
(D) been convicted of a crime or assessed a civil penalty involving.
(i) Medicaid (42 U.S.C. 1396 et seq.);
(ii) Medicare (42 U.S.C. 1395 et seq.);
(iii) the children's health insurance program under IC 12-17-6; or
(iv) insurance claims;
(2) a practitioner has been convicted of a crime that has a direct bearing on the practitioner's ability to continue to practice competently; or
(b) is harmful to the public;
(3) a practitioner has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question;
(4) a practitioner has continued to practice although the practitioner has become unfit to practice due to:
(A) professional incompetence that:
(i) may include the undertaking of professional activities that the practitioner is not qualified by training or experience to undertake; and
(ii) does not include activities performed under IC 16-21-2-9;
(B) failure to keep abreast of current professional theory or practice;
(C) physical or mental disability; or
(D) addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely;
(5) a practitioner has engaged in a course of lewd or immoral conduct in connection with the delivery of services to the public;
(6) a practitioner has allowed the practitioner's name or a license issued under this chapter to be used in connection with an individual who renders services beyond the scope of that individual's training, experience, or competence;
(7) a practitioner has had disciplinary action taken against the practitioner or the practitioner's license to practice in any state or jurisdiction on grounds similar to those under this chapter;
(8) a practitioner has diverted:
(A) a legend drug (as defined in IC 16-18-2-199); or
(B) any other drug or device issued under a drug order (as defined in IC 16-42-19-3) for another person;
(9) a practitioner, except as otherwise provided by law, has knowingly prescribed, sold, or administered any drug classified as a narcotic, addicting, or dangerous drug to a habitue or addict;
(10) a practitioner has failed to comply with an order imposing a sanction under section 9 of this chapter;
(11) a practitioner has engaged in sexual contact with a patient under the practitioner's care or has used the practitioner-patient relationship to solicit sexual contact with a patient under the practitioner's care;
(12) a practitioner who is a participating provider of a health maintenance organization has knowingly collected or attempted to collect from a subscriber or enrollee of the health maintenance organization any sums that are owed by the health maintenance organization; or
(13) a practitioner has assisted another person in committing an act that would be grounds for disciplinary sanctions under this chapter.
(b) A practitioner who provides health care services to the practitioner's spouse is not subject to disciplinary action under subsection (a)(11).
(c) A certified copy of the record of disciplinary action is conclusive evidence of the other jurisdiction's disciplinary action under subsection (a)(7).

IC 25-1-9-5 Optometry employment practice
Sec. 5. In addition to section 4 of this chapter, a practitioner licensed to practice optometry is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds a practitioner has accepted employment to practice optometry from a person other than:
(1) a corporation formed by an optometrist under IC 23-1.5; or
IC 25-1-9-6 Veterinary practitioners; cruelty to animals
Sec. 6. In addition to section 4 of this chapter, a practitioner licensed to practice veterinary medicine or registered as a veterinary technician is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds a practitioner has engaged in cruelty to animals.

As added by P.L.152-1988, SEC.1.

IC 25-1-9-6.5 Chiropractors; waiver of deductible or copayment
Sec. 6.5. (a) In addition to section 4 of this chapter, a practitioner licensed to practice chiropractic is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds a practitioner has:

1. Waived a payment of a deductible or a copayment required to be made to the practitioner by a patient under the patient’s insurance or health care plan; and
2. Advertised the waiver of a payment described in subdivision (1).

(b) This section does not apply to the waiver of a deductible or a copayment by a practitioner if:

1. The practitioner determines chiropractic service is necessary for the immediate health and welfare of a patient;
2. The practitioner determines the payment of a deductible or a copayment would create a substantial financial hardship for the patient; and
3. The waiver is based on the evaluation of the individual patient and is not a regular business practice of the practitioner.


IC 25-1-9-6.7 Marriage and family therapists; disciplinary sanctions
Sec. 6.7. In addition to the actions listed under section 4 of this chapter that subject a practitioner to the exercise of disciplinary sanctions, a practitioner who is licensed under IC 25-23.6 is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board regulating the profession finds that the practitioner has:

1. Performed any therapy that, by the prevailing standards of the mental health professions in the community where the services were provided, would constitute experimentation on human subjects, without first obtaining full, informed, and written consent;
2. Failed to meet the minimum standards of performance in professional activities when measured against generally prevailing peer performance in professional activities, including the undertaking of activities that the practitioner is not qualified by training or experience to undertake;
3. Performed services, including any duties required of the individual under IC 31, in reckless disregard of the best interests of a patient, a client, or the public;
4. Without the consent of the child’s parent, guardian, or custodian, knowingly participated in the child’s removal or precipitated others to remove a child from the child’s home unless:
   A. The child’s physical health was endangered due to injury as a result of the act or omission of the child’s parent, guardian, or custodian;
   B. The child had been or was in danger of being a victim of an offense under IC 35-42-4, IC 35-45-4-1, IC 35-45-4-2, IC 35-46-1-3, IC 35-49-2-2, or IC 35-49-3-2; or
   C. The child was in danger of serious bodily harm as a result of the inability, refusal, or neglect of the child’s parent, guardian, or custodian to supply the child with necessary food, shelter, or medical care, and a court order was first obtained;
5. Willfully made or filed a false report or record, failed to file a report or record required by law, willfully impeded or obstructed the filing of a report or record, or induced another individual to:
   A. Make or file a false report or record; or
   B. Impede or obstruct the filing of a report or record; or
6. Performed a diagnosis (as defined in IC 25-22.5-1.1(c));
7. Provided evidence in an administrative or judicial proceeding that had insufficient factual basis for the conclusions rendered by the practitioner;
8. Willfully planted in the mind of the patient suggestions that are not based in facts known to the practitioner; or
9. Performed services outside of the scope of practice of the license issued under IC 25-23.6.


IC 25-1-9-6.8 Practitioner guidelines before prescribing stimulant medication for a child for treatment of certain disorders
Sec. 6.8. (a) This section applies to a practitioner who is:

1. Licensed to practice medicine or osteopathic medicine under IC 25-22.5; or
2. An advanced practice nurse granted prescriptive authority under IC 25-23, and whose practice agreement with a collaborating physician reflects the conditions specified in subsection (b).

(b) Before prescribing a stimulant medication for a child for the treatment of attention deficit disorder or attention deficit hyperactivity disorder, a practitioner described in subsection (a) shall follow the most recent guidelines adopted by the American Academy of Pediatrics or the American Academy of Child and Adolescent Psychiatry for the diagnosis and evaluation of a child with attention deficit disorder or attention deficit hyperactivity disorder.


IC 25-1-9-6.9 Failing to provide or providing false information to agency
Sec. 6.9. In addition to the actions listed under section 4 of this chapter that subject a practitioner to the exercise of disciplinary sanctions, a practitioner is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds that the practitioner has:

1. Failed to provide information requested by the Indiana professional licensing agency;
2. Knowingly provided false information to the Indiana professional licensing agency;

for a provider profile required under IC 25-1-5-10.


IC 25-1-9-7 Physical or mental examination; power to require
Sec. 7. The board may order a practitioner to submit to a reasonable physical or mental examination, at the practitioner’s own expense, if the practitioner’s physical or mental capacity to practice safely is at issue in a disciplinary proceeding.


IC 25-1-9-8 Failure to submit to physical or mental examination; sanctions
Sec. 8. Failure to comply with a board order to submit to a physical or mental examination makes a practitioner liable to summary suspension under section 10 of this chapter.

As added by P.L.152-1988, SEC.1.

IC 25-1-9-9 Disciplinary sanctions
Sec. 9. (a) The board may impose any of the following sanctions, singly or in combination, if it finds that a practitioner is subject to...
disciplinary sanctions under section 4, 5, 6, 6.7, or 6.9 of this chapter or IC 25-1-5-4:

1. Permanently revoke a practitioner's license.
2. Suspend a practitioner's license.
3. Censure a practitioner.
4. Issue a letter of reprimand.
5. Place a practitioner on probation status and require the practitioner to:
   A. report regularly to the board upon the matters that are the basis of probation;
   B. limit practice to those areas prescribed by the board;
   C. continue or renew professional education under a preceptor, or as otherwise directed or approved by the board, until a satisfactory degree of skill has been attained in those areas that are the basis of the probation; or
   D. perform or refrain from performing any acts, including community restitution or service without compensation, that the board considers appropriate to the public interest or to the rehabilitation or treatment of the practitioner.
6. Assess a fine against the practitioner in an amount not to exceed one thousand dollars ($1,000) for each violation listed in section 4 of this chapter, except for a finding of incompetency due to a physical or mental disability. When imposing a fine, the board shall consider a practitioner's ability to pay the amount assessed. If the practitioner fails to pay the fine within the time specified by the board, the board may suspend the practitioner's license without additional proceedings. However, a suspension may not be imposed if the sole basis for the suspension is the practitioner's inability to pay a fine.
(b) The board may withdraw or modify the probation under subsection (a)(5) if it finds, after a hearing, that the deficiency that required disciplinary action has been remedied, or that changed circumstances warrant a modification of the order.
IC 25-1-9-10 Summary license suspension pending final adjudication; notice; opportunity to be heard
Sec. 10. (a) The board may summarily suspend a practitioner's license for ninety (90) days before a final adjudication or during the appeals process if the board finds that a practitioner represents a clear and immediate danger to the public health and safety if the practitioner is allowed to continue to practice. The summary suspension may be renewed upon a hearing before the board, and each renewal may be for ninety (90) days or less.
(b) Before the board may summarily suspend a license that has been issued under IC 25-22.5, IC 25-38.1, or IC 25-14, the consumer protection division of the attorney general's office shall make a reasonable attempt to notify a practitioner of a hearing by the board to suspend a practitioner's license and of information regarding the allegation against the practitioner. The consumer protection division of the attorney general's office shall also notify the practitioner that the practitioner may provide a written or an oral statement to the board on the practitioner's behalf before the board issues an order for summary suspension. A reasonable attempt to reach the practitioner is made if the consumer protection division of the attorney general's office attempts to reach the practitioner by telephone or facsimile at the last telephone number of the practitioner on file with the board.
(c) After a reasonable attempt is made to notify a practitioner under subsection (b):
   1. a court may not stay or vacate a summary suspension of a practitioner's license for the sole reason that the practitioner was not notified; and
   2. the practitioner may not petition the board for a delay of the summary suspension proceedings.
IC 25-1-9-10.1 Retention of clinical consultants and experts to advise on suspension
Sec. 10.1. The attorney general may retain the services of a clinical consultant or an expert to provide the attorney general with advice concerning the acts that are the subject of a suspension under this chapter.
As added by P.L.43-1995, SEC.3.
IC 25-1-9-11 Reinstatement of suspended licenses
Sec. 11. The board may reinstate a license which has been suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter.
As added by P.L.152-1988, SEC.1.
IC 25-1-9-12 Reinstatement of revoked license
Sec. 12. The board may not reinstate a license that has been revoked under this chapter. An individual whose license has been revoked under this chapter may not apply for a new license until seven (7) years after the date of revocation.
As added by P.L.152-1988, SEC.1.
IC 25-1-9-13 Consistency of sanctions prescribed
Sec. 13. The board shall seek to achieve consistency in the application of the sanctions authorized in this section. Significant departures from prior decisions involving similar conduct must be explained in the board's findings or orders.
As added by P.L.152-1988, SEC.1.
IC 25-1-9-14 Surrender of practitioners license instead of hearing; approval
Sec. 14. A practitioner may petition the board to accept the surrender of the practitioner's license instead of a hearing before the board. The practitioner may not surrender the practitioner's license without the written approval of the board, and the board may impose any conditions appropriate to the surrender or reinstatement of a surrendered license.
As added by P.L.152-1988, SEC.1.
IC 25-1-9-15 Costs in disciplinary proceedings
Sec. 15. Practitioners who have been subjected to disciplinary sanctions may be required by a board to pay for the costs of the proceeding. The practitioner's ability to pay shall be considered when costs are assessed. If the practitioner fails to pay the costs, a suspension may not be imposed solely upon the practitioner's inability to pay the amount assessed. These costs are limited to costs for the following:
(1) Court reporters.
(2) Transcripts.
(3) Certification of documents.
(4) Photoduplication.
(5) Witness attendance and mileage fees.
(6) Postage.
(7) Expert witnesses.
(8) Depositions.
(9) Notarizations.
(10) Administrative law judges.
IC 25-1-9-16 Refusal of licensure or grant of probationary license
Sec. 16. (a) The board may refuse to issue a license or may issue a probationary license to an applicant for licensure if:
(1) the applicant has been disciplined by a licensing entity of any state or jurisdiction, or has committed an act that would have subjected the applicant to the disciplinary process had the applicant been licensed in Indiana when the act occurred; and
(2) the violation for which the applicant was, or could have been, disciplined has a direct bearing on the applicant’s ability to competently practice in Indiana.

(b) The board may:
(1) refuse to issue a license; or
(2) issue a probationary license; to an applicant for licensure if the applicant practiced without a license in violation of the law.

(c) Whenever the board issues a probationary license, the board may impose one (1) or more of the following conditions:
(1) Report regularly to the board upon the matters that are the basis of the discipline of the other state or jurisdiction.
(2) Limit practice to those areas prescribed by the board.
(3) Continue or renew professional education.
(4) Engage in community restitution or service without compensation for a number of hours specified by the board.
(5) Perform or refrain from performing an act that the board considers appropriate to the public interest or to the rehabilitation or treatment of the applicant.

(d) The board shall remove any limitations placed on a probationary license under this section if the board finds after a hearing that the deficiency that required disciplinary action has been remedied.


IC 25-1-9-17 Applicant appearance before board or controlled substances advisory committee
Sec. 17. The board and the controlled substances advisory committee (IC 35-48-2-1) may require an applicant for licensure to appear before the board or committee before issuing a license.

As added by P.L.33-1993, SEC.16.

IC 25-1-9-18 Fitness determination of health care provider; filing complaint
Sec. 18. (a) If the insurance commissioner forwards to the board the name of a practitioner under IC 34-18-9-4(a) (or IC 27-12-9-4(a) before its repeal), the board shall consider whether:
(1) the practitioner has become unfit to practice under section 4 of this chapter; and
(2) a complaint should be filed under IC 25-1-7-4.

(b) If the board determines that a complaint should be filed under subsection (a), the board must report to the consumer protection division whether the board will schedule the matter:
(1) for informal negotiation under IC 25-1-7-6;
(2) on the board's agenda for a vote requesting that the attorney general prosecute the matter before the board under IC 25-1-7-7; or
(3) on the board's agenda for a vote on summary suspension of the practitioner's license pending prosecution of the matter before the board under IC 25-1-7-7.

(c) A board may designate a board member or staff member to act on behalf of the board under this section.


IC 25-1-9-19 Third party billing notice
Sec. 19. A practitioner that provides to a patient notice concerning a third party billing for a health care service provided to the patient shall ensure that the notice:
(1) conspicuously states that the notice is not a bill;
(2) does not include a tear-off portion; and
(3) is not accompanied by a return mailing envelope.

As added by P.L.178-2003, SEC.12.

IC 25-1-9-20 Adoption of rules; spouses of active duty military personnel
Sec. 20. The board may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, to establish procedures to expedite the issuance or renewal of a:
(1) license;
(2) certificate;
(3) registration; or
(4) permit;
of a person whose spouse serves on active duty (as defined in IC 25-1-12-2) and is assigned to a duty station in Indiana.

As added by P.L.144-2007, SEC.25.

INDIANA CODE § 25-1-10
Chapter 10. Reserved

INDIANA CODE § 25-1-12
Chapter 12. Renewal of Licenses Held by Individuals in Military Service

IC 25-1-12-1 Applicability of chapter
Sec. 1. This chapter applies to an individual who:
(1) holds a license, certificate, registration, or permit under this title, IC 16, or IC 22; and
(2) is called to active duty.


IC 25-1-12-2 "Active duty" defined
Sec. 2. As used in this chapter, "active duty" means full-time service in the:
(1) armed forces of the United States; or
(2) national guard;
for a period that exceeds thirty (30) consecutive days in a calendar year.


IC 25-1-12-3 "Armed forces of the United States" defined
Sec. 3. As used in this chapter, "armed forces of the United States" means the active or reserve components of:
(1) the army;
(2) the navy;
(3) the air force;
(4) the coast guard;
(5) the marine corps; or
(6) the merchant marine.


IC 25-1-12-4 "National guard" defined
Sec. 4. As used in this chapter, "national guard" means:
(1) the Indiana army national guard; or
(2) the Indiana air national guard.


IC 25-1-12-5 "Practitioner" defined
Sec. 5. As used in this chapter, "practitioner" means an individual who holds:
(1) an unlimited license, certificate, or registration;
(2) a limited or probationary license, certificate, or registration;
IC 25-1-12-6 Extension to renew license or complete continuing education; requirements for extension; additional extensions
Sec. 6. (a) Notwithstanding any other law, a practitioner who is called to active duty out-of-state and meets the requirements of subsection (b) is entitled to an extension of time described in subsection (c) to:
(1) renew; and
(2) complete the continuing education required by;
the practitioner’s license, certificate, registration, or permit.
(b) The practitioner must meet the following requirements to receive the extension of time provided under subsection (a):
(1) On the date the practitioner enters active duty, the practitioner's license, certificate, registration, or permit may not be revoked, suspended, lapsed, or be the subject of a complaint under IC 25-1-7.
(2) The practitioner's license, certificate, registration, or permit must expire while the practitioner is out-of-state on active duty and the practitioner must not have received the notice of expiration before the date the practitioner entered active duty.
(3) The practitioner shall provide proof of out-of-state active duty by providing a copy of the practitioner's:
(A) discharge; or
(B) government movement orders;
to the agency, board, commission, or committee issuing the practitioner's license, certificate, registration, or permit at the time the practitioner renews the practitioner's license, certificate, registration, or permit under this chapter.
(c) The extension of time provided under subsection (a) is equal to one hundred eighty (180) days after the date of the practitioner's discharge or release from active duty.
(d) The agency, board, commission, or committee that issued the practitioner's license, certificate, registration, or permit may extend the period provided in subsection (c) if the agency or board determines that an illness, an injury, or a disability related to the practitioner’s active duty prevents the practitioner from renewing or completing the continuing education required for the practitioner's license, certificate, registration, or permit. However, the agency, board, commission, or committee may not extend the period for longer than three hundred sixty-five (365) days after the date of the practitioner's discharge or release from active duty.

IC 25-1-12-7 Waiver of late fees
Sec. 7. Any late fees that may be assessed against a practitioner in connection with a renewal under this chapter are waived.

IC 25-1-12-8 Construction with federal law
Sec. 8. This chapter may not be construed as a restriction or limitation on any of the rights, benefits, and protections granted to a member of:
(1) the armed forces of the United States; or
(2) the national guard;
under federal law.

INDIANA CODE § 25-1-13
Chapter 13. Indiana Scheduled Prescription Electronic Collection and Tracking Program

IC 25-1-13-1 Effective date
Sec. 1. This chapter applies after June 30, 2007.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-2 “Agency”
Sec. 2. As used in this chapter, “agency” refers to the Indiana professional licensing agency established by IC 25-1-5-3.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-3 “INSPECT”
Sec. 3. As used in this chapter, “INSPECT” refers to the Indiana scheduled prescription electronic collection and tracking program established by section 4 of this chapter.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-4 Establishment of the Indiana scheduled prescription electronic collection and tracking program
Sec. 4. The Indiana scheduled prescription electronic collection and tracking program is established within the agency.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-5 Agency functions, duties, and responsibilities
Sec. 5. The agency shall perform all administrative functions, duties, and responsibilities for the INSPECT program.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-6 INSPECT program duties
Sec. 6. The INSPECT program shall collect and process information received under IC 35-48-7-8.1 and has duties described in IC 35-48-7-10.1 and IC 35-48-7-11.1.
As added by P.L.65-2006, SEC.1.

INDIANA CODE § 25-1-14
Chapter 14. Meetings

IC 25-1-14-1 Applicability
Sec. 1. This section applies to a meeting of a board, committee, or commission listed in IC 25-1-5-3 or IC 25-1-6-3.

IC 25-1-14-2 Participation by member not physically present at meeting
Sec. 2. (a) A member of a board, committee, or commission may participate in a meeting of the board, committee, or commission:
(1) except as provided in subsections (b) and (c), at which least a quorum is physically present at the place where the meeting is conducted; and
(2) by using a means of communication that permits:
(A) all other members participating in the meeting; and
(B) all members of the public physically present at the place where the meeting is conducted;
to simultaneously communicate with each other during the meeting.
(b) A member of a board, committee, or commission may participate in an emergency meeting of the board, committee, or commission to consider disciplinary sanctions under IC 25-1-9-10 or IC 25-1-11-13 by using a means of communication that permits:
(1) all other members participating in the meeting; and
(2) all members of the public physically present at the place where the meeting is conducted;
to simultaneously communicate with each other during the meeting.
(c) A member of the state boxing commission may participate in meetings of the commission to consider the final approval of a permit for
IC 25-9-1-6(b) by using a means of communication that permits:

(1) all other members participating in the meeting; and
(2) all members of the public physically present at the place where the meeting is conducted;

to simultaneously communicate with each other during the meeting.

(d) A member who participates in a meeting under subsection (b) or (c):

(1) is considered to be present at the meeting;
(2) shall be counted for purposes of establishing a quorum; and
(3) may vote at the meeting.


IC 25-1-14-3 Member considered present
Sec. 3. A member who participates in a meeting under section 2 of this chapter:

(1) is considered to be present at the meeting;
(2) shall be counted for purposes of establishing a quorum; and
(3) may vote at the meeting.


IC 25-1-14-4 Meeting memoranda requirements
Sec. 4. The memoranda of the meeting prepared under IC 5-14-1.5-4 must state the name of:

(1) each member who was physically present at the place where the meeting was conducted;
(2) each member who participated in the meeting by using a means of communication described in section 2 of this chapter; and
(3) each member who was absent.


Non-Code Provision under Public Law 206-2005

P.L. 206-2005, SECTION 16
(a) The rules adopted by the health professions bureau before July 1, 2005, and in effect on June 30, 2005, shall be treated after June 30, 2005, as the rules of the Indiana professional licensing agency.
(b) On July 1, 2005, the Indiana professional licensing agency becomes the owner of all of the property of the health professions bureau. An appropriation made to the health professions bureau shall be treated after June 30, 2005, as an appropriation to the Indiana professional licensing agency.
(c) Any reference in a law, a rule, a license, a registration, a certification, or an agreement to the health professions bureau shall be treated after June 30, 2005, as a reference to the Indiana professional licensing agency.
TITLE 848. INDIANA STATE BOARD OF NURSING

NOTE: Originally adopted by the Board of Nurses' Registration and Nursing Education. Name changed by P.L.169-1985, SECTION 67 (IC 25-23-1-2), effective July 1, 1985.

ARTICLE 1. Registered Nurses and Practical Nurses

Rule 1. Definitions; Administration

848 IAC 1-1-1 Evaluation of credentials (Repealed)
Sec. 1. (Repealed by Indiana State Board of Nursing; filed Mar 18, 1980, 4:00 pm: 3 IR 964)

848 IAC 1-1-2 Definitions (Repealed)
Sec. 2. (Repealed by Indiana State Board of Nursing; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534)

848 IAC 1-1-2.1 Definitions
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1

Sec. 2.1. The following definitions apply throughout this article:
(1) "Approved" or "accredited", terms used interchangeably, means those programs that have met requirements of the board. The term also includes approval granted by voluntary, regional, and other state agencies.
(2) "Associate degree program" means an educational program leading to an associate degree in nursing, conducted by an educational unit in nursing, within the structure of a college or university.
(3) "Audit" means attending a class or course without receiving credit.
(4) "Baccalaureate degree program" means an educational program leading to a baccalaureate degree in nursing conducted by an educational unit in nursing within the structure of a senior college or university.
(5) "Board" means the Indiana state board of nursing.
(6) "Clinical experience" means the learning experiences provided in facilities appropriate to the curriculum objectives.
(7) "Clinical preceptor" means an individual employed by the cooperating agency who also has the responsibility to supervise one student at a time in the clinical facility.
(8) "Controlling organization" means the agency that assumes the responsibility for overall administration of the program.
(9) "Cooperating agency" means an institution that cooperates with the nursing program to provide facilities for the clinical experiences of students.
(10) "Curriculum" means the whole body of courses offered in the nursing program.
(11) "Deeming authority" means a recognized accrediting organization that has been approved to conduct accreditation surveys and issue accreditation decisions of acute care hospitals by the Center for Medicare and Medicaid Services (CMS).
(12) "Diploma program" means an educational program leading to a diploma in registered nursing.
(13) "Director" means the registered nurse who is delegated responsibility for the implementation and administration of the nursing program regardless of the official title in any specific institution.
(14) "Enroll" means to matriculate and attend a class or course for the purpose of receiving credit.
(15) "Faculty" means individuals employed to administer and to teach in the educational program.
(16) "May" indicates discretionary use.
(17) "Practical nursing program" means an educational program leading to a diploma or certificate in practical nursing conducted by an educational institution or hospital.
(18) "Primary state of residence" means the state of an individual's declared fixed permanent and principal home for legal purposes; domicile.
(19) "Program" means the curriculum and all the supporting activities organized independently, under an educational institution or hospital, to prepare students for nursing licensure and the practice of nursing.
(20) "Rate of successful completion" means the annual number of first time U.S. educated and U.S. territory candidates who successfully complete the National Council Licensure examination and is computed annually from January 1 through December 31.
(21) "Rule" or "requirement" means a mandatory standard, which a program shall meet in order to be accredited.
(22) "Shall" indicates a mandatory rule, regulation, or requirement.
(23) "Should" indicates a recommendation.
(24) "Survey visit" means an on-site visit of a nursing program, including clinical facilities by a designated representative of the board for the purpose of evaluating the program of learning.
(Indiana State Board of Nursing; 848 IAC 1-1-2.1; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4525; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Jun 23, 2003, 4:12 p.m.: 26 IR 3652, effective July 1, 2003 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #02-247 was filed Jun 23, 2003]; filed Sep 13, 2004, 9:45 a.m.: 28 IR 593; readopted filed Jul 19, 2007, 12:54 p.m.: 20070805-IR-848070058RFA)

848 IAC 1-1-3 Accreditation
Sec. 3. (Repealed by Indiana State Board of Nursing; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534)

848 IAC 1-1-4 Criteria for accreditation (Repealed)
Sec. 4. (Repealed by Indiana State Board of Nursing; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534)

848 IAC 1-1-5 Appeals
Authority: IC 25-23-1-7
Affected: IC 4-21.5

Sec. 5. Appeals before the Indiana state board of nursing are governed by the Indiana Administrative Orders and Procedures Act (AOPA) under IC 4-21.5.
(Indiana State Board of Nursing; Reg 5; filed Jul 18, 1977, 8:55 a.m.: Rules and Regs. 1978, p. 611; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1326; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-6 Licensure by examination
Authority: IC 25-23-1-7
Affected: IC 25-23-1-11; IC 25-23-1-12

Sec. 6. (a) Any person who makes application to the board for a license shall submit to the board written evidence, verified by oath, that the registered nurse applicant meets the requirements of IC 25-23-1-11 and the licensed practical nurse applicant meets the requirements of IC 25-23-1-12.
(b) A copy of a marriage certificate or court order shall be submitted by a candidate who wishes to change her or his name after the application is filed.
(c) Candidates shall present the authorization to test and a photo identification for entrance to the testing center.
(d) The required Indiana passing criteria for the licensure examination is set by the National Council of State Boards of Nursing using the computerized adaptive testing methodology.

(e) An applicant may take the examination at any testing center in the United States approved by the National Council for State Boards of Nursing. An authorization to test must be provided by the Indiana board before testing.

(f) Graduates of foreign schools of nursing shall meet the following qualifications before being licensed in Indiana:

1. Be licensed in the territory or country in which they graduated.
2. Meet the qualifications required in Indiana as determined by the board.
3. Obtain the official records from the territory or country in which the applicant graduated verifying academic qualifications or be referred to state accredited nursing programs to establish the necessary credits if the original records are unobtainable.
4. Show evidence of having passed the examination prepared by the commission on graduates of foreign nursing schools.
5. Pass the appropriate nurse licensing examination in Indiana.

(g) Requirements for unsuccessful candidates are as follows:

1. Any candidate who fails the Indiana licensing examination shall not be licensed until she or he has passed the licensing examination.
2. A complete application shall be submitted each time an examination is taken.
3. The full examination fee shall be charged for each reexamination.
4. A candidate who has failed the licensing examination (in any jurisdiction) should undertake a special study program before retaking the examination. This study program may include one (1) or all of the following:
   (A) Auditing nursing courses at an approved program in nursing.
   (B) A self-study program, such as review of course work or professional reading.
   (C) Tutoring.
   (D) Reenrollment in a state-accredited program of nursing.

(h) Written informed consent from the candidate is necessary before individual licensing examination scores are released to anyone other than the candidate.

(i) Candidates applying for the practical nursing licensing examination shall be required to meet the board's curricular requirements for the program in practical nursing as stated in the rules in effect at the time of their graduation. Candidates applying for the registered nursing licensing examination shall be required to meet the board's curricular requirements for the program in registered nursing as stated in the rules in effect at the time of their graduation.

(Indiana State Board of Nursing; Reg 6; filed Mar 1, 1978, 8:51 a.m.; Rules and Regs. 1979, p. 162; filed Mar 18, 1980, 4:00 p.m.; 3 IR 961; filed Feb 18, 1982, 2:18 p.m.; 5 IR 735; filed Mar 29, 1985, 10:43 a.m.; 8 IR 1026; filed Sep 12, 1985, 3:27 p.m.; 9 IR 287; readopted filed Nov 21, 2001, 10:23 a.m.; 25 IR 1326; filed Jun 23, 2003, 4:12 p.m.; 26 IR 3653, eff Jul 1, 2003 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #02-247 was filed Jun 23, 2003;] filed Mar 16, 2005, 11:50 a.m.: 28 IR 2383; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

884 IAC 1 A-1-7 Licensure by endorsement
Authority: IC 25-23-1-7
Affected: IC 25-23-1-11; IC 25-23-1-12

Sec. 7. (a) An applicant for licensure as a practical nurse who was originally licensed by the National Council Licensing Examination (NCLEX®) or the State Board Test Pool Examination (SBTPE) in another jurisdiction will be accepted for registration in Indiana by endorsement from the board that granted the original license if the applicant meets the following qualifications:

1. Is of good moral character.
2. Has graduated from:
   (A) high school or the equivalent thereof; and
   (B) a state approved program in practical nursing.
(b) An applicant for licensure as a registered nurse who was originally licensed by the NCLEX® or the SBTPE in another jurisdiction will be accepted for registration in Indiana by endorsement from the board that granted the original license if the applicant meets the following qualifications:

1. Is of good moral character.
2. Has graduated from:
   (A) high school or the equivalent thereof; and
   (B) a state approved program in registered nursing.
(c) Applicants who are graduates of foreign schools of nursing are eligible for Indiana practical nursing licensure by endorsement provided that the following conditions are met:

1. Have:
   (A) written and passed the NCLEX® or the SBTPE in another jurisdiction or country; and
   (B) achieved Indiana's passing scores in all areas.
2. Submit:
   (A) copies of all scholastic records; and
   (B) proof of:
      (i) good moral character;
      (ii) high school graduation or equivalent thereof; and
      (iii) having graduated from a program that meets the board's curricular requirements for a program in practical nursing as stated in the rules in effect at the time of their graduation with concurrent theory and clinical experience in all areas.

(d) Applicants who are graduates of foreign schools of nursing are eligible for Indiana registered nursing licensure by endorsement provided that the following conditions are met:

1. Have:
   (A) written and passed the NCLEX® or the SBTPE in another jurisdiction or country; and
   (B) achieved Indiana's passing scores in all areas; and
   (C) licensure in another jurisdiction.
2. Submit:
   (A) copies of all scholastic records; and
   (B) proof of:
      (i) good moral character;
      (ii) high school graduation or equivalent thereof; and
      (iii) having graduated from a program that meets the board's curricular requirements for a program in registered nursing as stated in the rules in effect at the time of their graduation with concurrent theory and clinical experience in all areas.

(e) The completed application accompanied by the fee, photograph, and proof of current licensure in another jurisdiction shall be submitted to the Indiana board of nursing. The fee is nonrefundable.

(Indiana State Board of Nursing; Reg 7; filed Mar 1, 1978, 8:51 a.m.; Rules and Regs. 1979, p. 165; filed Mar 18, 1980, 4:00 p.m.; 3 IR 963; filed Mar 29, 1985, 10:43 a.m.; 8 IR 1028; readopted filed Nov 21, 2001, 10:23 a.m.; 25 IR 1327; filed Jun 23, 2003, 4:12 p.m.; 26 IR 3654, eff Jul 1, 2003 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #02-247 was filed Jun 23, 2003;] filed Mar 16, 2005, 11:50 a.m.: 28 IR 2384; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

884 IAC 1 A-1-8 Renewal of license
Authority: IC 25-23-1-7
Affected: IC 25-23-1-16

Sec. 8. (8.1) The application form and instructions for renewal of the license to practice nursing will be mailed in odd numbered years to
registered nurse licensees and in even numbered years to practical nurse licensees.

(8.2) Applicants for renewal of license shall pay a renewal fee.

(8.3) Applications for renewal shall be mailed to the last known address of the licensee. Failure to receive the application for renewal shall not relieve the licensee of the responsibility for renewing the license by the renewal date.

(Indiana State Board of Nursing; Reg 8; filed Mar 1, 1978, 8:51 a.m.; Rules and Regs. 1979, p. 166; filed Mar 29, 1985, 10:43 a.m.: 8 IR 1026; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-9 Inactive status (Repealed)

Sec. 9. (Repealed by Indiana State Board of Nursing; filed Dec 19, 1996, 10:00 a.m.: 20 IR 1122)

848 IAC 1-1-10 Duplicate license

Authority: IC 25-23-1-7

Affected: IC 25-23-1-7; IC 25-23-1-16.1

Sec. 10. (a) The licensee shall report, in writing, on the form supplied by the board, the loss of the original certificate of licensure or the biennial renewal license.

(b) A license that has been lost or destroyed shall be replaced upon proper identification of the registrant.

(Indiana State Board of Nursing; Reg 10; filed Mar 1, 1978, 8:51 a.m.; Rules and Regs. 1979, p. 166; filed Mar 29, 1985, 10:43 a.m.: 8 IR 1026; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1328; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-11 Name change

Authority: IC 25-23-1-7

Affected: IC 25-23-1-7; IC 25-23-1-16.1

Sec. 11. CHANGE OF NAME. (11.1) If a change of name is requested, licensee shall submit a copy of a marriage certificate or court order. Licensees may maintain the legal name of preference.

(Indiana State Board of Nursing; Reg 11; filed Mar 1, 1978, 8:51 a.m.; Rules and Regs. 1979, p. 166; filed Mar 29, 1985, 10:43 a.m.: 8 IR 1026; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-12 Failure to renew license; reinstatement (Repealed)

Sec. 12. (Repealed by Indiana State Board of Nursing; filed Dec 19, 1996, 10:00 a.m.: 20 IR 1122)

848 IAC 1-1-13 Employment conditions; enforcement powers and duties; records and reports

Authority: IC 25-23-1-7

Affected: IC 4-1-6; IC 25-23-1-7; IC 25-23-1-16.1

Sec. 13. Any person who practices or offers to practice nursing as either a registered or licensed practical nurse in Indiana shall hold a current Indiana license as proof of their legal authorization to practice.

(b) The Indiana board of nursing (board) shall be responsible for the following:

(1) The verification of licensure of nurses to employers of nurses.

(2) Initiating appropriate action as authorized by the Nurse Practice Act under IC 25-23-1 on reports to the board concerning incidents involving a licensee that may be cause for disciplinary action.

(3) Assuring that imposters are not functioning in roles normally assumed by the licensed nurse.

(4) Carrying out the duties of the board in compliance with the Fair Information Practice Act under IC 4-1-6.

(Indiana State Board of Nursing; Reg 13; filed Mar 1, 1978, 8:51 a.m.; Rules and Regs. 1979, p. 167; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1328; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-14 Fees

Authority: IC 25-1-8-2; IC 25-23-1-7

Affected: IC 25-1-8-6; IC 25-23-1-10.5

Sec. 14. (a) The fee for licensure by examination is the cost equal to the fee charged by the national provider of the exam and an additional administrative fee of fifty dollars ($50) for the registered nurse examination or fifty dollars ($50) for the practical nurse examination.

(b) The fee for licensure by endorsement is fifty dollars ($50).

(c) Verification of licensure to another state or jurisdiction shall be obtained through Nursys, the nurse license verification system of the National Council of State Boards of Nursing, Inc., 35331 Eagle Way, Chicago, Illinois 60678-1353, http://www.ncsbn.org. The individual requesting verification of licensure is responsible for paying the fee assessed by Nursys.

(d) If verification is not available through Nursys, the fee for verification of licensure to another state or jurisdiction is ten dollars ($10).

(e) The fee for licensure renewal is fifty dollars ($50) for the biennium or any part thereof.

(f) The fee for late renewals is as established by the health professions bureau.

(g) The fee for a temporary permit to practice nursing as an applicant awaiting licensure by endorsement, pursuant to IC 25-23-1-10.5, is ten dollars ($10).

(h) The fee for a duplicate wall certificate is ten dollars ($10).

(i) The filing fee for a multistate licensure privilege form is twenty-five dollars ($25).

(j) The fee for updating the multistate licensure privilege form is twenty-five dollars ($25) per biennium.

(k) The fee for reinstatement of a license invalidated under IC 25-23.2-3.4 [IC 25-23.2 was repealed by P.L. 1-2007, SECTION 248, effective March 30, 2007.] is to be determined by IC 25-1-8-6.

(Indiana State Board of Nursing; 848 IAC 1-1-14; filed Mar 29, 1985, 10:43 a.m.: 8 IR 1026; filed Sep 12, 1985, 3:29 p.m.: 9 IR 289; filed Jun 6, 1996, 9:00 a.m.: 19 IR 3105; readopted filed Jul 30, 2001, 2:07 p.m.: 24 IR 4237; filed Jun 17, 2003, 8:50 a.m.: 26 IR 3651; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-15 Temporary permits

Authority: IC 25-23-1-7

Affected: IC 25-23-1-11; IC 25-23-1-12

Sec. 15. (a) The board may issue a temporary permit to practice nursing to an applicant awaiting licensure by endorsement providing the following conditions are met:

(1) The applicant meets the requirements for licensure pursuant to IC 25-23-1-11 or IC 25-23-1-12.

(2) A completed application for licensure by endorsement is submitted.

(3) Proof of current licensure in another state is submitted.

(4) The fee for licensure by endorsement is submitted.

(5) The application for temporary permit is submitted.

(6) The fee for temporary permit is submitted.

(b) The temporary permit will be valid for sixty (60) days after issuance or until notice of denial of licensure by the board.

(Indiana State Board of Nursing; 848 IAC 1-1-15; filed Sep 12, 1985, 3:29 p.m.: 9 IR 289; filed Dec 19, 1996, 11:00 a.m.: 20 IR 1122; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)
Rule 2. Accreditation

848 IAC 1-2-1 Opening a program
Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 1. (a) A controlling organization wishing to open a state accredited nursing program shall submit a letter of intent to the board six (6) months prior to the anticipated admission of its first group of students, which shall include the following:

(1) Expansion plans of the existing programs within a fifty (50) mile radius.
(2) Nursing manpower studies documenting the need for the program.

(b) The controlling organization shall submit a completed application on forms provided by the board and shall request a personal appearance before the board. The application shall include documented evidence of resources and needs necessary to start a program. This documentation shall include the following:

(1) Availability of qualified faculty.
(2) Budgeted faculty positions.
(3) Availability of adequate clinical facilities for the program.
(4) Availability of adequate academic facilities for the program.
(5) Evidence of financial resources adequate for the planning, implementation, and continuation of the program.

(c) The board shall meet with representatives of the controlling organization for review of documented evidence of need.

(d) The board requires that a program in nursing in a state assisted college or university be authorized by the Indiana commission for higher education.

(e) Prior to the board meeting, the proposed program site shall be visited by a representative of the board or a survey visitor appointed by the board, or both. The visitors shall meet with administrative personnel of the controlling institution and shall examine the academic and clinical facilities in terms of appropriateness for the implementation of the proposed program in nursing.

(f) After the meeting with the controlling organization, the board shall approve or disapprove the application for initial accreditation upon evidence:

(1) submitted in the application;
(2) presented at the meeting; and
(3) collected on the survey visit.

(g) If the program is approved for initial accreditation, the board shall stipulate the following:

(1) The maximum class size for the first year.
(2) The maximum number of classes to be admitted during the first year.
(3) Approved clinical facilities for the first year.
(4) The number and qualifications of nursing faculty.

(h) A second site visit shall be made by a representative of the board or a survey visitor appointed by the board, or both, at the end of the first year of the operation of the new program and again prior to granting full accreditation.

848 IAC 1-2-2 Closing a program
Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 2. (a) Within thirty (30) days of a decision to close a state accredited nursing program, the controlling organization shall send a written notice to the board.

(b) The minimum legal standards for accreditation shall be maintained until the last student completes or leaves the program.

(c) The controlling organization shall be responsible for assisting students to transfer to accredited programs.

(d) The controlling organization shall provide for the safekeeping and accessibility of the program records of former students and graduates of the program. Plans for future custody of the records shall be documented in writing to the board.

(Indiana State Board of Nursing; 848 IAC 1-2-2; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4527; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-3 Purpose for accreditation
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7

Sec. 3. The purpose for accreditation shall be as follows:

(1) To ensure the safe practice of nursing by setting legal standards for the programs preparing the practitioner.
(2) To certify minimal educational standards and practices for the preparation of:
   (A) registered nurses; and
   (B) licensed practical nurses.
(3) To assist in developing the programs of nursing education in accordance with sound social, educational, and professional principles.
(4) To ensure continuous evaluation and improvement of educational programs in nursing.
(5) To keep the public informed by publishing a list of the institutions that conduct accredited programs of nursing education.

(Indiana State Board of Nursing; 848 IAC 1-2-3; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4527; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-4 Eligible programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7

Sec. 4. Eligible programs for purposes of accreditation shall be as follows:

(1) Registered nurse programs that prepare students for registered nurse licensure. The program shall award an associate’s degree in nursing or a baccalaureate degree with a major in nursing or a diploma in nursing.
(2) Practical nursing programs that prepare students for practical nurse licensure. The program shall award a diploma or certificate in practical nursing.

(Indiana State Board of Nursing; 848 IAC 1-2-4; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4527; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-5 Accreditation status
Authority: IC 25-23-1-7
Affected: IC 25-23

Sec. 5. (a) Initial accreditation shall be granted to a new program that meets the regulations for opening a nursing program until the first class graduates.

(b) Full accreditation shall be granted to a program following the initial accreditation, providing it meets the following regulations for Indiana accredited programs in nursing:

(1) Criteria indicating a program’s successful attainment of state standards shall include the rate of successful completion of the National Council Licensure Examination (NCLEX). If a program’s annual rate of successful completion of the NCLEX is lower than one standard deviation below the average national pass rate for first time U.S. educated and U.S. territory candidates for three (3)
consecutive years, the program shall submit a report to the board outlining the following:
(A) Results of the faculty's review of factors that may have contributed to the low pass rate, including, but not limited to, the following:
(i) Curriculum content.
(ii) Curriculum design.
(iii) Outcome evaluation.
(iv) Admission policies.
(v) Progression policies.
(vi) Graduation policies and annual number of graduates for the period in question.
(vii) Factors of graduate performance documented by faculty to be outside the control of the program.
(B) The faculty's plan for correction with identified implementation dates and expected levels of achievement for any identified problems as result of evaluation.
(2) If the program's next annual rate of successful completion of the NCLEX is lower than one (1) standard deviation below the average national pass rate for first time U.S. educated and U.S. territory candidates, the board shall send a surveyor to review the program's ability to comply with this article. After review of the survey visit report and a meeting with the program representatives, the board shall determine the accreditation status.
(3) The accreditation status shall be communicated to the program in writing.
(c) Conditional accreditation shall be granted to a program that fails to maintain the legal requirements for accreditation. Written notification from the board shall specify requirements to be met in order to comply with accreditation standards and a definite amount of time that will be given for the program to meet this article.
(d) The program shall be revisited by a representative of the board or a survey visitor appointed by board, or both, and be given an opportunity for a hearing before accreditation is withdrawn. Withdrawal of accreditation may occur if the program, which has been placed on conditional accreditation, fails to prove compliance with IC 25-23, this title, and any additional requirements imposed by the board. The program shall assist students in transferring to accredited programs. A program with accreditation that has been withdrawn may apply for reinstatement by following the procedure established in section 1 of this rule.

secured at the request of a controlling organization or party of interest. 


848 IAC 1-2-7 Eligible institutions
Authority: IC 25-23-1-7
Affected: IC 25-23-1-20
Sec. 7. (a) The program in nursing shall be incorporated or be a part of an incorporated institution.
(b) Educational institutions, colleges, or universities conducting a nursing program or with which a program of nursing is affiliated shall be accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools or the Indiana commission on proprietary education. Hospitals conducting a nursing program shall be accredited by an organization that has been granted deeming authority. Long term care facilities shall be licensed by the Indiana state department of health.
(c) The philosophy, mission, and objectives of the program in nursing shall be in accordance with this rule.
(d) There shall be assurance that the program can meet the requirements for Indiana accredited programs in nursing.

(Indiana State Board of Nursing; 848 IAC 1-2-7; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4528; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 596; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-8 Change of ownership
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 8. (a) The board shall be notified in writing of any changes in ownership of a program.
(b) Information shall include the following:
(1) The official name of the program.
(2) The organizational chart of the contracting agency.
(3) The names of administrative officials.
(c) The new controlling organization shall submit any change in curriculum to the board for approval prior to implementation.

(Indiana State Board of Nursing; 848 IAC 1-2-8; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4528; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 596; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-8.5 Transfer of program to another controlling organization
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 8.5. (a) A controlling organization transferring a state accredited nursing program from its control to that of another controlling organization shall submit to the board, in writing, within sixty (60) days of the decision to transfer the following:
(1) The terms and conditions or contractual arrangements of the transfer.

(e) In lieu of a regular cycle survey visit, the board may elect to accept the results of an accreditation survey visit by a nationally recognized accrediting organization of nursing education, such as the accrediting organization recognized by the U.S. Department of Education or the Council for Higher Education Accreditation. The program of nursing shall file:
(1) the response by the program to the survey visitors; and
(2) the final report including the action taken by the nationally recognized accrediting organization of nursing education programs.

(2) The plan identifying the actions being taken to maintain the minimum legal standards for accreditation until completion of the transfer.

(3) The plan for student notification and program completion requirements.

(4) The plan to assist students to transfer to another accredited program if requested by a student.

(5) The provisions for the record retention and accessibility of former students and graduates of the program and the plan for future custody of those records.

(b) The controlling organization accepting the transfer of control shall submit documented evidence of resources necessary to support the program within sixty (60) days of the decision to accept the transferring program. This documentation shall include the following:

   (1) Availability of qualified faculty.
   (2) Budgeted faculty positions and faculty-student ratio.
   (3) Availability of adequate clinical facilities for the program.
   (4) Availability of adequate academic facilities for the program.
   (5) Evidence of financial resources adequate for the implementation and continuation of the program.

(c) The board shall meet with representatives of both controlling organizations for review of documented evidence of agreements and resources.

(d) The board requires that a program in nursing in a state assisted college or university be authorized by the Indiana commission for higher education to transfer control from one (1) state assisted college or university to another state assisted college or university.

(e) Prior to board hearing and approval, the controlling organization accepting the program may be visited by a representative of the board or a survey visitor appointed by the board. The visitor shall meet with administrative personnel of the controlling organization accepting the program and shall examine the academic and clinical facilities in terms of appropriateness for the implementation of the program in nursing.

(f) After the hearing with the controlling organization accepting the transfer, the board shall approve or disapprove the transfer based upon evidence:

   (1) submitted in the notification of transfer;
   (2) presented at the hearing; and
   (3) collected on the survey.

(g) The new controlling organization shall submit any change in curriculum to the board for approval prior to implementation.

(Indiana State Board of Nursing; 848 IAC 1-2-9; filed Sep 13, 2004, 9:45 a.m.: 28 IR 596; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

1. **848 IAC 1-2-9 Philosophy, mission, and objectives**

   **Authority:** IC 25-23-1-7

   **Affected:** IC 25-23-1-7

   **Sec. 9.** The philosophy, mission, and objectives of the program in nursing shall be as follows:

   (1) Clearly defined in writing in the official records.
   (2) Consistent with the philosophy and mission of the controlling institution.
   (3) Formulated and accepted by the faculty.
   (4) Inclusive of program beliefs regarding education, nursing, and the learning process.
   (5) Descriptive of the practitioner to be prepared.
   (6) The basis for planning, implementing, and evaluating the total program.
   (7) Reviewed periodically and revised as necessary by the nursing faculty.

   (Indiana State Board of Nursing; 848 IAC 1-2-9; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4529; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 597; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

2. **848 IAC 1-2-10 Organization and administration**

   **Authority:** IC 25-23-1-7

   **Affected:** IC 25-23-1-7

   **Sec. 10.** (a) Responsibility for developing and implementing the program in nursing shall be placed in the faculty of the nursing education unit.

   (b) The institution shall have an effective plan of organization and administration appropriate to the purpose and implementation of the instructional program in nursing. There shall be an organizational chart of the:

   (1) institution indicating the place of the nursing program; and
   (2) nursing program.

   (c) There shall be a controlling body that recognizes the program in nursing as an educational program and delegates authority to the chief administrative officer of the institution who, in turn, delegates authority to the program director.

   (d) When a program director resigns, it is the responsibility of the administration of the controlling organization to inform the board in writing within thirty (30) days of notification of the following:

   (1) Intended resignation.
   (2) Effective date.
   (3) Plans for filling the position.

   (e) The program in nursing shall be assured of stable, financial resources adequate for and effectively allocated to support its educational activities. There shall be a budget prepared in accordance with sound educational and financial practices. The financial statement shall give a clear picture of the status of the program. The program director, with documentation of faculty input, shall have the following responsibilities relating to the financial operation of the program in nursing:

   (1) Preparing the budget for one (1) year in advance of the fiscal period and recommending it to the proper authorities.
   (2) Controlling the use of the approved budget through an accurate system of records.
   (3) Reviewing financial reports routinely and making necessary revisions.
   (4) Consulting with proper authorities within the institution in regard to interpretation, preparation, and implementation of the budget.

   (Indiana State Board of Nursing; 848 IAC 1-2-10; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4529; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 597; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

3. **848 IAC 1-2-11 Admissions**

   **Authority:** IC 25-23-1-7

   **Affected:** IC 25-23-1-7

   **Sec. 11.** (a) There shall be published policies for admission established by the nursing faculty.

   (b) Students shall be selected on the basis of established criteria and in compliance with all applicable state and federal laws.

   (c) There shall be well defined written policies governing payment and refund of tuition and other fees.

   (d) The number of students admitted to a nursing education program shall be determined by the following:

   (1) The number of qualified faculty.
   (2) The availability of the following:
       (A) Adequate educational facilities and resources.
       (B) Appropriate clinical learning activities.
   (e) An applicant shall be graduated from a state approved high school or its equivalent. A complete high school transcript shall be on file.
Students. When clinical preceptors are used, the following conditions in
herent in the position shall hold master's degrees in areas appropriate to
the responsibilities courses, including, but not limited to:

(1) Graduation from an approved program of nursing accepted by
the board.
(2) Current, unencumbered registered nurse licensed in Indiana.
(b) The personnel policies for faculty members shall be defined in
writing.
(c) Faculty, other than registered nurses, who teach nonclinical nursing
courses, including, but not limited to:
(1) issues and trends;
(2) nutrition;
(3) research;
(4) management; and
(5) statistics;
shall hold master's degrees in areas appropriate to the responsibilities
inherent in the position.
(d) Clinical preceptorships may be used for the clinical experiences of
students. When clinical preceptors are used, the following conditions
shall be met:
(1) Written agreements between the cooperating agency and nursing
program shall delineate the functions and responsibilities of the
parties involved.
(2) Criteria for selecting clinical preceptors shall be developed and in
writing.
(3) The clinical preceptors shall have the following minimum
qualifications:
   (A) Current licensure as a registered nurse.
   (B) Three (3) years of experience as a registered nurse.
(4) Written clinical objectives shall be specific and shared with the
clinical preceptor prior to the experience.
(5) The designated faculty member shall:
   (A) be responsible for the learning experience of each student; and
   (B) meet with each clinical preceptor and student for the purpose
of monitoring and evaluating the learning experience.
(6) The designated faculty member shall be available by phone or in
person when students are in the clinical area.
(7) A faculty member shall be responsible for coordinating the clinical
preceptorships of no more than ten (10) students.

848 IAC 1-2-13 Faculty qualifications; registered nurse programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 13. (a) The director shall be a registered nurse with a minimum of
a master's degree in nursing and shall be employed full-time, excluding
vacations and holidays, during the enrollment period of the students. A
degree is recommended. The director shall have experience in the
following:
(1) The practice of nursing.
(2) Nursing education.
(3) Administration.
(b) The nurse faculty member shall have experience in the practice of
nursing and hold a master's degree. The majority of the faculty shall hold
master's degrees with majors in nursing. The remainder of the faculty
shall hold master's degrees in a field appropriate to their teaching or
clinical responsibilities. The majority of the faculty shall be full-time
employees of the institution. The reappointment of a person who does
not hold a master's degree in nursing shall be made only if that person,
within one (1) year of initial appointment, has a written plan of study for
degree completion and has matriculated in a college or university.
Continuing reappointment of a person who does not hold a master's
degree in nursing shall be contingent upon orderly progression toward
degree completion.
(Indiana State Board of Nursing; 848 IAC 1-2-13; filed Jul 30, 1998, 4:59
p.m.: 21 IR 4530; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939;
filed Sep 13, 2004, 9:45 a.m.: 28 IR 598; readopted filed Jul 19, 2007, 12:54
p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-14 Faculty qualifications; licensed practical nurse
programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 14. (a) The director shall be a registered nurse with a minimum of
a master's degree, preferably in nursing, and shall be employed full-time,
excluding vacations and holidays, during the enrollment period of the
students. A program director appointed prior to the promulgation of this
rule shall be considered, except the director shall have experience in the
following:
(1) The practice of nursing.
(2) Nursing education.
(3) Administration.
(b) The nurse faculty member shall have experience in the practice of
nursing and hold a baccalaureate degree. The majority of the faculty
shall hold baccalaureate degrees with majors in nursing. The remainder of the faculty
shall hold baccalaureate degrees in a field appropriate to their teaching or clinical responsibilities. The majority of the faculty shall be full-time
employees of the institution.
(Indiana State Board of Nursing; 848 IAC 1-2-14; filed Jul 30, 1998, 4:59
p.m.: 21 IR 4530; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed
Sep 13, 2004, 9:45 a.m.: 28 IR 598; readopted filed Jul 19, 2007, 12:54
p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-15 Student personnel services
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 15. Within the framework of the controlling institution, policies
regulating student personnel services shall be delineated in writing,
including, but not limited to, the following:
(1) Counseling and guidance.
(2) Health services.
(3) Financial aid.
(4) Housing.
(5) Student organization.
(6) Job placement.
848 IAC 1-2-16 Curriculum; all programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 16. (a) The:
(1) development;
(2) implementation;
(3) evaluation; and
(4) revision;
of the curriculum shall be the responsibility of the nursing faculty and shall be based on the stated philosophy and objectives of the program.
(b) The program shall provide an opportunity for the student to learn:
(1) facts;
(2) principles;
(3) concepts; and
(4) skills;
which ensure that each graduate meets the minimal qualifications essential for safety to practice as a licensed nurse.
(c) There shall be concurrent didactic instruction and clinical experiences in the care of patients from all age groups except when students repeat courses for failing or withdrawal. Those students may repeat the failed course by itself without also repeating the concurrent course.
(d) The clinical experiences shall be determined by the philosophy, mission, and objectives of the program.
(e) Classroom and clinical experiences shall be the responsibility of program faculty.
(f) Observational experiences shall be determined by the philosophy, mission, and objectives of the program. As used in this subsection, "observational experiences" means those experiences in which the student is in the role of observer. Observational experiences shall be:
(1) planned for and guided by the faculty, but may not require direct supervision; and
(2) included in the program's annual report to the board.
(g) There shall be an outline of the total curriculum showing the placement of courses according to:
(1) year and semester or term;
(2) the ratio of credits to hours; or
(3) the total number of hours.
(h) The school year shall be divided into definite terms with dates set for the beginning and ending of each. The dates shall be communicated to the students at the beginning of the academic year.
(i) Board approval shall be granted prior to the initiation of any major curriculum change. If the change is minor, in that it does not substantially alter the curriculum, it shall be reported to the board in writing in the program's annual report to the board.
(j) A major change, which would require the board's approval prior to implementation, includes the following:
(1) Major changes in philosophy, mission, or objectives.
(2) The number of credits required for successful completion of the program or the major in nursing.
(3) The number and type of general education courses.
(4) Relocation of the program or any of its components.
(5) Change in required clinical hours.
(6) Admission times.
(7) Progression options.
(8) Additions of satellite locations.
(k) There shall be a systematic written plan for program evaluation that is ongoing according to the time frame specified by the faculty. The findings from the systematic evaluation shall be used for development, maintenance, and revision of the program components. The written plan shall include, but is not limited to, the following:
(1) Philosophy, mission, and objectives of the nursing education program.
(2) Expected knowledge, skills, and abilities of the graduates.
(3) Teaching and learning experiences.
(4) Student evaluation of courses.
(5) Instructor evaluation of students.
(6) Pass rates on licensure examination.
(7) Follow-up studies of graduates' evaluation of the program of learning.
(8) Employment performance of graduates.

848 IAC 1-2-17 Curriculum; registered nurse programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 17. (a) The length of a full-time program shall be a minimum of two (2) academic years or its equivalent.
(b) The curriculum shall provide instruction in the following areas:
(1) Physical and biological sciences, including content drawn from the areas of:
(A) anatomy;
(B) physiology;
(C) chemistry;
(D) microbiology;
(E) pharmacology;
(F) physics; and
(G) nutrition;
that may be integrated, combined, or presented as separate courses.
(2) Social and behavioral sciences shall include content drawn from the areas of:
(A) interpersonal communications, English composition, or speech;
(B) psychology; and
(C) sociology;
that may be integrated, combined, or presented as separate courses.
(3) The nursing content shall establish the following:
(A) Provide concurrent theory and clinical experience in the following areas:
(i) Adult nursing.
(ii) Maternity nursing.
(iii) Nursing of children.
(iv) Mental health nursing.
(v) Gerontological nursing.
(vi) For baccalaureate programs, community health nursing and research.
(B) Include:
(i) history;
(ii) trends;
(iii) legal aspects; and
(iv) ethical aspects;
of nursing that may be integrated, combined, or presented as separate courses.
(C) Include content about chemical substance abuse among professionals.
(D) Computer technology shall be integrated, combined, or presented as a separate course.
(E) Standard precautions education shall be integrated, combined, or presented as a separate course.
848 IAC 1-2-18 Curriculum; licensed practical nurse program

**Authority:** IC 25-23-1-7

**Affected:** IC 25-23-1-7

Sec. 18. (a) The length of a full-time program shall be a minimum of one (1) calendar year or its equivalent.

(b) The curriculum shall provide instruction in the following areas:

1. Physical and biological sciences, including content drawn from the areas of:
   - (A) anatomy;
   - (B) physiology;
   - (C) nutrition; and
   - (D) pharmacology;
   that may be integrated, combined, or presented as separate courses.

2. Social and behavioral sciences, including content drawn from the concepts of mental health that may be integrated, combined, or presented as separate courses.

3. The nursing content shall establish the following:
   - (A) Provide concurrent theory and clinical experience in the following areas:
     - (i) Adult nursing,
     - (ii) Maternity nursing,
     - (iii) Nursing of children,
     - (iv) Gerontological nursing.
   - (B) Include:
     - (i) history;
     - (ii) trends;
     - (iii) legal aspects; and
     - (iv) ethical aspects;
   of nursing that may be integrated, combined, or presented as separate courses.

4. Include content about chemical substance abuse among professionals.

5. Computer technology shall be integrated, combined, or presented as a separate course.

6. Standard precautions education shall be integrated, combined, or presented as a separate course.


848 IAC 1-2-19 Clinical experience; all programs

**Authority:** IC 25-23-1-7

**Affected:** IC 25-23-1-20

Sec. 19. (a) Clinical facilities used for learning experiences shall be approved by an organization that has been granted deeming authority or appropriate licensing bodies. Long term care facilities shall be licensed by the Indiana state department of health.

(b) There shall be written agreements between the program and any institution or agency, which is used for clinical experiences. Agreements shall state the responsibilities and privileges of both parties. Written agreements are not necessary for observational experiences.

(c) Nursing program faculty shall:
   - (1) assign;
   - (2) guide;
   - (3) evaluate; and
   - (4) supervise;
the learning activities of students in the clinical experience.

(d) The ratio of faculty to students shall be a maximum of 1:10 or any portion thereof in the clinical or observational experience, exclusive of the nurse director or coordinator.


848 IAC 1-2-20 Educational resources

**Authority:** IC 25-23-1-7

**Affected:** IC 25-23-1-20

Sec. 20. (a) Classrooms, laboratories, and conference rooms shall be provided to meet the needs of the students.

(b) The library shall be adequate in size and have current holdings to meet the educational needs of the students and faculty. There shall be a variety of current audiovisual and computer aids for individual and group instruction. The annual budget shall provide for accessions to the library.

(c) Furnishings, supplies, and office equipment shall be provided for the director, faculty, and clerical staff.

(d) Adequate office space shall be provided for the director, faculty, and clerical staff.

(e) There shall be adequate support services and secretarial personnel to meet the needs of the program.

(f) There shall be adequate support for faculty development.


848 IAC 1-2-21 Progression and graduation

**Authority:** IC 25-23-1-7

**Affected:** IC 25-23-1-7

Sec. 21. (a) There shall be written requirements for progression and graduation prepared by the faculty of each program. There shall be a written policy and procedure for academic probation and termination from the program. There shall be a code of conduct for students.

(b) The nursing program shall provide to enrolled students a student handbook that shall include all information specific to the nursing program.

(c) Candidates for the registered nurse licensing examination shall have successfully completed the educational program with an accumulative average grade of "C" or better, and a grade of "C" or better in each course as identified in section 17 of this rule.

(d) Candidates for the practical nurse licensing examination shall have successfully completed the educational program with a grade of "C" or better in each course.


848 IAC 1-2-22 Records and program catalog

**Authority:** IC 25-23-1-7

**Affected:** IC 25-23-1-7

Sec. 22. (a) There shall be a record system that provides for accurate recording of admission data and student academic records. Provisions shall be made for safe storage of records to prevent loss by destruction and unauthorized use.

(b) Individual student files, maintained by the program of nursing during the student's enrollment, shall include, at a minimum, the following:

1. Documents required for admission.
2. Results of performance evaluation relating to the student's progression or lack thereof.
3. Documentation of standard precautions training.
ARTICLE 2. STANDARDS FOR THE COMPETENT PRACTICE OF REGISTERED AND LICENSED PRACTICAL NURSING

Rule 1. Definitions

848 IAC 2-1-1 Applicability
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 1. The definitions in this rule apply throughout this article.

848 IAC 2-1-2 "Competence" defined
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 2. "Competence" means performing skillfully and proficiently the functions that are within the role of the licensee and demonstrating behavior that is consistent with the interrelationship of essential knowledge, judgment, and skill.

848 IAC 2-1-3 "Health team" defined
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 3. "Health team" means a group of health care providers which may, in addition to health care practitioners, include the patient/client, family, and any significant others.

Rule 2. Registered Nursing

848 IAC 2-2-1 Responsibility to apply the nursing process
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 1. The registered nurse shall do the following:

(a) The institution must maintain in readily accessible form, or cause to be maintained in readily accessible form, sufficient records to generate an official student transcript for a period of sixty (60) years after the date the student attended the institution.

(d) Information about the program shall be published periodically, at least every two (2) years. The publication shall be dated and include the following:

1. Philosophy, mission, and objectives of the nursing program.
2. A general description of the program.
3. The curriculum plan.
4. Brief course descriptions.
5. Facilities and conditions provided for student learning and welfare.
6. Faculty information.
7. A statement of tuition, fees, and refund policies.
8. A statement regarding nondiscriminatory policies for student and faculty recruitment.
9. A statement regarding student complaint and grievance procedures.
10. Admission, progression, and graduation policies.


848 IAC 1-2-23 Reports to the board
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 24. A copy of each annual report to the board, the program catalog, and nursing student handbook shall be maintained in the permanent records of the institution.

(Indiana State Board of Nursing; 848 IAC 1-2-24; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 603; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)
848 IAC 2-2-2 Responsibility as a member of the nursing profession  
Authority: IC 25-23-1-7  
Affected: IC 25-23  
Sec. 2. The registered nurse shall do the following:  
1. Function within the legal boundaries of nursing practice based on the knowledge of statutes and rules governing nursing.  
2. Accept responsibility for individual nursing actions and continued competence.  
3. Communicate, collaborate, and function with other members of the health team to provide safe and effective care.  
4. Seek education and supervision as necessary when implementing nursing practice techniques.  
5. Respect the dignity and rights of the patient/client regardless of socioeconomic status, personal attributes, or nature of health problem.  
6. Maintain each patient/client’s right to privacy by protecting confidential information unless obligated, by law, to disclose the information.  
7. Provide nursing care without discrimination on the basis of diagnosis, age, sex, race, creed, or color.  
8. Delegate and supervise only those nursing measures which the nurse knows, or should know, that another person is prepared, qualified, or licensed to perform.  
9. Retain professional accountability for nursing care when delegating nursing intervention.  
10. Respect and safeguard the property of patient/client, family, significant others, and the employer.  
11. Notify, in writing, the appropriate party, which may include:  
(A) the office of the attorney general, consumer protection division;  
(B) his or her employer or contracting agency; or  
(C) the board;  
of any unprofessional conduct which may jeopardize the patient/client safety.  
12. Participate in the review and evaluation of the quality and effectiveness of nursing care.  

848 IAC 2-2-3 Unprofessional conduct  
Authority: IC 25-23-1-7  
Affected: IC 25-23  
Sec. 3. Nursing behaviors (acts, knowledge, and practices) failing to meet the minimal standards of acceptable and prevailing nursing practice, which could jeopardize the health, safety, and welfare of the public, shall constitute unprofessional conduct. These behaviors shall include, but are not limited to, the following:  
1. Using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care.  
2. Performing any nursing technique or procedure for which the nurse is unprepared by education or experience.  
3. Disregarding a patient/client’s dignity, right to privacy, or right to confidentiality.  
4. Failing to provide nursing care because of diagnosis, age, sex, race, color, or creed.  
5. Abusing a patient/client verbally, physically, emotionally, or sexually.  
6. Falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record.  
7. Abandoning or knowingly neglecting patients/clients requiring nursing care.  
8. Delegating nursing care, functions, tasks, or responsibility to others when the nurse knows, or should know, that such delegation is to the detriment of patient safety.  

(9) Providing one’s license/temporary permit to another individual for any reason.  
(10) Failing to practice nursing in accordance with prevailing nursing standards due to physical or psychological impairment.  
(11) Diverting prescription drugs for own or another person’s use.  
(12) Misappropriating money or property from a patient/client or employee.  
(13) Failing to notify, in writing, the appropriate party, which may include:  
(A) the office of the attorney general, consumer protection division;  
(B) his or her employer or contracting agency; or  
(C) the board;  
of any unprofessional conduct which may jeopardize patient/client safety.  

Rule 3. Licensed Practical Nursing  
848 IAC 2-3-1 Responsibility to apply the nursing process  
Authority: IC 25-23-1-7  
Affected: IC 25-23  
Sec. 1. The licensed practical nurse shall do the following:  
1. Know and utilize the nursing process in planning, implementing, and evaluating health services and nursing care to the individual patient or client.  
2. Collaborate with other members of the health team in providing for patient/client participation in health promotion, maintenance, and restoration.  
3. Seek educational resources and create learning experiences to enhance and maintain current knowledge and skills for his or her continuing competence in nursing practice and individual professional growth.  
4. Assess the health status of the patient/client, in conjunction with other members of the health care team, for analysis and identification of health goals.  
5. Evaluate with the patient/client the status of goal achievement as a basis for reassessment, reordering of priorities, and new goal setting for contribution to the modification of the plan of nursing care.  

848 IAC 2-3-2 Responsibility as a member of the health team  
Authority: IC 25-23-1-7  
Affected: IC 25-23  
Sec. 2. The licensed practical nurse shall do the following:  
1. Function within the legal boundaries of practical nursing practice based on the knowledge of statutes and rules governing nursing.  
2. Accept responsibility for individual nursing actions and continued competence.  
3. Communicate, collaborate, and function with other members of the health care team to provide safe and effective care.  
4. Seek education and supervision as necessary from registered nurses and/or other members of the health care team when implementing nursing techniques or practices.  
5. Respect the dignity and rights of the patient/client regardless of socioeconomic status, personal attributes, or nature of health problems.  
6. Maintain each patient/client’s right to privacy by protecting confidential information unless obligated, by law, to disclose the information.
behaviors shall include, but are not limited to, the following:

(1) Failing to practice nursing in accordance with prevailing standards of acceptable practice in providing nursing care, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. These practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. These practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. 

(2) Performing any nursing technique or procedure for which the nurse is unprepared by education or experience.

(3) Disregarding a patient/client's dignity, right to privacy, or right to confidentiality.

(4) Failing to provide nursing care because of diagnosis, age, sex, race, color, or creed.

(5) Abusing a patient/client verbally, physically, emotionally, or sexually.

(6) Falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record.

(7) Abandoning or knowingly neglecting patients/clients requiring nursing care.

(8) Accepting delegated nursing measures that he or she knows that he or she is not prepared, qualified, or licensed to perform.

(9) Providing one's license/temporary permit to another individual for any reason.

(10) Failing to practice nursing in accordance with prevailing standards of acceptable practice in providing nursing care, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. These practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. These practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct.

(11) Participate in the review and evaluation of the quality and effectiveness of nursing care.

(12) Misappropriating money or property from a patient/client or significant others, and the employer.

(13) Failing to notify, in writing, the appropriate party which may include:
   (A) the office of the attorney general, consumer protection division;
   (B) his or her employer or contracting agency; or
   (C) the board; of any unprofessional conduct which may jeopardize the patient/client safety.

ARTICLE 3. NURSE-MIDWIVES

Rule 1. Definitions

Sec. 1. (a) "Certified nurse-midwife" means a registered nurse who has graduated from a nationally accredited school of midwifery, has passed the National Certifying Examination given by the American College of Nurse-Midwives, and is licensed by the board to practice as a nurse-midwife.

(b) "CNM" means certified nurse-midwife and are the designated authorized initials to be used by the certified nurse-midwife.

Sec. 2. "Practice of nurse-midwifery" means the practice of nursing and the extension of that practice, including well-woman gynecological healthcare, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery.

Sec. 3. Nursing behaviors (acts, knowledge, and practices) failing to meet the minimal standards of acceptable and prevailing licensed practical nursing practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. These behaviors shall include, but are not limited to, the following:

(1) Using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care.

(2) Providing one's license/temporary permit to another individual for any reason.

(3) Disregarding a patient/client's dignity, right to privacy, or right to confidentiality.

(4) Failing to provide nursing care because of diagnosis, age, sex, race, color, or creed.

(5) Abusing a patient/client verbally, physically, emotionally, or sexually.

(6) Falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record.

(7) Abandoning or knowingly neglecting patients/clients requiring nursing care.

(8) Accepting delegated nursing measures that he or she knows that he or she is not prepared, qualified, or licensed to perform.

(9) Providing one's license/temporary permit to another individual for any reason.

(10) Failing to practice nursing in accordance with prevailing standards of acceptable practice in providing nursing care, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. These practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. These practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. 

(11) Participate in the review and evaluation of the quality and effectiveness of nursing care.

(12) Misappropriating money or property from a patient/client or significant others, and the employer.

(13) Failing to notify, in writing, the appropriate party which may include:
   (A) the office of the attorney general, consumer protection division;
   (B) his or her employer or contracting agency; or
   (C) the board; of any unprofessional conduct which may jeopardize the patient/client safety.

848 IAC 3-1-0.5 Applicability

Affected: IC 25-23-1-7

Sec. 0.5. The definitions in this rule apply throughout this article.

848 IAC 3-1-0.6 "Board" defined

Affected: IC 25-23-1-7

Sec. 0.6. "Board" means the Indiana state board of nursing.

848 IAC 3-1-1 "Certified nurse-midwife" defined; use of initials

Affected: IC 25-23-1-7

Sec. 1. (a) "Certified nurse-midwife" means a registered nurse who has graduated from a nationally accredited school of midwifery, has passed the National Certifying Examination given by the American College of Nurse-Midwives, and is licensed by the board to practice as a nurse-midwife.

(b) "CNM" means certified nurse-midwife and are the designated authorized initials to be used by the certified nurse-midwife.

848 IAC 3-1-2 "Practice of nurse-midwifery" defined

Affected: IC 25-23-1-7

Sec. 2. "Practice of nurse-midwifery" means the practice of nursing and the extension of that practice, including well-woman gynecological healthcare, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery.

848 IAC 3-1-3 Association with licensed physician; jurisdiction of board

Sec. 3. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-4 Registration requirement

Sec. 4. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-5 Application for registration; qualifications

Sec. 5. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
848 IAC 3-1-6 Fees for registration (Repealed)
Sec. 6. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-7 Photograph submitted with application (Repealed)
Sec. 7. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-8 Screening applicant; approval (Repealed)
Sec. 8. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-10 Biennial re-registration (Repealed)
Sec. 10. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-11 Notice of re-registration (Repealed)
Sec. 11. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-12 Fee for re-registration (Repealed)
Sec. 12. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-13 Delinquency fee (Repealed)
Sec. 13. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-14 Suspension of registration for delinquency (Repealed)
Sec. 14. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-15 Retirement and surrender of registration (Repealed)
Sec. 15. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

848 IAC 3-1-16 Hearings regarding registration or disciplinary proceedings (Repealed)
Sec. 16. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

Rule 2. General Provisions

848 IAC 3-2-1 Application for limited license; qualifications
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 1. Every applicant for limited license shall file an application on a form supplied by the board.
(Indiana State Board of Nursing; 848 IAC 3-2-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-2 Fees for limited license
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 2. (a) Each applicant for a limited license in nurse-midwifery shall pay a fee as provided in 848 IAC 1-1-14 in the form of a personal check, certified check, cashier's check, or money order payable to the health professions bureau. This fee is not refundable, but may be used up to and including one (1) year from the original submission of the application.
(b) The fee for any reapplication shall be the same as determined by the board for the original application and is payable in the form of a personal check, certified check, cashier's check, or money order payable to the health professions bureau.
(Indiana State Board of Nursing; 848 IAC 3-2-2; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1326; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-3 Photograph submitted with application
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 3. A recent passport type photograph of the applicant taken within six (6) weeks prior to filing shall be submitted with each application. The photograph shall be in color on semigloss paper, not less than three (3) inches wide and four (4) inches high.
(Indiana State Board of Nursing; 848 IAC 3-2-3; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-4 Temporary permit not issued
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 4. No temporary permit will be issued under any circumstances.
(Indiana State Board of Nursing; 848 IAC 3-2-4; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-5 Biennial renewal of limited license
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 5. Every person with a limited license to practice nurse-midwifery shall renew such limited license with the board on or before October 31 of odd-numbered years.
(Indiana State Board of Nursing; 848 IAC 3-2-5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-6 Notice of renewal
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 6. On or before August 31 of odd-numbered years, the health professions bureau shall notify each nurse-midwife that he or she is required to renew their limited license to practice nurse-midwifery. At the time of such notice, the health professions bureau shall mail a form to each nurse-midwife to the last known address of record.
(Indiana State Board of Nursing; 848 IAC 3-2-6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-7 Fee for renewal
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 7. At the time of submitting his or her limited license renewal form to the board, each nurse-midwife shall submit a fee as provided in 848 IAC 1-1-14 and proof of current licensure as a registered nurse. A personal check, certified check, cashier's check, or money order shall be submitted to the health professions bureau with the renewal form and shall be made payable to the health professions bureau.
(Indiana State Board of Nursing; 848 IAC 3-2-7; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)
848 IAC 3-2-8 Delinquent fee  
Authority: IC 25-23-1-7  
Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 8. In the event any nurse-midwife fails to complete the renewal process on or before October 31 of odd-numbered years, he or she shall be required to pay a delinquent fee to be determined by the board in addition to the fees prescribed in section 7 of this rule for each year that the limited license is delinquent.  
(In Indiana State Board of Nursing; 848 IAC 3-2-8; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

Rule 3. Competent Practice of Nurse-Midwifery

848 IAC 3-3-1 Competent practice of nurse-midwives  
Authority: IC 25-23-1-7  
Affected: IC 16-21; IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. A nurse-midwife shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each nurse-midwife:

1. Assess clients by using advanced knowledge and skills to:
   (A) identify abnormal conditions;
   (B) diagnose health problems;
   (C) develop and implement nursing treatment plans; and
   (D) evaluate patient outcomes.

2. Use advanced knowledge and skills in teaching and guiding clients and other health care team members.

3. Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the practice of nurse-midwifery.

4. Function within the legal boundaries of the practice of nurse-midwifery and shall have and utilize knowledge of the statutes and rules governing the practice of nurse-midwifery, including the following:
   (A) State and federal drug laws and regulations.
   (B) State and federal confidentiality laws and regulations.
   (C) State and federal medical records access laws.

5. Consult and collaborate with other members of the health care team as appropriate to provide reasonable client care.

6. Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.

7. Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.

8. Maintain current knowledge and skills in the practice of nurse-midwifery.

9. Manage and provide health care services in the practice of nurse-midwifery.

10. Provide individual and group counseling and teaching throughout the life cycle.

11. Participate in periodic and joint evaluation of services rendered, including, but not limited to, the following:
   (A) Chart reviews.
   (B) Case reviews.
   (C) Client evaluations.
   (D) Outcome statistics.

12. Conduct and apply research findings appropriate to the area of practice.

13. Participate, when appropriate, in the joint review and revision of written guidelines involving the plan of care.  
(In Indiana State Board of Nursing; 848 IAC 3-3-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

Rule 4. Limitations of Rules

848 IAC 3-4-1 Limitations of rules (Repealed)  
Sec. 1. (Repealed by Indiana State Board of Nursing; filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329)

Rule 5. Fees for Nurse-Midwives

848 IAC 3-5-1 Fees for nurse-midwives  
Authority: IC 25-23-1-7  
Affected: IC 25-23-1-1; IC 25-23-1-13.1

Sec. 1. (a) The application fee for limited licensure as a nurse-midwife shall be fifty dollars ($50).

(b) The fee for renewal of a nurse-midwife limited license shall be fifty dollars ($50).

(c) The penalty fee for late renewals is as established by the health professions bureau.

(d) The fee for a duplicate nurse-midwife wall certificate shall be ten dollars ($10).

(e) The fee for endorsement out of Indiana for a nurse-midwife shall be ten dollars ($10).

(In Indiana State Board of Nursing; 848 IAC 3-5-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; filed Dec 19, 1996, 10:00 a.m.: 20 IR 1123; readopted filed Jul 30, 2001, 2:07 p.m.: 24 IR 4237; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

ARTICLE 4. ADVANCED PRACTICE NURSING AND PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSING

Rule 1. Definitions

848 IAC 4-1-1 Applicability  
Authority: IC 25-23-1-7  
Affected: IC 25-23-1

Sec. 1. The definitions in this rule apply throughout this article and 848 IAC 5.

(In Indiana State Board of Nursing; 848 IAC 4-1-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 4-1-2 "Board" defined  
Authority: IC 25-23-1-7  
Affected: IC 25-23-1

Sec. 2. "Board" means the Indiana state board of nursing.

(In Indiana State Board of Nursing; 848 IAC 4-1-2; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 4-1-3 "Advanced practice nurse" defined  
Authority: IC 25-23-1-7  
Affected: IC 16-21; IC 25-23-1-1

Sec. 3. (a) "Advanced practice nurse" means a registered nurse holding a current license in Indiana who:

1. has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the board;

2. functions in an expanded role of nursing at a specialized level through the application of advanced knowledge and skills to provide healthcare to individuals, families, or groups in a variety of settings, including, but not limited to:
   (A) homes;
   (B) institutions;
848 IAC 4-1-5 "Clinical nurse specialist" defined
Affected: IC 25-23-1-7
Sec. 5. (a) "Clinical nurse specialist" means an advanced practice nurse who meets the requirements of section 4 of this rule.
(1) Meets the requirements of an advanced practice nurse as outlined in section 3 of this rule, and who has completed any of the following:
(A) A formal organized program of study and clinical experience or the equivalent as determined by the board.
(B) Certification in a clinical nursing specialty approved by the board.
(C) A graduate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation designed to train clinical nurse specialists which grants, at a minimum, a master's degree and which meets the requirements of section 6 of this rule.
(D) A certificate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation which prepares the registered nurse to practice as a nurse practitioner and meets the requirements of section 6 of this rule.

(b) CNS means clinical nurse specialist and are the designated authorized initials to be used by the clinical nurse specialist.

Rule 2. Competent Practice of Nurse Practitioners
848 IAC 4-2-1 Competent practice of nurse practitioners
Affected: IC 25-23-1-7
Sec. 1. A nurse practitioner shall perform as an independent and interdependent member of the health team as defined in 848 IAC 2-1-3. The following are standards for each nurse practitioner:
(1) Assesses clients by using advanced knowledge and skills to:
(A) Identify abnormal conditions;
(B) Diagnose health problems;
(C) Develop and implement nursing treatment plans;
(D) Evaluate patient outcomes; and
(E) Collaborate with or refer to a practitioner, as defined in IC 25-23-1-19.4, in managing the plan of care.
(2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.
(3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of a nurse practitioner.
(4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice area, including the following:
(A) State and federal drug laws and regulations.
(B) State and federal confidentiality laws and regulations.
(C) State and federal medical records access laws.
(5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care, both acute and ongoing.
(6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
(7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.

(8) Maintain current knowledge and skills in the nurse practitioner area.

(9) Conduct an assessment of clients and families which may include health history, family history, physical examination, and evaluation of health risk factors.

(10) Assess normal and abnormal findings obtained from the history, physical examination, and laboratory results.

(11) Evaluate clients and families regarding development, coping ability, and emotional and social well-being.

(12) Plan, implement, and evaluate care.

(13) Develop individualized teaching plans with each client based on health needs.

(14) Counsel individuals, families, and groups about health and illness and promote attention to wellness.

(15) Participate in periodic or joint evaluations of service rendered, including, but not limited to, the following:
   (A) Chart reviews.
   (B) Client evaluations.
   (C) Outcome statistics.

(16) Conduct and apply research findings appropriate to the area of practice.

(17) Participate, when appropriate, in the joint review of the plan of care.

Rule 3. Competent Practice of Clinical Nurse Specialists

848 IAC 4-3-1 Competent practice of clinical nurse specialists
Authority: IC 25-23-1-7
Affected: IC 16-21; IC 25-23-1-1; IC 25-23-1-33
Sec. 1. A clinical nurse specialist shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each clinical nurse specialist:

(1) Assess clients by using advanced knowledge and skills to:
   (A) identify abnormal conditions;
   (B) diagnose health problems;
   (C) develop and implement nursing treatment plans; and
   (D) evaluate patient outcomes.

(2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.

(3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the clinical nurse specialist.

(4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice areas, including the following:
   (A) State and federal drug laws and regulations.
   (B) State and federal confidentiality laws and regulations.
   (C) State and federal medical records access laws.

(5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care.

(6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.

(7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.

(8) Maintain current knowledge and skills in their clinical nurse specialist area.

(9) Provide direct nursing care utilizing advanced scientific knowledge, nursing theory, and nursing skills in the assessment, planning, implementation, and evaluation of health and nursing care of individual clients.

(10) Provide indirect nursing care through planning, guiding, evaluating, and directing nursing care delivered by nursing and ancillary personnel as authorized by IC 25-23-1 and this title.

(11) Conduct nursing research, including methods of nursing intervention and healthcare in the area of specialization, and apply research findings appropriate to the area of practice.

(12) Teach and counsel individuals or groups by utilizing communication skills and teaching or learning theories to increase knowledge or functioning of individuals or groups, nursing personnel, students, and other members of the health care team.

(13) Serve as a consultant and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient care.

(14) Participate in periodic evaluation of services rendered, including, but not limited to, the following:
   (A) Chart reviews.
   (B) Case reviews.
   (C) Patient evaluations.
   (D) Outcome of case statistics.

488 IAC 4-4-1 Limitations of rules (Repealed)
Sec. 1. (Repealed by Indiana State Board of Nursing; filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329)

ARTICLE 5. PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSING

Rule 1. Prescriptive Authority

848 IAC 5-1-1 Initial authority to prescribe legend drugs
Authority: IC 25-23-1-7
Affected: IC 25-23-1
Sec. 1. (a) An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse does the following:

(1) Submits an application on a form prescribed by the board with the required fee, including, but not limited to, the following information:
   (A) Complete name, residence and office addresses with zip codes, and residence and business telephone numbers with area codes.
   (B) All names used by the applicant, explaining the reasons for any name change or use.
   (C) Date and place of birth.
   (D) Citizenship and visa status, if applicable.
   (E) A complete statement of all nursing education received, providing the following:
      (i) Names and locations of all colleges, schools, or universities attended.
      (ii) Dates of attendance.
      (iii) Degrees obtained or received.
   (F) Whether the applicant has ever had any disciplinary action taken against the applicant's nursing license by the board or by the
licensing agency of any other state or jurisdiction and the details and dates thereof.

(G) A complete list of all places of employment, including the following:
   (i) The names and addresses of employers.
   (ii) The dates of each employment.
   (iii) Employment responsibilities held or performed that the applicant had since graduation from nursing school.

(H) Whether the applicant is, or has been, addicted to any narcotic drug, alcohol, or other drugs and, if so, the details thereof.

(I) Whether the applicant has been convicted of any violation of law relating to drug abuse, controlled substances, narcotic drugs, or any other drugs.

(J) Whether the applicant has previously been licensed to practice nursing in any other state or jurisdiction and, if so, the following:
   (i) The name and location of the state or jurisdiction denying licensure.
   (ii) The date of denial of such licensure.
   (iii) The reasons relating thereto.

(L) A certified statement that the applicant has not been convicted of a criminal offense (excluding minor traffic violations) or a certified statement listing all criminal offenses of which the applicant has been convicted. This listing must include the following:
   (i) The offense of which the applicant was convicted.
   (ii) The court in which the applicant was convicted.
   (iii) The cause number in which the applicant was convicted.

(M) All information in the application shall be submitted under oath or affirmation, subject to the penalties for perjury.

(2) Submits proof of holding an active, unrestricted:
   (A) Indiana registered nurse license; or
   (B) registered nurse license in another compact state and having filed a Multi-state Privilege Notification Form with the health professions bureau.

(3) Submits proof of having met the requirements of all applicable laws for practice as an advanced practice nurse in the state of Indiana.

(4) Submits proof of a baccalaureate or higher degree in nursing.

(5) If the applicant holds a baccalaureate degree only, submits proof of certification as a nurse practitioner or certified nurse-midwife by a national organization recognized by the board and which requires a national certifying examination.

(6) Submits proof of having successfully completed a graduate level pharmacology course consisting of at least two (2) semester hours of academic credit from a college or university accredited by the Commission on Recognition of Postsecondary Accreditation:
   (A) within five (5) years of the date of application; or
   (B) if the pharmacology course was completed more than five (5) years immediately preceding the date of filing the application, the applicant must submit proof of the following:
      (i) Completing at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding the date of the application, including a minimum of at least eight (8) actual contact hours of pharmacology, all of which must be approved by a nationally approved sponsor of continuing education for nurses.

(ii) Prescriptive experience in another jurisdiction within the five (5) years immediately preceding the date of the application.

(7) Submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the advanced practice nurse. Specifically, the written practice agreement shall contain at least the following information:

   (A) Complete names, home and business addresses, zip codes, and telephone numbers of the licensed practitioner and the advanced practice nurse.
   (B) A list of all other offices or locations besides those listed in clause (A) where the licensed practitioner authorized the advanced practice nurse to prescribe.
   (C) All specialty or board certifications of the licensed practitioner and the advanced practice nurse.
   (D) The specific manner of collaboration between the licensed practitioner and the advanced practice nurse, including how the licensed practitioner and the advanced practice nurse will:
      (i) work together;
      (ii) share practice trends and responsibilities;
      (iii) maintain geographic proximity; and
      (iv) provide coverage during absence, incapacity, infirmity, or emergency by the licensed practitioner.
   (E) A description of what limitation, if any, the licensed practitioner has placed on the advanced practice nurse’s prescriptive authority.
   (F) A description of the time and manner of the licensed practitioner’s review of the advanced practice nurse’s prescribing practices. The description shall include provisions that the advanced practice nurse must submit documentation of the advanced practice nurse’s prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.
   (G) A list of all other written practice agreements of the licensed practitioner and the advanced practice nurse.
   (H) The duration of the written practice agreement between the licensed practitioner and the advanced practice nurse.

(8) Written practice agreements for advanced practice nurses applying for prescriptive authority shall not be valid until prescriptive authority is granted by the board.

(b) When the board determines that the applicant has met the requirements under subsection (a), the board shall send written notification of authority to prescribe to the advanced practice nurse, including the identification number and designated authorized initials to be used by the advanced practice nurse.

(c) Advanced practice nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating licensed practitioner. Written practice agreements shall terminate automatically if the advanced practice nurse or licensed practitioner no longer has an active, unrestricted license.

(d) Advanced practice nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration and a federal Drug Enforcement Administration registration.

848 IAC 7-1-1 Definitions
Authority: IC 25-23-1-7
AFFECTED: IC 25-23-1
Sec. 1. The following definitions apply throughout this article:
(1) "Board" means the Indiana state board of nursing.
(2) "Indiana State Nurses Assistance Program" or "ISNAP" means an abstinence based program for the rehabilitation and monitoring of:
(A) impaired registered nurses; or
(B) licensed practical nurses;
(3) "IPLA" means the Indiana professional licensing agency.
(4) "Nurse" means either of the following:
(A) Registered nurse as defined in IC 25-23-1-1.
(B) Licensed practical nurse as defined in IC 25-23-1-2.
(5) "Recovery monitoring agreement" or "RMA" means the written document establishing the terms for an individual registered nurse’s or licensed practical nurse’s participation in the abstinence based rehabilitation monitoring program.
(6) "Treatment program" means an abstinence based program or facility that is accredited by any of the following:
(A) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
(B) Other appropriate agencies that accredit addiction treatment programs, including, but not limited to, the following:
(i) The Commission on Accreditation for Rehabilitation Facilities (CARF).
(ii) The Council on Accreditation of Services for Families and Children (COA).
(iii) The Health Facilities Accreditation Program (HFAP).
(iv) The Indiana Family and Social Services Administration (FSSA).
(v) The Indiana State Department of Health (ISDH).
(4) "Nurse" means either of the following:
(A) Registered nurse as defined in IC 25-23-1-1.
(B) Licensed practical nurse as defined in IC 25-23-1-2.
(5) "Recovery monitoring agreement" or "RMA" means the written document establishing the terms for an individual registered nurse’s or licensed practical nurse’s participation in the abstinence based rehabilitation monitoring program.
(6) "Treatment program" means an abstinence based program or facility that is accredited by any of the following:
(A) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
(B) Other appropriate agencies that accredit addiction treatment programs, including, but not limited to, the following:
(i) The Commission on Accreditation for Rehabilitation Facilities (CARF).
(ii) The Council on Accreditation of Services for Families and Children (COA).
(iii) The Health Facilities Accreditation Program (HFAP).
(iv) The Indiana Family and Social Services Administration (FSSA).
(v) The Indiana State Department of Health (ISDH).

Rule 2. Limitations of Rules

848 IAC 5-2-1 Limitations of rules
Authority: IC 25-23-1-7
AFFECTED: IC 25-23-1
Sec. 1. No written practice agreement shall be necessary unless the advanced practice nurse seeks prescriptive authority.
(Indiana State Board of Nursing; 848 IAC 5-2-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2878; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

Rule 3. Fees for Prescriptive Authority

848 IAC 5-3-1 Fees for prescriptive authority
Authority: IC 25-23-1-7
AFFECTED: IC 25-23-1
Sec. 1. (a) The application fee for an advanced practice nurse to receive prescriptive authority shall be fifty dollars ($50).
(b) The fee for renewal of advanced practice nurse prescriptive authority shall be ten dollars ($10).
(c) The penalty fee for late renewals is as established by the health professions bureau.
(d) The fee for a duplicate wall certificate for advanced practice nurse prescriptive authority shall be ten dollars ($10).
(e) The fee for written verification of advanced practice nurse prescriptive authority shall be ten dollars ($10).
(Indiana State Board of Nursing; 848 IAC 5-3-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2878; filed Jun 6, 1996, 9:00 a.m.: 19 IR 3105; readopted filed Jul 30, 2001, 2:07 p.m.: 24 IR 4237; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

ARTICLE 6. INTERSTATE NURSE LICENSURE COMPACT AND MULTISTATE LICENSURE PRIVILEGES

(Repealed by Indiana State Board of Nursing; filed Mar 16, 2005, 11:50 a.m.: 28 IR 2385)

ARTICLE 7. INDIANA STATE NURSES ASSISTANCE PROGRAM


848 IAC 7-1-1 Definitions
Authority: IC 25-23-1-7
AFFECTED: IC 25-23-1-1; IC 25-23-1-1.1; IC 25-23-1-2; IC 25-23-1-31
Sec. 1. The following definitions apply throughout this article:
(1) "Board" means the Indiana state board of nursing.
(2) "Indiana State Nurses Assistance Program" or "ISNAP" means an abstinence based program for the rehabilitation and monitoring of:
(A) impaired registered nurses; or
(B) licensed practical nurses;
that have been affected by the personal use or abuse of alcohol or other drugs.
(3) "IPLA" means the Indiana professional licensing agency.
(4) "Nurse" means either of the following:
(A) Registered nurse as defined in IC 25-23-1-1.
(B) Licensed practical nurse as defined in IC 25-23-1-2.
(5) "Recovery monitoring agreement" or "RMA" means the written document establishing the terms for an individual registered nurse’s or licensed practical nurse’s participation in the abstinence based rehabilitation monitoring program.
(6) "Treatment program" means an abstinence based program or facility that is accredited by any of the following:
(A) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
(B) Other appropriate agencies that accredit addiction treatment programs, including, but not limited to, the following:
(i) The Commission on Accreditation for Rehabilitation Facilities (CARF).
(ii) The Council on Accreditation of Services for Families and Children (COA).
(iii) The Health Facilities Accreditation Program (HFAP).
(iv) The Indiana Family and Social Services Administration (FSSA).
(v) The Indiana State Department of Health (ISDH).
(4) "Nurse" means either of the following:
(A) Registered nurse as defined in IC 25-23-1-1.
(B) Licensed practical nurse as defined in IC 25-23-1-2.
(5) "Recovery monitoring agreement" or "RMA" means the written document establishing the terms for an individual registered nurse’s or licensed practical nurse’s participation in the abstinence based rehabilitation monitoring program.
(6) "Treatment program" means an abstinence based program or facility that is accredited by any of the following:
(A) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
(B) Other appropriate agencies that accredit addiction treatment programs, including, but not limited to, the following:
(i) The Commission on Accreditation for Rehabilitation Facilities (CARF).
(ii) The Council on Accreditation of Services for Families and Children (COA).
(iii) The Health Facilities Accreditation Program (HFAP).
(iv) The Indiana Family and Social Services Administration (FSSA).
(v) The Indiana State Department of Health (ISDH).
848 IAC 7-1-3 Recovery monitoring agreement requirements for participants
Author: IC 25-23-1-7
Affected: IC 25-23-1-31
Sec. 3. (a) A nurse participating in ISNAP must execute and abide by the terms of an RMA. The RMA shall identify the requirements and responsibilities of the parties to the agreement.
(b) The RMA shall include, but is not limited to, the following:
   1. The length of time the nurse shall participate in ISNAP.
   2. The abstinence based treatment plan to be followed by the nurse.
   3. The consequences of failure to comply with the abstinence based treatment plan or other terms of the RMA.
   4. The restrictions placed on the nurse’s activities regarding the practice of nursing and the duration of such restrictions.
   5. The requirements for monitoring and supervision that must be met by the nurse.
   6. A statement that will allow the IPLA and the board to do the following:
      (A) Review the nurse’s file for compliance with the RMA.
      (B) Submit the services provided by ISNAP.
   7. The releases for seeking information or records related to the nurse’s impairment from the following:
      (A) Family.
      (B) Peers.
      (C) Medical personnel.
      (D) Employers.
      (E) Treatment providers.
   8. A statement that costs accruing to the nurse, including, but not limited to, treatment and body fluid screens, shall:
      (A) be the responsibility of the nurse; and
      (B) be the responsibility of ISNAP.
   9. The fee to be assessed to the nurse for participation in the program, including the following:
      (A) The fee assessed for all participants, if any.
      (B) An additional fee that may be assessed if the nurse is terminated or otherwise released from the program and then readmitted.
      (C) An additional fee that may be assessed if the length of the nurse’s RMA is extended.
   10. Any other information related to the rehabilitation and monitoring of the nurse.

Indiana State Board of Nursing; 848 IAC 7-1-3; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1927

848 IAC 7-1-4 Recovery monitoring agreement requirements; length of agreement
Authority: IC 25-23-1-7
Affected: IC 25-23-1-31
Sec. 4. (a) The RMA will last a minimum of three (3) years, except as provided in subdivisions (b) and (c). The requirements for monitoring will be:
   1. more stringent in the first two (2) years; and
   2. eased in the third year if the nurse’s recovery is progressing well.
(b) Relapses and other failures to comply with the terms of the RMA may result in a longer period of monitoring. As appropriate, an addendum to the RMA may be initiated by ISNAP. However, the monitoring program shall not exceed five (5) years, except in case of extenuating circumstances. Participation in the monitoring program beyond the five (5) year maximum must receive preauthorization from the board.
(c) Mitigating factors including, but not limited to, the following may be taken into consideration by ISNAP in determining the length of an individual nurse’s participation in the program and may cause the RMA to last less than three (3) years:
   1. Time spent in a treatment facility or treatment program before executing the RMA.
   2. Documented sobriety or recovery before executing the RMA.
   3. The severity of the nurse’s use or abuse of alcohol or other drugs.

Indiana State Board of Nursing; 848 IAC 7-1-4; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1928

848 IAC 7-1-5 Recovery monitoring agreement requirements; voluntary and involuntary referrals
Authority: IC 25-23-1-7
Affected: IC 25-23-1-31
Sec. 5. (a) An impaired nurse may enter the rehabilitation and monitoring program either by voluntary referral or by involuntary referral.
(b) If the nurse contacts ISNAP voluntarily:
   1. the rehabilitation monitoring program shall be explained by ISNAP; and
   2. an appointment shall be scheduled for an initial screening.
(c) A nurse may enter the rehabilitation monitoring program by an involuntary referral if:
   1. the rehabilitation monitoring program is contacted by:
      (A) individuals;
      (B) supervisors; or
      (C) professional organizations;
      regarding the nurse in need of assistance; or
   2. a nurse is referred to the rehabilitation monitoring program by order of the board.
If a nurse is involuntarily referred under subdivision (1), ISNAP shall assist in developing individual strategies, including techniques for intervention to arrange a referral to the program.
(d) If the nurse does not agree to participate in the program by voluntary or involuntary referral, a written complaint shall be filed by
ISNAP with the consumer protection division of the office of the attorney general.

(Indiana State Board of Nursing; 848 IAC 7-1-5; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1929)

848 IAC 7-1-6 Recovery monitoring agreement requirements; additional program requirements

Authority: IC 25-23-1-7
Affected: IC 16-39; IC 25-23-1-31

Sec. 6. (a) ISNAP shall monitor each nurse’s participation in the rehabilitation monitoring program for compliance with the program.
(b) The treatment plan referenced in the RMA must be abstinence based.
(c) Monitoring shall include the following, as each applies to the individual nurse’s treatment plan:
(1) Treatment and therapy:
   (A) recommendations;
   (B) participation;
   including aftercare.
(2) Participation in an abstinence based support group.
(3) Professional support group participation.
(4) Work activities, including the following:
   (A) Return-to-work issues for all participants.
   (B) Ongoing monitoring of work performance and compliance with restrictions or limitations imposed by the program contract or the board.
(5) Random drug testing.
(6) A determination by ISNAP whether or not the nurse shall be terminated from participation in the program for failure to comply with program requirements.
(d) In addition to subsection (a), ISNAP may monitor each nurse for compliance in family treatment and special treatment, including, but not limited to, the following if those treatments are included in the individual nurse’s treatment plan:
(1) Pain management.
(2) Psychiatric treatment.
(3) Psychological treatment.
(e) ISNAP:
(1) shall report to the board the name and license number of a nurse that has failed to comply with the provisions of the rehabilitation and monitoring program and the circumstances surrounding the failure to comply;
(2) may release information to the board or to the consumer protection division of the office of the attorney general, in compliance with:
   (A) IC 25-23-1-31; and
   (B) all applicable state and federal confidentiality laws and regulations.
(f) ISNAP shall, upon the written request of the nurse, purge participant records provided that no additional occurrences of alcohol or other drug related violations have been reported to the board over a period of seven (7) years from the nurse’s last use of alcohol or other drugs, under IC 16-39. ISNAP may purge records after seven (7) years as provided for in IC 16-39.
(g) After a nurse has completed the RMA period, upon the nurse’s request, the nurse will be permitted to voluntarily sign a subsequent agreement for an additional period of time. The nurse is directly responsible for the cost of all monitoring conducted by ISNAP. The cost of monitoring of these individuals shall not be assessed to the board.

(Indiana State Board of Nursing; 848 IAC 7-1-6; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1929)

848 IAC 7-1-7 Violations

Authority: IC 25-23-1-7
Affected: IC 25-1-9; IC 25-23-1-31

Sec. 7. A nurse’s failure to:
(1) comply with the program requirements that result in the termination of that nurse’s participation in ISNAP; or
(2) sign an RMA;
will subject the nurse to discipline under IC 25-1-9.

(Indiana State Board of Nursing; 848 IAC 7-1-7; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1929)