

Alaska Board of Nursing

EVALUATION OF LPN, RN & APRN SCOPE OF PRACTICE REQUESTS

Approved June 8, 2007

Revised August 22, 2007

Revised November 17, 2010

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Mission of the Alaska Board of Nursing

The mission of the Alaska Board of Nursing is to actively promote and protect the health of the citizens of Alaska through the safe and effective practice of nursing as defined by law.

To that end, the Board of Nursing will evaluate proposals for increasing the scope of nursing practice using the following criteria:

1. Education, training, & proof of competency,
2. Policy that allows the nurse/APRN to perform the increased scope of practice,
3. Licensure, certifications,
4. Applicable statutes and regulations,
5. Methods of emergency referral,
6. Factors such as public access and impact on the public, and
7. Applicant qualifications.

After evaluation of the portfolio, the Board of Nursing will make a determination concerning the proposal.

WHAT TO SUBMIT TO THE BOARD OF NURSING

- Information on the educational program you attended or plan to attend:
 - Length of program
 - What organization accredits the program?
 - What are the pre-requisites?
 - What are the core competencies of the program?
 - How much clinical experience is required?
 - Does the program prepare you for national certification?
- How does the educational program prepare you to increase your scope of practice?
 - What additional nursing service will be offered?
 - How will continued competency in the expanded role be maintained?
- Describe the practice setting for the expanded role you are requesting
 - How you will protect patient safety?

- What are the potential risks and complications?
- Is there a policy in place to allow the nurse/APRN to perform the increased scope of practice,
- How do you plan to handle emergencies?
- Will emergency facilities accept referrals from you?
- What is the rationale for the proposed change in scope of practice?
 - Personal growth?
 - Lack of access to other providers to serve the public need?
 - Is there evidence based risk-benefit analysis of the proposed scope of practice? Please cite the analysis.
 - Other
- What are your qualifications?
 - Current professional nursing license in Alaska? Currently authorized as an APRN in Alaska?
 - What evidence of competence can you offer?
 - Have there been complaints or disciplinary action against your nurse's license or APRN certification?

Additional information is welcome. The Board of Nursing meets quarterly. The schedule for the next Board meeting where your proposal could be evaluated can be obtained by calling (907) 269-8161.

CRITERIA FOR EVALUATION OF THE REQUEST
(This form will be used by the Board members)

Education/training/proof of competency

Criteria	Is it met? Yes/No	Comments
Is the formal education and training sufficient to ensure competency and patient safety?		
Is the education from an approved/formally accredited institution?		
Are pre-requisites, core education (undergraduate /post-graduate) & clinical experience presented?		
Are additional nursing services to be offered identified?		
Is the education adequate for the increased scope of practice?		
Is a plan for assuring continued competency included?		

Licensure/certification

Criteria	Is it met? Yes/No	Comments
Are core competencies identified?		
Are core competencies within the scope of practice?		
Does a national certifying body find the scope of practice appropriate?		
Does the national certifying body describe the procedure as appropriate for this level of licensure?		

Do other states recognize the procedure as within the scope of practice of a nurse with the same licensure or authorization?		
Is there a policy in place to allow the nurse/APRN to perform the increased scope of practice?		

Statutes and regulations

Criteria	Is it met? Yes/No	Comments
Are there any statutory or regulatory limits that would apply to the activity or procedure?		

Method of emergency referral

Criteria	Is it met? Yes/No	Comments
Is the practice setting for the procedure identified & appropriate?		
Is patient safety assured by procedures?		
Are potential risks and complications identified?		
Is an adequate plan for emergencies set out in the proposal?		
Will the emergency personnel and/or facilities accept referrals from the nurse/APRN?		

Public access and public impact

Criteria	Is it met? Yes/No	Comments

Is the rationale for the change in scope of practice presented?		
Is there lack of access to other providers to serve the public need?		
Has evidence based risk-benefit analysis of the proposed scope of practice been presented?		

Applicant credentials

Criteria	Is it met? Yes/No	Comments
Is the applicant currently licensed as a nurse/APRN in AK?		
Has the applicant demonstrated competence in the past?		
Have there been complaints or disciplinary actions against the nurse's license/authorization?		

EVALUATION

Is it appropriate for the nurse/APRN to expand her/his scope of practice as proposed with the documented training, experience, and certification?

Comments: