



Lamar State College-Port Arthur
Upward Mobility Nursing Program
Student Handbook
2010-2011

TABLE OF CONTENTS

INTRODUCTION	1
LAMAR STATE COLLEGE-PORT ARTHUR MISSION STATEMENT	2
PROGRAM PHILOSOPHY	2
PROGRAM OUTCOMES.....	4
ADMISSION CRITERIA.....	5
FEES USUALLY INCURRED IN THE UPWARD MOBILITY NURSING PROGRAM	6
ATTENDANCE.....	6
EMERGENCY CLOSING POLICY AND PROCEDURES.....	7
ELECTRONIC LSCPA EMERGENCY RESPONSE TRANSMISSION SYSTEM	8
EMERGENCY CALLS/MESSAGES.....	9
NO SMOKING.....	9
PROGRESSION WITHIN THE PROGRAM	10
GRADE INFORMATION.....	11
UNSATISFACTORY PERFORMANCE	11
WITHDRAWALS/DISMISSALS	12
READMISSION	13
DENIAL OF READMISSION	13
STUDENT RIGHTS AND RESPONSIBILITIES.....	13
ESSENTIAL FUNCTIONS	14
STUDENTS WHO HAVE DISABILITIES.....	16
VACATIONS/HOLIDAYS.....	17
EMPLOYMENT.....	17
SAFE PERFORMANCE IN CLINICAL LABORATORY SETTINGS	17

CRITERIA FOR EVALUATION OF NURSING PRACTICE	19
CODE OF ETHICS	21
STUDENT HEALTH	21
TRANSPORTATION.....	22
CLINICAL PROCEDURES	22
INCIDENT/VARIANCE REPORTS	22
MEDICATION ERRORS	22
CLINICAL EXPERIENCE.....	23
CPR CERTIFICATION.....	23
DRESS REQUIREMENTS	24
COUNSELING.....	26
TRANSFER POLICY	26
APPLICATION FOR GRADUATION	27
GRADUATION HONORS	28
FACULTY POSITION STATEMENT ON AIDS.....	28
INFECTION CONTROL POLICY	28
STUDENT POLICY REGARDING HIV STATUS	29
PROFESSIONAL SEXUAL MISCONDUCT	29
STUDENT PEER ASSISTANCE PROGRAM	31
IMPORTANT LICENSURE INFORMATION	31
DISCIPLINARY SANCTIONS FOR SEXUAL MISCONDUCT	32
ELIGIBILITY AND DISCIPLINARY SANCTIONS FOR NURSES WITH SUBSTANCE ABUSE, MISUSE, SUBSTANCE DEPENDENCY, OR OTHER SUBSTANCE USE DISORDER	36
DISCIPLINARY SANCTIONS FOR LYING AND FALSIFICATION.....	41
DISCIPLINARY SANCTIONS FOR FRAUD, THEFT, AND DECEPTION	45

NURSING PRACTICE ACT RELATED TO LICENSURE	48
GOOD PROFESSIONAL CHARACTER.....	57
LICENSURE OF PERSONS WITH CRIMINAL CONVICTIONS	60
CRITERIA AND PROCEDURE REGARDING INTEMPERATE USE AND LACK OF FITNESS IN ELIGIBILITY AND DISCIPLINARY MATTERS.....	69
DECLARATORY ORDER AND ELIGIBILITY FOR LICENSURE	71
STANDARDS OF NURSING PRACTICE	73
UNPROFESSIONAL PRACTICE.....	77
STUDENT AFFIRMATION OF RECEIPT OF POLICIES	80
STATEMENT OF LICENSURE STATUS.....	81
HEPATITIS B STUDENT VACCINATION STATEMENT	82
RN NURSING CLINICAL RELEASE AND INDEMNITY AGREEMENT	83
LICENSURE ELIGIBILITY NOTIFICATION FORM	84
ACADEMIC CODE OF HONOR.....	85

INTRODUCTION

Welcome to the Lamar State College-Port Arthur Associate of Applied Science Upward Mobility Nursing Program. This information has been prepared to familiarize you, the student, with the program's philosophy, objectives, and policies and procedures. This information is to be used throughout the nursing curriculum. You will be given copies of new materials and/or updated materials as necessary. You should then place the new pages in your booklet.

You are responsible for knowing the information contained in this booklet and seeking clarification of any information that you do not understand. Other sources of information pertinent to being a student at Lamar State College-Port Arthur are the catalog and the Lamar State College-Port Arthur Student Handbook. Copies of these documents are available at the LSC-PA website, www.lamarpa.edu

The provisions of this handbook are subject to change by the faculty of the Lamar State College-Port Arthur Upward Mobility Nursing Program (LSC-PA UMNP) without notice and do not constitute an irrevocable contract between any applicant for admission or student and the LSC-PA UMNP. The LSC-PA UMNP is not responsible for any misrepresentation of its requirements or provisions that might arise as a result of errors occurring in the preparation of this handbook.

The LSC-PA UMNP reserves the right to withdraw and change courses at any time, change fees, calendar, curriculum, progression requirements, and any other requirements affecting students. Changes will become effective whenever proper authorities do determine and will apply to both prospective students and those already enrolled.

Lamar State College-Port Arthur is an equal opportunity/affirmative action educational institution and employer. Students, faculty, and staff members are selected without regard to their race, color, creed, handicap, age, sex, or national origin, consistent with the Assurance of Compliance with Title VI of the Civil Rights Act of 1964; Executive Order 11246 as issued and amended; Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973.

Inquiries concerning application of these regulations should be referred to the Vice President for Academic Affairs, Dr. Gary Stretcher, by phone (409) 984-6209 or by mail at PO Box 310, Port Arthur, TX 77641-0310.

Any person who needs information about filing a grievance based on the conditions set forth by Title IX as indicated above should go to the Student Handbook as published on the college website (www.lamarpa.edu) and follow the procedures also provided under the heading of "Academic Grievance Procedures." If further assistance is required, you may contact the Vice President for Academic Affairs at the address and/or phone number listed above.

LAMAR STATE COLLEGE-PORT ARTHUR MISSION STATEMENT

Lamar State College-Port Arthur is an open-access, comprehensive public two-year college offering quality instruction leading to associate degrees and a variety of certificates. The college, a member of The Texas State University System, has provided affordable, quality education opportunities to residents of the Southeast Texas area since 1909.

Lamar State College-Port Arthur embraces the premise that education is an ongoing process that enhances career potential, broadens intellectual horizons, and enriches life. The faculty, staff, and administration share a commitment to a mission characterized by student learning, diversity, and community services. The foundations for student success include compensatory education programs designed to fulfill our commitment to accommodate students with diverse goals and backgrounds, technical education programs that provide for the acquisition of the skills and demeanor necessary for initial and continued employment, and a core curriculum that develops the values and concepts that allow the student to make a meaningful contribution in the workplace or community. Student achievement is measured by the completion of courses and programs of study, successful performance following transfer to a baccalaureate program, and the attainment of individual goals.

Lamar State College-Port Arthur operates in the belief that all individuals should be:

- Treated with dignity and respect;
- Afforded equal opportunity to acquire a complete educational experience;
- Given an opportunity to discover and develop their special aptitudes and insights;
- Provided an opportunity to equip themselves for a fulfilling life and responsible citizenship in a world characterized by change.

PROGRAM PHILOSOPHY

The Upward Mobility Nursing Program, as an integral part of Lamar State College-Port Arthur, derives its overall purposes and functions from the mission, goals, and policies of the college. The philosophy of the Upward Mobility Nursing Program at Lamar State College-Port Arthur supports the values and ideals of the College through excellence in instruction, opportunities for personal growth as well as career preparation and cooperation with the Community.

Nurses are taught to comprehensively assess the client and design interventions that fit the needs of the individual rather than trying to change the individual to fit the intervention. The experienced Licensed Vocational Nurse (LVN) has a basic level of nursing knowledge upon which to build and has learning needs different from generic students. The Upward Mobility Nursing Program prepares graduates to function as generalists who provide and direct others in the provision of quality nursing care.

Nursing education is based on scientific principles, evidence-based practice, and structured to provide the foundation of skills upon which the nurse may build throughout the nursing career. It encompasses the basic concepts of both education and nursing by providing a climate conducive to the acquisition of knowledge, skills and values as providers of health care.

The faculty believes the progression of the LVN to registered nurse (RN) contributes to the student's intellectual, personal, and social development, and to the individual's attainment of the leadership role. Members of the faculty function as facilitators and resource persons and are responsible for determining the nature of the knowledge to be communicated, while the responsibility for learning lies with the student.

Society is composed of individuals, families, groups, and communities sharing a variety of common goals and values which change as the interests and needs of the members change. The faculty believes that human beings are a highly complex interrelated system which includes biological, social, psychological, cultural, and spiritual components. Throughout life's developmental stages, an individual lives in a constantly changing environment both internal and external.

Stress results from the changing environment. Life experiences impact the perceptions, strengths, and abilities of the individual. We respect the rights and dignity of all individuals to self-determination. In keeping with this philosophy, we accept that all individuals, to the extent of their ability, are responsible for their own life choices.

Health is a dynamic state of being which can be expressed on a wellness-illness continuum. Wellness results from successful adaptation to stress. Optimal wellness is the highest achievable state of health and, therefore, is a desirable individual and societal goal. Illness results from unsuccessful adaptation in any component of the individual system throughout the life cycle. The purpose and goal of nursing practice is to assist the client through adaptation in reaching the optimum level of wellness.

Nursing is an art and a science. Nursing is a helping relationship which deals with the behavior of individuals and groups in potentially stressful situations relative to health and illness. Nurses work with the health care team in promoting health, in preventing disease, and in managing client care. They cooperate and collaborate with families, physicians and allied health professionals to coordinate a plan of care for individuals.

Critical thinking, problem solving, and decision making are at the heart of nursing practice and are documented by the nursing process. The nursing process is a scientific, systematic problem solving tool utilizing assessment, nursing diagnosis, planning, intervention, and evaluation. Consistent with our understanding of the complexity of human life and behavior, we acknowledge that the performance of nursing care is conducted on several levels and in a multiplicity of settings.

Associate degree nursing is but one level of nursing practice. Nursing can be represented as a series of concentric circles with the center core being vocational nursing, the next larger circle associate degree nursing, and continuing until the highest level of nursing, that of the postdoctoral nurse. Each succeeding level includes all the elements of the previous one(s) and encompasses areas of practice not fully developed in the preceding level(s). Graduates of the LSC-PA Associate of Applied Science Upward Mobility Nursing Program are prepared to employ critical thinking and interpersonal communication

skills to provide therapeutic nursing interventions to clients in an ethnically and culturally diverse society. Graduates demonstrate the knowledge, judgment, and professional values necessary to the entry level practice of professional nursing as delineated in the *Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs*.

PROGRAM OUTCOMES

The Upward Mobility Nursing Program provides educational experiences that offer opportunities for the student to:

1. Use a systematic problem solving process and critical thinking skills based on analysis of clinical data to integrate knowledge from current literature in nursing, the natural, behavioral, and social sciences to provide nursing care to clients throughout the life cycle.
2. Demonstrate therapeutic communication with individuals and groups to facilitate optimum wellness throughout the life cycle.
3. Collaborate with clients, families, and other members of the health care team as appropriate in providing health care to individuals and groups with common acute and/or chronic health problems.
4. Implement teaching plans concerning promotion, maintenance and restoration of health appropriate to various experiences along the wellness-illness continuum.
5. Provide for the care of multiple clients and their families in structured settings either through direct care or assignment and/or delegation of care to other members of the health care team.
6. Evaluate the clients' responses to therapeutic interventions and the achievement of outcomes.
7. Act as an advocate to ensure the provision of quality health care for ethnically and culturally diverse individuals and groups.
8. Assist in the development and implementation of changes to improve the health care system.
9. Participate in continuing policy evaluation to ensure quality care while working within the policies of the employing institution.
10. Practice within the profession's legal and ethical framework including scope of practice by being accountable and responsible for one's own actions.
11. Coordinate human and material resources to facilitate continuity of care.
12. Participate in activities that promote the development and practice of professional nursing.

ADMISSION CRITERIA

To gain admission into the Upward Mobility Nursing Program, the student will:

1. Complete the application process for general admission to Lamar State College-Port Arthur.
2. Complete the application process for the Upward Mobility Nursing Program.
3. Send official copies of transcripts to the Registrar and the Allied Health Department including:
 - transcript from State Board approved Vocational/Practical Nursing Program,
 - all college work completed. These must arrive in the Allied Health Department prior to the review of applications by the faculty. No application will be reviewed unless all transcripts and transcript evaluations are submitted.
4. Report verifying that the student has satisfied the THEA requirements (unless the student is exempt prior to admission to the Nursing Program).
5. Have current CPR certification.
6. Provide current LVN/LPN license number and renewal date (on application form).
7. Document work experience as an LVN/LPN. Students who have at least one year of work experience are less frustrated by the rapid pace of the Upward Mobility Nursing Program.
8. Successful completion of BIOL 2401 and BIOL 2402 (BIO 143 and 144), BIOL 2420 (BIO 245), RNSG 1215 or RNSG 1300, RNSG 1311, and COSC 1301 or ITSC 1401 with a minimum grade of C.

NOTE: The goal of the Upward Mobility Nursing Standards Committee is the selection of the best qualified applicants. The Admissions Criteria Rating Form has been developed to aid the Standards Committee in objectively selecting the class from all of the program applicants. Applicants will be ranked according to their scores on the Admission Criteria Rating Form. Lamar State College-Port Arthur is an open-access institution. All positions will be filled with the most qualified applicants available in any given admission period.

Lamar State College - Port Arthur is an equal opportunity/affirmative action institution that does not discriminate on the basis of race, color, sex, religion, age, handicap, or ethnic origin.

NOTE: Students who have to work while in the Upward Mobility Nursing Program are strongly encouraged to complete all non-nursing courses that apply to the Upward Mobility Nursing Program prior to taking the core nursing courses.

***FEES USUALLY INCURRED IN THE UPWARD MOBILITY PROGRAM**

Liability Insurance (Spring)	\$ 18.13
HESI Specialty Exams (5)	\$ 21.00 per test
HESI Exit Exams (2)	\$ 37.00 per test
Evolve Case Studies	\$ 30.00
NCLEX–RN® (PearsonVue)	\$ 200.00
Initial Licensure to BON	\$ 139.00

POTENTIAL ADDITIONAL FEES

Evolve PracTest	\$ 69.00
NCLEX 3500 or 4000	\$ 45.00 - \$ 50.00
Seminar / NCLEX Review	\$ 400.00
NCSBN’s Review for the NCLEX-RN Examination (eight week course)	\$ 99.00
Jurisprudence Study Guide (Texas Board of Nursing website)	\$ 25.00
Declaratory Order	\$189.00

***All fees listed are approximate and subject to change**

ATTENDANCE

1. Attendance at all scheduled course activities and clinical experiences is expected and demonstrates professional behavior and accountability. Research has shown that consistent course participation and clinical attendance contributes to successful completion of the Upward Mobility Nursing Program.
2. A student who is absent from course activities for 3 days, without notification to faculty, may be dropped from the program by the program director.
3. Students are responsible for all material covered in their absence.
4. Late arrival to class/lab is disruptive. Students who consistently arrive after the scheduled starting time of class/lab (2 or more times) will be counseled and a plan of corrective action determined. Students who arrive 15 minutes after the class starts may not be allowed to enter the classroom until the next break.
5. Students on campus, but not in class, are considered absent.
6. It is the student’s responsibility to notify the instructor/preceptor prior to any absence. If the student is missing a clinical day, s/he must notify the faculty/preceptor s/he is unable to attend clinical. Call at least one-half hour before scheduled assignment.

7. Students who are **“NO CALL NO SHOW”** demonstrate a lack of accountability and unprofessional conduct; therefore, they **FAIL CLINICAL** for the semester. The only possible exception is if a student is unable to call the faculty, the clinical facility, or the college.
8. If the clinical instructor does not return the student’s call after two consecutive calls, 15 minutes apart, the student should leave a voice message and call 984-6356 or 1-800-477-5872 ext. 6356 and leave an additional message.
9. Students who arrive after scheduled clinical time will be counseled. Students who arrive after scheduled clinical time on two (2) occasions may not be allowed to remain. A proportionate amount will be deducted from the written assignment based on the amount of time absent. Students must be present the entire clinical day including post-conference to get credit for their attendance.
10. Students are not to work the shift immediately prior to clinical.
11. Students cannot meet the objectives of the Upward Mobility Nursing Program without attending clinical. Because of the abbreviated time frame for clinical, students put at risk their success in the program if they miss or cancel any scheduled clinical time. Students who miss any clinical time jeopardize their ability to meet the objectives of the course. They will make an appointment and meet with the clinical instructor to evaluate their standing in the program. The instructor will consult with the Program Director to determine if the student's performance warrants evaluation by the entire faculty. If the student's performance must be evaluated by the Upward Mobility Nursing Program Faculty, the instructor will tell the student to contact the Program Director to get on the agenda at the next faculty meeting. The student will be allowed to continue in the program only with unanimous approval of the entire faculty.

EMERGENCY CLOSING POLICY AND PROCEDURES

Lamar State College-Port Arthur recognizes that there are situations where it may be necessary to suspend normal campus operations to protect the health and welfare of the faculty, staff, and students. In such cases, the following policies and procedures will be observed.

1. The authority to suspend normal operations rests solely with the President of Lamar State College-Port Arthur. In the President's absence, authority rests with the Vice President for academic affairs.
2. In assessing the need for emergency closing, the President will evaluate the potential threat to faculty, staff, and students and make a decision based upon the best available information.
3. If conditions warrant suspending operations, an announcement will be made through one or more of the following media outlets:
KBMT-TV (12); KJAC-TV (4); KFDM-TV (6); KLVI (560 AM);
KVLU 91.3 FM, KOGT 1600 AM, AND KLVI 56AM.

Every effort will be made to make such announcements no later than 7 a.m.

4. Unless a specific announcement of closing is made through the above outlets, faculty, staff, and students should assume that normal campus operations will be observed and that they should report to work/class as scheduled.
5. Faculty members are responsible for informing students of the emergency closing policies. Inclement weather and poor student attendance should not be used as an excuse to dismiss class. Students who make an effort to attend despite adverse conditions are entitled to the scheduled class meetings.

electronic LSCPA Emergency Response Transmission System

Lamar State College - Port Arthur "electronic LSCPA Emergency Response Transmission System (eLERTS)" is designed to send immediate electronic notifications in the event of an emergency. This system is designed to augment all other means the college has at its disposal to disseminate and broadcast information in the event of emergencies. The system will only be initiated by specific, authorized college personnel under circumstances determined by the college administration to warrant immediate public notification. Some of the circumstances that may warrant notification are tropical storms, flooding, loss of electrical power, chemical leak/spill, etc...

When the system is initiated, electronic alerts will be delivered via any combination of the following methods:

- Campus email address (i.e. <username>@lamarpa.edu)
- Off-campus email address (i.e. <username>@hotmail.com)
- Instant messaging client (i.e. Yahoo Messenger (via Yahoo email notification))
- Mobile phone text message (i.e. <phone number>@txt.att.net)
- Prominent notice on LSCPA's Web Site

With the exception of campus email addresses and college web site, the contact information used by eLERTS is voluntarily submitted and maintained by the students/employees via MyLamarPA Administrative Self-Services which is available 22 hours a day on weekdays and 24 hours a day on weekends.

For any questions, comments, or concerns regarding the general aspects of eLERTS contact the Office of the [Vice President for Student Services](#) at (409) 984-6156. For questions of a technical nature (i.e. "How do I prevent Hotmail/Yahoo/AOL from marking my eLERTS as spam or junk mail?"), contact the Department of Computer Services' [Help Desk](#).

The following are instructions on how to add a Mobile Email Address to the emergency contacts list (NOTE: the following instructions will also apply to add personal or other types of email addresses. LSCPA will also use these addresses to send alerts to):

1. Logon to your [MyLamarPA account](#)

2. Click on the "Administrative Services" Tab
3. Click on the "Student Services" Link
4. Click on the "Personal Information" Tab on the navigation bar
5. Click on the "E-mail Addresses and Personal Web Page" Link
6. Enter the mobile number with the email service provider address in one of the available boxes.
For example:

if the mobile number is 4091234567 and the service provider is:

Verizon, most customers' mobile phone email would be: 4091234567@vtext.com

AT&T (cingular), most customers' mobile phone email would be: 4091234567@txt.att.net

Sprint (Nextel), most customers' mobile phone email would be:
4091234567@messaging.sprintpcs.com

T-Mobile, most customers' mobile phone email would be: 4091234567@tmomail.net

Please contact the service provider to obtain the correct mobile email address (email, not instant messaging). Also inquire if costs are incurred as a result of receiving emails on the mobile phone (NOTE: cost will be very minimal, if any, and alerts will only be issued in extreme emergencies).

7. Select "Mobile Phone" in the drop down box for address "Type".
8. Click on "Submit" button at the bottom of the page to save the information.

EMERGENCY CALLS/MESSAGES

Emergency calls should be referred to the Allied Health Department, (409)984-6356 or 1-800-477-5872 ext. 6356. The caller must give his/her name and the nature of the emergency. A class will not be interrupted except in an emergency. Every attempt will be made to contact the student immediately. Students may give their clinical faculty's cell phone number to family members for emergency use on clinical days.

The student is not to receive or place personal telephone calls on the nursing units in clinical. Students who carry beepers or cell phones must keep them on silent mode in class or clinical. Some health care facilities prohibit camera phones because of privacy issues. Personal calls should not be made while on the nursing units.

NO SMOKING POLICY

A no smoking policy is in effect in the Allied Health Building. To assist us in protecting the smoke-free environment, smoking will be permitted outside on the patio at the back of the building. The outside door will remain closed. If students do smoke on the patio, cigarette butts must be placed in the

appropriate containers.

PROGRESSION WITHIN THE PROGRAM

1. The following test plan is employed throughout the Upward Mobility Nursing Program:

NCLEX-RN® - Client Needs			
Safe and Effective Care Environment	Health Promotion & Maintenance	Psychosocial Integrity	Physiological Integrity
21-33%	6-12%	6-12%	49-67%

Cognitive Level	RNSG 1423	RNSG 2514	RNSG 2535
Knowledge	25%	20%	15%
Comprehensive	45%	40%	35%
Application/Analysis	30%	40%	50%

2. Students who fail a unit exam are expected to make an appointment within one week with an instructor to develop a plan to assist the student in passing future exams. Students who fail to do this may be counseled.

Grading Scale for Nursing Courses

A	100 - 90
B	80 - 89
C	75 - 79
D	60 - 74
F	≤ 59

3. The grade for the clinical course consists of two components: (1) Written work which is given a numerical grade and (2) Clinical performance which is graded as S (satisfactory) or U (unsatisfactory). A student must achieve a minimum average of 74.45% or greater on written work and an "S" on clinical performance to pass the course. The grade received on the written work will be the grade assigned for the course on the transcript provided the student has a satisfactory on clinical performance. Students with an unsatisfactory for clinical performance will receive a grade of "F" for the course regardless of the numerical grade on the written work.
4. A student's unsatisfactory preceptor clinical evaluation while in the program permits continuation in the program with continued emphasis on upgrading deficiencies. The student's unsatisfactory clinical evaluation at the end of the semester results in a course grade of "F" in the clinical course.
5. Students must maintain a 75% average in all nursing courses to progress in the program.
6. Students who fail a nursing course may repeat it once. Students must receive a satisfactory (S) in clinical and achieve a 75 course grade on the repeated course to progress in the program.

This requirement includes nursing courses taken at other institutions.

7. Clinical evaluations are completed at the end of the clinical course. Evaluations will include student's ability to apply theory in practice, demonstrate competent client care, and maintain a professional demeanor at all times. Evaluations are completed by the clinical instructor with input from staff at affiliating agency, clients and others as appropriate. Students will sign the evaluation. Their signatures attest to the fact that the evaluation conference occurred. It does not signify agreement with the evaluation. Students are given an opportunity to comment in writing on the evaluation.
8. All students must take the exit exam in the last semester of the program. The criteria for passing the exam is identified in the RNSG 2230 syllabus which is distributed at the beginning of that semester. The cost for the exam is the student's responsibility.

GRADE INFORMATION

1. Any student failing a clinical course will be informed in writing during the final clinical evaluation. The notification will be documented in the student's file.
2. Instructors are available by appointment to discuss a student's grade.
NOTE: Any alleged grievance regarding grades must be handled in accordance with policies stated in Lamar State College-Port Arthur Faculty Handbook. These policies are also printed in the Lamar State College-Port Arthur Student Handbook.

UNSATISFACTORY PERFORMANCE

1. Theory: Unsatisfactory performance is defined as an overall grade of 74.49 or less.
 - a. The student will be notified through the LSC-PA website of course grade.
 - b. The instructor will conference with the student as needed.
 - c. The instructor will notify the director.
2. Clinical: Unsatisfactory performance is defined in the clinical syllabus.

A clinical grade of Fail (F) signifies that performance is unacceptable. Examples include, but are not limited to the following: the student displays unsafe practice by lack of application of principles of asepsis and safety, failure to accomplish task(s), or to function without the assistance of the preceptor/instructor, disregard for the client and/or family in administering care, failure to correct errors, or inconsistent clinical behavior.

Immediate dismissal from the Upward Mobility Nursing Program will follow documented evidence of the following:

1. Willful lying or deceit
2. Verbal or physical abuse of clients

3. Falsification
4. Cheating – submitting another student’s work or duplicates of your own work is cheating and grounds for immediate dismissal.
5. Stealing
6. Drug or Alcohol abuse

Should an incident or occasion in clinical, lab or class occur where the instructor or staff has a reasonable suspicion of use or being under “the influence”, the student may choose to submit immediately to a Substance Abuse Assessment and Urinalysis. The expense of such testing is borne by the student. If the student refuses testing, the student will be dismissed from the nursing program on the grounds of implied admission to substance abuse. Students dismissed for drug or alcohol abuse may be considered for readmission after submitting documentation of completion of a certified rehabilitation program.

7. Insubordination to faculty or clinical agency personnel
8. Unsafe clinical performance

STUDENTS DISMISSED FOR THE ABOVE REASONS MAY NOT BE ELIGIBLE TO RETURN TO THE PROGRAM.

WITHDRAWALS/DISMISSALS

1. The program director has the right to initiate the administrative withdrawal of any student whose attendance, conduct, scholastic abilities, attitude or lack of aptitude for professional nursing makes it inadvisable for that student to continue in the program.
2. Students considering withdrawal from the program should talk to the director for withdrawal and re-entry information. When a student does drop a course but does not follow the State College withdrawal policy an “F” will appear on the transcript.
3. Students who wish to repeat a course and are delayed in doing so for one semester or more will have to make a 75 on comprehensive exams of the last didactic course that was successfully completed. Failure to do so will result in the need to apply for admission as a new student in the Upward Mobility Nursing Program.

Re-entry in the program is **not guaranteed**. It will depend on the availability of openings dictated by the guidelines of the Board of Nursing. Students who return for the second or third semesters of the program are strongly encouraged to audit the course (at their expense) in which they were successful so they can benefit from any refinements that have occurred in the curriculum.

READMISSION

Students achieving an academic or clinical failure or who have withdrawn from the Upward Mobility Nursing Program may apply for readmission. Readmission may be granted if space is available.

Conditions under which persons may be considered for readmission to the program:

1. Recommendation by the faculty, at the time of failure, that the student be considered eligible for readmission.
2. The student must apply in writing to the Director for readmission within two (2) years from the time of leaving the program.
3. The student may be required to participate in and show proof of learning activities prescribed by the Nursing Faculty which should assist the student in correcting identified deficiencies that may have impeded performance.
4. Students who wish to repeat a course and are delayed in doing so for one semester or more will have to make a 75 on comprehensive exams of last didactic course that was successfully completed. Failure to do so will result in the need to apply for admission as a new student in the Upward Mobility Nursing Program.
5. The student is responsible for having his/her application file current i.e., transcripts, test results, etc.

DENIAL OF READMISSION

Readmission to the Upward Mobility Nursing Program may be denied to any student who has:

1. Had a second opportunity in a nursing program, due to academic failure.
2. A physical or emotional problem that places the student and/or clients in jeopardy.
3. Demonstrated, on nursing evaluation, a consistent ineptitude in the understanding of professional nursing principles and practices.
4. Failed to comply with probation requirements.

STUDENT RIGHTS AND RESPONSIBILITIES

Students are referred to the Lamar State College-Port Arthur Student Handbook for information related to the rights and responsibilities of the students.

ESSENTIAL FUNCTIONS

Lamar State College-Port Arthur (LSC-PA) endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals who have disabilities.

Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective patient care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program of learning. Admission, progression and graduation are contingent upon one's ability to demonstrate the essential functions delineated for the allied health programs with or without reasonable accommodations. The allied health programs and/or the affiliated clinical agencies may identify additional essential functions. The allied health programs reserve the right to amend the essential functions as deemed necessary.

To be admitted and to progress in an allied health program one must possess a functional level of ability to perform the duties required of a health care provider. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations.

The essential functions delineated are those deemed necessary by the LSC-PA allied health programs. No representation regarding industrial standards is implied. Similarly, any reasonable accommodations made will be determined and applied to the respective allied health program and may vary from reasonable accommodations made by healthcare employers.

The essential functions delineated below are necessary for allied health program admission, progression and graduation and for the provision of safe and effective patient care. The essential functions include but are not limited to the ability to:

- 1) Sensory Perception
 - a) Visual
 - i) Observe and discern subtle changes in physical conditions and the environment
 - ii) Visualize different color spectrums and color changes
 - iii) Read fine print in varying levels of light
 - iv) Read for prolonged periods of time
 - v) Read cursive writing
 - vi) Read at varying distances
 - vii) Read data/information displayed on monitors/equipment
 - b) Auditory
 - i) Interpret monitoring devices
 - ii) Distinguish muffled sounds heard through a stethoscope
 - iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
 - iv) Effectively hear to communicate with others
 - c) Tactile

- i) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics
 - d) Olfactory
 - i) Detect body odors and odors in the environment
- 2) Communication/ Interpersonal Relationships
- a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
 - b) Work effectively in groups
 - c) Work effectively independently
 - d) Discern and interpret nonverbal communication
 - e) Express one's ideas and feelings clearly
 - f) Communicate with others accurately in a timely manner
 - g) Obtain communications from a computer
- 3) Cognitive/Critical Thinking
- a) Effectively read, write and comprehend the English language
 - b) Consistently and dependably engage in the process of critical thinking to formulate and implement safe and ethical nursing decisions in a variety of health care settings
 - c) Demonstrate satisfactory performance on written examinations including mathematical computations
 - d) Satisfactorily achieve the program objectives
- 4) Motor Function
- a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
 - b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
 - c) Maintain balance from any position
 - d) Stand on both legs
 - e) Coordinate hand/eye movements
 - f) Push/pull heavy objects without injury to client, self or others
 - g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
 - h) Walk without a cane, walker or crutches
 - i) Function with hands free for nursing care and transporting items
 - j) Transport self and client without the use of electrical devices
 - k) Flex, abduct and rotate all joints freely
 - l) Respond rapidly to emergency situations
 - m) Maneuver in small areas
 - n) Perform daily care functions for the client
 - o) Coordinate fine and gross motor hand movements to provide safe effective nursing care
 - p) Calibrate/use equipment
 - q) Execute movement required to provide nursing care in all health care settings
 - r) Perform CPR and physical assessment
 - s) Operate a computer

5) Professional Behavior

- a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
- b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
- c) Handle multiple tasks concurrently
- d) Perform safe, effective nursing care for clients in a caring context
- e) Understand and follow the policies and procedures of the College and clinical agencies
- f) Understand the consequences of violating the student code of conduct
- g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
- h) Meet qualifications for licensure by examination as stipulated by the Texas Board of Nursing
- i) Not to pose a threat to self or others
- j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
- k) Adapt to changing environments and situations
- l) Remain free of chemical dependency
- m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
- n) Provide nursing care in an appropriate time frame
- o) Accepts responsibility, accountability, and ownership of one's actions
- p) Seek supervision/consultation in a timely manner
- q) Examine and modify one's own behavior when it interferes with nursing care or learning

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability to assist with the provision of appropriate reasonable accommodations. LSC-PA will provide reasonable accommodations but is not required to substantially alter the requirements or nature of a program. To be admitted one must be able to perform all of the essential functions with or without reasonable accommodations. If an individual's health changes during the program of learning, so that the essential functions cannot be met with or without reasonable accommodations, the student will be withdrawn from the allied health program. The allied health faculty reserves the right at any time to require an additional medical examination at the student's expense to assist with the evaluation of the student's ability to perform the essential functions.

STUDENTS WHO HAVE DISABILITIES

"The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation. Requests for reasonable accommodations should be directed to: Andrea Munoz, Lamar State College-Port Arthur, Madison Monroe Building room 231B, andrea.munoz@lamarpa.edu or 409-984-6241. If a student has a **verifiable disability**, it is the **student's responsibility** to **inform** the **instructor** about special accommodations, if any, that might be needed.

VACATION/HOLIDAYS

The Upward Mobility Nursing Program will follow the College Calendar for vacation and holidays.

EMPLOYMENT

Students should not work the shift immediately prior to clinical or course activities. Students working in uniforms must not display their school patch, uniform, or pin at anytime while working in any setting (as volunteer or for monetary remuneration). Working students are expected to maintain satisfactory grades and clinical performance. No allowances are made for unsatisfactory performance in meeting program criteria.

SAFE PERFORMANCE IN CLINICAL LABORATORY SETTINGS

The student in the Upward Mobility Nursing Program is expected to demonstrate safe professional behavior and accountability in preparation for provision and documentation of, care according to course objectives. Thus, promoting the actual or potential well being of clients, health care workers, and self in biological, psychological, sociological, and cultural realms.

The purpose of setting safe performance clinical standards is to identify expectations of the Upward Mobility Nursing Program and the Allied Health Department to comply with agency agreements, and to identify and help students who need assistance and support to succeed in the Upward Mobility Nursing Program.

Indicators to be used as guidelines for determining safe performance are:

- A. Regulatory: Students practice within the boundaries of the Texas Nursing Practice Act, the ANA Code of Ethics, the guidelines, objectives and policies of the Upward Mobility Nursing Program and the rules and regulations of the health care agency where they are assigned for clinical learning experiences.

Examples of unsafe practice include but are not limited to the following:

1. Fails to notify the agency and/or instructor of clinical absence.
2. Fails to follow the Upward Mobility Nursing Program and/or agency policies and procedures.
3. Reports for clinical under the influence of drugs and/or alcohol.
4. Fails to follow rules and regulations of the clinical facility.

- B. Ethical: The student performs according to the guidelines of the American Nurses' Code of Ethics and Standards of Practice, and the Texas Nursing Practice Act.

Examples of unsafe practice include but are not limited to the following:

1. Refuses assignments based on client's race, culture, religious preference, sex, national origin, age, handicapping condition or any other protected status category.
 2. Fails to consult instructor prior to refusing assignment based on medical diagnosis of the client.
 3. Denies, covers-up or does not report own errors in clinical practice.
 4. Ignores and fails to report unethical behavior of other health care persons in the clinical setting which affects client welfare.
- C. Biological, Psychological, Social, and Cultural Realms: The student's performance meets the needs of the human system from a biological, psychological, sociological, and cultural standpoint at the level of the course objectives.

Examples of unsafe practice include but are not limited to the following:

1. Violates or threatens the physical safety of the client, e.g.: neglects use of side rails, restraints; comes unprepared to clinical; leaves a bed in high position.
 2. Violates or threatens the psychological safety of the client, e.g.: uses clichés repeatedly. Does not encourage verbalization, is not aware of difference in ability to communicate, failure to document or act on changes in behavior.
 3. Violates or threatens the microbiological safety of the client, self, or others e.g.: unrecognized violation of aseptic technique and standard precautions; comes sick to clinical experience; unrecognized violation of isolation procedure.
 4. Violates or threatens the chemical safety of the client, e.g. violates the 6 Rights of Administering Medications; fails to monitor IV infusions safely; fails to identify and follow through on significant nursing implications related to medications.
 5. Violates or threatens the safety of the client, e.g.: fails to observe safety precautions during O2 therapy, heat/cold tx; leaves unreliable client alone while the client smokes.
 6. Fails to follow through on suggested referrals or interventions to correct deficit areas which may result in harm to others.
 7. Interacts inappropriately with agency staff, co-workers, peers, clients/clients, families, faculty resulting in miscommunications, disruption of client care and/or unit functioning.
 8. Lacks physical coordination essential to carrying out procedures.
 9. Lacks information processing ability necessary for making appropriate clinical judgments or decisions.
 10. Inadequately and/or inaccurately uses the nursing process, e.g.: fails to observe and/or report critical assessments related to clients.
 11. Violates previously mastered principles/learning/objectives in carrying out nursing care.
- D. Accountability: The student's performance demonstrates continuity in the responsible preparation, documentation, and promotion for the care of clients, according to course objectives.

Examples of unsafe practice include but are not limited to the following:

1. Fails to provide inclusive written communication on appropriate documents or verbal communication to faculty and/or appropriate agency personnel.
 2. Fails to accurately record essential client behaviors.
 3. Fails to report incompetent, unethical or illegal practice of any person.
 4. Attempts activities without adequate orientation, theoretical preparation or appropriate assistance.
 5. Fails to maintain honesty in clinical practice and/or written work.
 6. Is habitually tardy to clinical practicum.
 7. Assumes inappropriate independence in actions or decisions, e.g.: fails to seek supervision when situation is questionable.
- E. Human Rights: The student's performance demonstrates respect for the individual, client, health team member, faculty, and self including but not limited to the legal, ethical, and cultural realms.

Examples of unsafe practice include but are not limited to the following:

1. Fails to maintain confidentiality of interactions.
2. Fails to maintain confidentiality of records.
3. Exhibits dishonesty in relationships with peers, faculty, clients/clients and/or agency personnel.
4. Fails to recognize and promote every client's rights.

Unsafe behavior(s) related to the student's performance problem must be clearly described and documented. Confirmation, or supporting observation of clinical staff, should be included in the documentation of the performance problems, if possible. The student has the right to provide input and/or data regarding his/her clinical performance and to consult with the clinical instructor and the Allied Health Department Chair. The clinical instructor will document unsafe behaviors.

Depending on the facts and circumstances, potential disciplinary action for violation of professional behavior standards may include but is not limited to immediate dismissal from the clinical area and/or a failing grade in the course. Nursing faculty have the responsibility to protect the public. Clinical agencies reserve the right to terminate use of facilities by a particular student where necessary to maintain its operation free from disruption and to ensure quality of client care.

CRITERIA FOR EVALUATION OF NURSING PRACTICE

Student practice is evaluated based on the guidelines outlined in the Texas Nursing Practice Act:

Act 217.16. Minor Incidents.

- (a) The Board believes protection of the public is not enhanced by the reporting of every minor incident that may be a violation of the Nursing Practice Act. ...This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the board.

(b) A “minor incident” is defined by the Texas Civil Statutes, Article 4525a, v6A(b) as “conduct that does not indicate the nurse’s continuing to practice professional nursing poses a risk of harm to the client or other person.” An RN involved in an incident which is determined to be minor need not be reported to the board or the Peer Review Committee if all of the following factors exist:

- (1) potential risk of physical, emotional, or financial harm to the client due to the incident is very low;
- (2) the incident is a one time event with no pattern of poor practice;
- (3) the RN exhibits a conscientious approach to and accountability for his/her practice; and
- (4) the RN appears to have the knowledge and skill to practice safely.

(c) Other conditions which may be considered in determining that mandatory reporting is not required are:

- (1) the significance of the event in the particular practice setting;
- (2) the situation in which the event occurred; and
- (3) the presence of contributing or mitigating circumstances in the nursing care delivery system.

(d) A minor incident need not be reported to the Board or the Peer Review Committee. When a decision is made that the incident is minor the following steps are required:

- (1) an incident/variance report shall be completed according to the employing facility’s policy;
- (2) the nurse’s manager shall maintain a record of each minor incident involving those RNs under his/her supervision;
- (3) the nurse’s manager shall assure that the incident/variance report contains a complete description of the incident, client record number, witnesses, RN involved and action taken to correct or remediate the problem;
- (4) the nurse’s manager shall report a RN to the Peer Review Committee if three minor incidents involving that RN are documented within a one-year time period; and
- (5) the Peer Review Committee shall review the three minor incidents and make a determination as to whether a report to the Board is warranted.

(e) In employment settings where no Peer Review Committee is required to exist, the nurse’s manager shall review minor incidents involving those RNs under his/her supervision and keep the same reports as required in subsection (c)(1), (2), and (3) of this section. A nurse’s manager shall report any nurse involved in three minor incidents within one year to the Board.

(f) Nothing in this rule is intended to prevent reporting of a potential violation directly to the Board.

(g) Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.

CODE OF ETHICS

The Upward Mobility Nursing faculty subscribe to the American Nurses' Association Code of Ethics*. Students are expected to learn and perform in accordance with this code.

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the client, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the client.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum client care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting communication and national and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

*To read the interpretive statements for the provisions listed above, the student can access the ANA Web site at <http://www.nursingworld.org/ethics/code/ethicscode150.htm>

STUDENT HEALTH

1. Students are responsible for their own health care needs. Expenses for all health care including physical examinations, immunizations, laboratory and other diagnostic tests as well as treatment of illnesses and injuries (including those incurred while in the clinical settings) is the responsibility of the student.

2. Students are not to discuss personal medical problems with physicians while in the clinical setting.
3. If a student is injured or exposed to a communicable disease while on clinical experience assignment, the student should notify the clinical instructor immediately. The student should be prepared to pay costs involved for necessary care.
4. At the discretion of the Program Director, a student may be required to supply a physician's statement regarding the student's physical and/or emotional fitness to continue in the program.
5. Students who are pregnant may remain in the program as long as a physician's statement regarding their ability to carry out class and clinical requirements is provided. The Allied Health Department Chair may request that such a statement be updated at periodic intervals.
6. It is expected that students report to the clinical area physically and mentally healthy. Students in any state of health that would jeopardize the client's welfare will not be allowed to remain and will have the day recorded as a clinical absence.

TRANSPORTATION

Each student is responsible for his/her own transportation to and from the campus and clinical facilities. Due to the cost of gasoline, car pooling is encouraged. It is the student's responsibility to inform instructors in writing of car pool arrangements prior to the time schedules are made for lab and/or clinical assignments. Every reasonable effort will be made to accommodate students' needs.

CLINICAL PROCEDURES

Each clinical facility unit has a policy and procedure manual. The student is responsible for following institutional policy and performing procedures as outlined in the manual of the institution. The student is also responsible for obtaining the instructor's supervision for procedures as designated in the course syllabi. Current changes in policy or procedures are usually posted on a bulletin board as well as in the manual. If the student has any questions after reviewing the institution's written policies and procedures, the student should consult the instructor.

INCIDENT/VARIANCE REPORTS

Any incident or medication error made in the clinical area will be reported according to the policy and procedure manual of the institution where it occurred. The incident or medication error must be reported immediately to the instructor.

MEDICATION ERRORS

Medication errors may lead to dismissal from the program; however, each incident will be considered individually by the entire faculty before the student is dismissed.

CLINICAL EXPERIENCE

Clinical experience is planned to provide the student with the opportunity to develop nursing skills. The student will assess, make a nursing diagnosis, plan, implement and evaluate client care. For the clinical experience to be both profitable for the student and safe for the client involved, it is essential that the student complete any assigned preparation prior to the experience. For Lamar State College-Port Arthur to receive permission to use the clinical facilities, agreements have been made that both students and faculty will abide by the policies and procedures of the institution.

The clinical experiences are designed to assist students in the application of theory and practice with supervision by skilled faculty. Preparation for clinical is absolutely essential. Students may be assigned clinical objectives for clinical preparation.

Students are expected to be engaged actively in learning and collaborative study with peers and faculty. During clinical, students are **not** to wait passively for a staff nurse or preceptor/instructor to show or tell them what to do. Students are expected to come prepared to apply knowledge and skills learned in the classroom or lab and to learn from expert nurses through an active intellectual process.

The knowledge students will have from preparing for clinical will provide a basis from which more active learning can take place. This background is needed to give safe care in the clinical setting. As the program progresses, students are expected to demonstrate more advanced problem solving and application of additional content. Students who can not communicate clinical objectives in the clinical setting, or who come unprepared, will be evaluated as “unsatisfactory” in performance and sent home with a clinical failure for that day.

An important part of being a professional nurse is participating in self-evaluation. Each clinical course has objectives which the student must fulfill to pass the course. The student is evaluated according to the course objectives at the end of each clinical course. The student is expected to participate in this evaluation process. This is done through clinical journals, student-faculty conferences, on the spot discussions, and/or a written self-evaluation. Clinical faculty keep anecdotal records about each clinical experience, and these and all clinical experiences are shared for the purpose of the student’s growth.

The Upward Mobility faculty at Lamar State College-Port Arthur believe that the core expression of professional nursing stems from the ability to self-evaluate and to become a lifelong learner. Students are expected to evaluate themselves on a regular basis. They are also encouraged to facilitate their peers’ growth and development through ongoing feedback.

CPR CERTIFICATION

Each student is required to be certified as a Healthcare Provider in CPR before starting the first semester of Upward Mobility Nursing Courses. The “C” portion (Health Care Provider) is to be completed and certification must be kept up-to-date as long as the student is enrolled. Proof of current certification is to be given to each clinical instructor at the beginning of each clinical rotation.

DRESS REQUIREMENTS

It is the philosophy of the Upward Mobility Nursing Program that students have a responsibility to be neatly groomed and modestly dressed. Appearances should promote good health, safety and general well-being of the students. Clothing should avoid brevity and/or design that is offensive to the dignity and rights of others. School officials have the right and responsibility to counsel with a student or take any corrective action. Types of clothing (other than those specified in the document) may be worn at the direction of a nursing instructor for special events.

Classroom: Casual or everyday business wear is recommended. This includes but is not limited to the following: Slacks or skirt; sweater, blouse and shirt. Jeans as well as conservative shorts (mid-thigh or longer) may be worn, but avoid overly frayed or soiled clothing. Shoes must be worn. (See items to be avoided below).

Pre- or Post-Clinical Experiences in the Health Care Facility: Students may be required to attend conferences or visit the clinical areas as part of their course requirements. Students should wear a clean lab jacket with name tag, and school patch. The following items must be avoided in the clinical areas: jeans, shorts, sandals, jogging/athletic suits, t-shirts, ball-caps, etc.

Community, Simulation Lab and Clinical Experiences: The comfort, security, and well being of the client is dependent upon the nurse's level of knowledge and competence, however, in addition to this, it is influenced by the nurse's personal hygiene, appearance, and behavior. Poor grooming and inappropriate behavior may convey to the client and family a feeling of carelessness. Therefore, students enrolled in the LSC-PA Upward Mobility Nursing Program are expected to conform to the following uniform policies:

1. All students will wear the official uniform of the Upward Mobility Nursing Program at all times during clinical except in specialty areas where the hospital provides scrub suits or community and clinical facilities where the agency/facility requires street clothes.
2. The uniform consists of the following:

AD PROGRAM	CLOTHING ITEM	COLOR
Female Students	Jacket	Navy Blue
	Pants	Navy Blue
	Top or Polo Shirt	Ceil Blue
Male Students	Jacket	Navy Blue
	Pants	Navy Blue
	Top Polo Shirt	Ceil Blue
	LSC-PA Patch	Navy and White

*OK to wear a navy blue crewneck shirt under top if desired

3. The Nursing Program patch should be worn on the left sleeve of the lab jacket and scrub top

three inches below the shoulder seam in the center of the sleeve crease. The patch must be neatly sewn in place and positioned so that the "1909" is centered at the bottom of the patch parallel to the edge of the sleeve. No pins or snaps are permitted. The lab jacket must be worn when a student leaves the clinical unit.

4. The picture ID and standard name pin will be worn. The name pin is white with navy letters. Lamar State College-Port Arthur is on the first line. The student's first initial, last name and ADSN are on the second line. The third line should state Upward Mobility Nursing Program. If the student tends to remove her/his lab jacket during client care, s/he needs to wear a name pin on both the lab jacket and scrub top.
5. All students are to bathe and use deodorant prior to coming to clinical each day. Do not wear scented powders or perfume.
6. All students are to wear clean newly laundered wrinkle-free uniforms to clinical each day.
7. Shoes may be of any type as long as they are white as the primary color or solid navy and have good treads and closed toes. Shoes must be clean and in good condition.
8. White or navy hose or socks are to be worn.
9. Fingernails must be clean and in reasonable length for safe client care, not to exceed 1/8 inch beyond the fingertip. Only unpolished, natural nails are permitted. This is a Joint Commission on Accreditation of Health Care Organizations (JCAHO) requirement because documented research has linked artificial nails and nail polish to the occurrence of nosocomial infections in hospitals.
10. Hair must be clean, neat and in no way interfere with client care. If long, it must be fastened back from the face and secured so that the long ends remain behind the shoulders during client care delivery. Scarves, ribbons, ornaments and unnatural hair color (i.e. pink, blue, green, etc.) are not acceptable. Hairclips and fasteners must match hair or uniform color.
11. Only a watch, plain band without stones, and small stud earrings (1 pair), one in each ear lobe may be worn while in uniform. No other visible body jewelry is allowed.
12. Cosmetics must be used moderately and attractively applied.
13. Well groomed sideburns, mustaches, and beards are acceptable on campus, but may be inappropriate in certain clinical facilities. Students are to meet the standard of the facility.
14. Required accessory uniform items:
 1. Wrist watch with second hand
 2. Bandage scissors
 3. Pen and notepad
 4. Stethoscope and a pen light

5. Name tag(s), picture ID, and LSC-PA patches

Items to be avoided at all School-related Functions include but are not limited to:

Overly frayed, worn, or soiled garments. Costume look, transparent blouses, bare mid-drift shirts, tank tops, spaghetti straps, muscle shirts, overtly sexual, gang colors or logos, obscene slogans or pictures, bedroom wear, short-shorts, short skirts or clothing that may be offensive to others.

Students are to adhere to the Dress Requirements. Faculty/Preceptors have the right to send a student home who comes to course activities or clinical without complying with the dress regulations. This will result in an absence and the need to make up the clinical hours.

COUNSELING

1. Students may seek help from their instructors with problems related to the nursing program. Students who need personal counseling should contact the Vice-President for Student Services at (409) 984-7157.
2. The Allied Health Department Chair is available for students if their instructor is unable to help them.
3. The Dean of Technical Programs is available at (409) 984-7236 for those problems not resolved by the instructor or program director.
4. The student is referred to the grievance procedure in the Lamar State College-Port Arthur Student Handbook if the problem is not resolved in any of the preceding steps.
6. Students must follow the preceding lines of communication.
7. Students are **NOT** to call instructors at home or on personal cell phones outside of regular school hours. Problems are to be addressed during regular school hours.
8. Students who need assistance with test taking beyond the written, computer and faculty resources available at LSC-PA should contact: Janet Hamilton at (409)984-6354 or the Special Populations Coordinator at (409)984-7240.

TRANSFER POLICY

Students who wish to transfer to Lamar State College-Port Arthur should be aware of the following:

1. Transfers will not be considered unless there is available class and clinical space at LSC-PA .
2. Students may not be allowed to transfer if they have had two opportunities in a nursing program at another institution(s).
3. Transfers will not occur while a semester is in progress.

4. The student will follow appropriate college transfer procedure.
5. The student will submit to the Director of the Upward Mobility Nursing Program a statement of his/her current status in the nursing program and rationale for transfer.
6. At least twenty-five (25) percent of the credit hours required for graduation must be earned at Lamar State College-Port Arthur. Of the hours earned at the college, at least twelve (12) must be in 2000-level courses.

APPLICATION FOR GRADUATION

Applications for graduation must be filed with the Admissions and Records Office. The current State College calendar contains exact dates. Detailed instructions for making application for graduation are listed in the schedule of classes each semester. Students who apply for a degree, pay the graduation fee for a given commencement, but do not satisfy degree requirements must reapply and pay graduation fees again. Students planning to graduate must satisfy the following requirements:

1. At the beginning of the last semester, a student must file intent to graduate with the advisement and assessment center.
2. The student must apply for graduation with the Admissions and Records office during the week immediately preceding the deadline posted in the State College calendar. Fees for cap and gown are paid at this time.
3. The student must have a minimum grade of C in all nursing and science courses and an over-all grade point average of at least 2.0 on courses applied toward the degree to meet graduation requirements.
4. The student must be current with all financial and property obligations at the State College.
5. The student must have official copies of all college transcripts on file in the Admissions and Records office. If the student takes classes at any other institution including the other Lamar campuses, the transcripts on file must include all the courses taken.
6. The student must have copies of all college transcripts and transcript evaluations on file in the Nursing Program Director's office. No course is approved for transfer to LSC-PA without the official transcript evaluation and course descriptions for classes that are evaluated for general academic credit.
7. The student must have satisfied the Texas Higher Education Assessment (THEA) requirements or have passed at least one three hour college level course prior to fall, 1989 to graduate.

The student is responsible for making the application, for securing official advisement about study plans for the last two semesters, and for checking compliance with all degree requirements with the Admissions and Records Office.

GRADUATION HONORS

To be designated as honor graduates, members of the graduating class must (1) have completed at least 20 semester hours at Lamar State College-Port Arthur, (2) have a grade point average of at least 3.5 for all course work attempted at Lamar as well as a 3.5 on the combination of work at Lamar State College-Port Arthur and all attempted work at other institutions attended. A grade point average of 3.5 to 3.64 qualifies for "honors", 3.65 to 3.79 for "high honors", and 3.80 to 4.00 for "highest honors". Grades made the semester of graduation are included in the calculation of grade point averages for honors. Both diplomas and permanent records indicate graduation honors.

FACULTY POSITION STATEMENT ON AIDS

The faculty is aware of the concern that some students may have about caring for clients with acquired immune deficiency syndrome (AIDS). It is the belief of the faculty that it is morally wrong to deny health care to any one. Therefore, clients who have AIDS may be assigned to students. However, the faculty reserves the right to determine which students may provide care to AIDS clients based on the level of proficiency of the student's clinical practice skills.

INFECTION CONTROL POLICY

All students will at all times practice standard precautions. Scrupulous handwashing is the best defense against all types of infection. Students should review the policy and procedures for infection control at each clinical facility prior to providing care to clients in that facility.

1. Wear gloves - when coming into contact with any body fluid: parenteral site care; when performing mouth care, perineal care, Foley care, injections, enemas; handling blood products, urine, feces, sputum, amniotic fluid, placenta; when diapering and providing newborn care.
2. Wear gloves, gown, mask and goggles - when suctioning, during intubations and when the possibility of being splashed occurs: i.e. labor and delivery, surgery, emergency room, all diagnostic labs.
3. Dispose of needles and sharps properly - Do not recap !!! Place used needles and sharps in special containers provided.
4. Resuscitation - Use mouthpieces, resuscitation bags, or ventilator devices. Students are not encouraged to perform mouth-to-mouth breathing without protective mouthpieces.
5. Wash hands - Before and after contact with each client, and after contamination. When gloves are used, wash hands before applying and after removing.
6. Wash hands before and after administering medications. Students are not to touch the medications with their hands.

7. Clean spills - Any blood or body fluid spills should be cleaned promptly, using gloves and a disinfectant solution provided by the health care agency.
8. Specimens - All body fluid specimens should be considered BIOHAZARDOUS. Gloves should be worn when collecting and transporting specimens.
9. Students must follow institutional guidelines of affiliated clinical agencies.
10. In the event that a student is exposed to any blood or body fluid, notify the instructor immediately.

STUDENT POLICY REGARDING HIV STATUS

Effective September 1, 1991, the State of Texas bill, HB 7, imposed on all Texas health care professionals various requirements designed to prevent the transmission of HIV from health care workers to their clients. Under this law, health care workers include "individuals in the course of training or educational program in the health professions." Thus, the law applies to all the nursing students at Lamar State College-Port Arthur during the time they are involved in client care.

It is each LSC-PA student's responsibility to understand the legal and professional ethical ramifications of the law and to comply with the law's requirements. In general the law requires that all health care workers adhere to Universal Precautions and that individuals with exudative lesions (draining sores) or weeping dermatitis (reddened areas that leak clear fluid) refrain from direct client care and the handling of client equipment and devices used in invasive procedures until the condition resolves. To ensure that all students are familiar with Universal Precautions, a unit on Universal Precautions is included in the curricula for all students.

The law provides that a health care worker who is HIV positive may perform exposure prone procedures only if the health care worker has sought counsel from an expert review panel and has been advised under what circumstances such procedures may be performed. The law also requires that the health care worker who would perform such procedures notify the prospective client of the health care worker's positive HIV status.

PROFESSIONAL SEXUAL MISCONDUCT

Professional sexual misconduct is the use of power, influence and/or knowledge inherent in one's profession to obtain sexual gratification. Any behavior by the nurse that is seductive, sexually demeaning, harassing, or reasonably interpreted by the client as sexual is a violation of the nurse's professional responsibility to the client, **regardless of consent by the client**. The issue of professional sexual misconduct is complex because the difference between a caring professional relationship and an over-involved relationship is narrow.

The nurse must understand and apply the following concepts related to professional/client relationship or "professional boundaries":

Professional boundaries are the limits of the professional relationship that allow for a safe, therapeutic connection between the professional and the client. Boundaries protect the space between the

nurse's power and the **client's vulnerability**. The power of the nurse comes from the professional position and the access to private knowledge about the client.

Robert Simon, a forensic psychiatrist, describes five principles of establishing boundaries. The professional should begin by asking the question: "Is the treatment intervention being made for the benefit of the therapist or the sake of the client's therapy?" The professional must:

1. Abstain from personal gratification at the client's expense;
2. Not interfere in a client's personal relationships;
3. Promote client autonomy and self determination;
4. Act in the best interest of the client; and
5. Have respect for human dignity. (Simon, 1995)

Boundary Crossings are brief excursions across boundaries that may be inadvertent, thoughtless, or even purposeful if done to meet a therapeutic need. Boundary crossings should be evaluated by the nurse from potential client consequences and implications.

Boundary Violations occur when there is confusion between the needs of the nurse and those of the client.

Nurses who display one or more of the following should examine their client relationships for possible boundary crossings or violations.

- EXCESSIVE SELF-DISCLOSURE (Nurse discusses personal problems with the client)
- SECRETIVE BEHAVIOR (Nurse believes that he/she understands, better than anyone else, and can meet the client's needs)
- SINGLES OUT CLIENT TREATMENT OR CLIENT ATTENTION TO THE NURSE (Nurse spends inappropriate amounts of time with client, visits when off duty, or trades assignments to be with the client. The client pays special attention to the nurse, gives gifts to the nurse, etc..)
- SELECTIVE COMMUNICATION (Nurse fails to explain actions, withholds information about client)
- FLIRTATIONS (Nurse communicates in a flirtatious manner, off-color joking, etc.)
- "YOU AND ME AGAINST THE WORLD" (Nurse views client in a protective and possessive manner, sides with client regardless of situation)
- FAILURE TO PROTECT CLIENT (Nurse fails to recognize sexual attraction, fails to transfer care of client when needed to support boundaries)

Nurses must remember that our role in the lives of our clients and their families is a position of privilege and trust. What we do and the manner in which we do it has tremendous impact on the lives of our clients and their families beyond the time we are caring for them. Nurses have a duty to ensure that nursing care is given with respect for human dignity and honor to our profession.

This was developed from the Quick Reference for Professional Boundaries and Sexual Misconduct Cases, Evaluator's Information Packet, National Council of State Boards of Nursing Sexual Misconduct Task Force, August, 1996. (LVN Newsletter; BVNE, December, 1996).

STUDENT PEER ASSISTANCE PROGRAM (SPAP)

The purpose of Student Peer Assistance Program (SPAP) is to identify, refer and support rehabilitation of students enrolled in the nursing programs who are impaired as a result of alcohol and/or chemical abuse or other mental health problems. It is expected that students will understand that providing assistance to impaired colleagues at the student level is not different from that expected of the nursing professional.

Impaired Nursing Student is defined as one whose behavior violates the rules, regulation, traditions, ethics of Lamar State College-Port Arthur Nursing Program and the accepted standards of the nursing profession as a result of one or more of the following: a) alcohol or other drug abuse; b) mental health concerns, and c) physical illness with psychological complications.

IMPORTANT LICENSURE INFORMATION

The following information is provided to the student in this handbook to remind the student of the Board of Nursing requirements for licensure.

Please be advised the following questions will be presented to the licensure candidate upon completion of the registered nursing program. These questions are included as part of the application/eligibility packet for taking the state board license exam and must be answered truthfully; subject to penalty of perjury.

- 1) For any criminal offense, including those pending appeal, have you:
 - A. been convicted of a misdemeanor?
 - B. been convicted of a felony?
 - C. pled nolo contendere, no contest, or guilty?
 - D. received deferred adjudication?
 - E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - F. been sentenced to serve jail or prison time? court-ordered confinement?
 - G. been granted pre-trial diversion?
 - H. been arrested or have any pending criminal charges?
 - I. been cited or charged with any violation of the law?
 - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in

fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Nondisclosure of relevant offenses raises questions related to truthfulness and character.

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about that criminal matter.

2) Are you currently the target or subject of a grand jury or governmental agency investigation?

3) Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

4) Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

5) Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

If **"YES"** indicate the condition: [] schizophrenia and/or psychotic disorders, [] bipolar disorder, [] paranoid personality disorder, [] antisocial personality disorder, [] borderline personality disorder
If you must answer **"Yes"** to any of the above questions, attach a letter of explanation that is dated and signed indicating the circumstance you are reporting to the Board. Your file will immediately be transferred to the Enforcement Department to open an investigation regarding your eligibility issue. The Board **will not** approve an applicant to take the NCLEX-RN® or issue a temporary to practice until an eligibility decision has been rendered. **If eligibility issues arise, the eligibility process takes a minimum of 3-6 months.**

If you must answer "Yes" to any of the eligibility questions, you should petition the Board for a Declaratory Order. A petition for Declaratory Order is a formal disclosure to the Board of an outstanding eligibility issue that may prevent an applicant from taking the NCLEX-RN® examination upon completion of a nursing program. Complete information and forms are available on the WEB at www.bon.state.tx.us

DISCIPLINARY SANCTIONS FOR SEXUAL MISCONDUCT

The Texas Board of Nursing (Board), in keeping with its mission to protect the public health,

safety, and welfare, believes it is important to take a strong position regarding the licensure of individuals who engage in sexual misconduct towards patients or former patients in the workplace, who have been convicted of or put on probation for sexual misconduct, or whose sexual misconduct outside the workplace may affect the ability to safely care for patients.

The Board's position applies to all nurse license holders and applicants for licensure.

The Board adopts the following assumptions as the basis for its position:

1. Patients* under the care of a nurse are vulnerable by virtue of illness or injury, and the dependent nature of the nurse-patient relationship.
2. Persons who are especially vulnerable include the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized.
3. Nurses are frequently in situations where they provide intimate care to patients or have contact with partially clothed or fully undressed patients. Nurses may also care for these patients without direct supervision.
4. Nurses are in the position to have access to privileged information and opportunity to exploit patient vulnerability.
5. There are appropriate boundaries in the nurse-patient relationship that nurses must clearly understand and be trusted not to cross.
6. A nurse's duty to maintain boundaries extends beyond a patient's discharge from nursing care, especially when it pertains to confidential medical records.
7. Sexual misconduct towards patients or in the workplace raises serious questions regarding the individual's ability to provide safe, competent care to vulnerable patients.
8. Sexual misconduct that occurs outside of the workplace, including conviction or deferred adjudication of or probation for a crime, may raise questions as to whether that same misconduct will be repeated in the workplace and therefore affects the ability of the nurse to safely provide patient care.

* The terms "resident" or "client" are often substituted for the term "patient" in health care facilities. For the purposes of this document "patient" includes all of these terms.

Crimes Related to Sexual Misconduct

The Board may rely solely on the conviction or deferred adjudication of a crime or probation for a crime, with or without an adjudication of guilt, to limit, deny, suspend, or revoke a license. Sexual misconduct is a crime of moral turpitude. Crimes of sexual misconduct that involve abuse of a minor or a vulnerable person or taking advantage of another person are extremely serious grounds for denial of an initial application for licensure or revocation of the license. The length of time between the conviction and the application for licensure is not a factor due to the high recidivism rate for sex offenders, lack of empirical evidence regarding the success of treatment, and the fact that many victims do not report that a sexual offense has been committed against them. Crimes that disqualify an individual for licensure include Rape, Sodomy, Sexual Abuse, Contributing to the Sexual Delinquency of a Minor and other crimes related to children. Effective September 1, 2005, Texas Occupations Code §

301.4535 requires suspension, revocation, or refusal of a license for initial convictions of certain offenses. The sexually-related offenses are as follows: sexual assault, aggravated sexual assault, indecency with a child, and any offense a defendant is required to register as a sex offender under chapter 62, Texas Code of Criminal Procedure. This includes offenses of a similar nature in other jurisdictions. Once a final conviction or a plea of guilty or nolo contendere is entered, eligibility for licensure is not available until five years after successful completion and dismissal from community supervision or parole. There are other sexual misconduct crimes that do not involve children or taking advantage of another person. There are also crimes that involve conduct between consenting adults. These crimes are considered by the Board to be of a serious nature but not necessarily a disqualification for licensure. Conviction or deferred adjudication of these crimes will be considered on an individual basis with regard to the circumstances surrounding the crime and may involve a forensic psychological evaluation with a sexual predator component - the sex MMPI, as well as a polygraph. This evaluation is to be performed by a Board approved psychologist or psychiatrist with forensic credentials who has expertise in evaluating sexual offenders. Finally, it should be noted that if a nurse is imprisoned following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision for a crime involving sexual misconduct, the Board shall revoke the nurse's license, regardless of the conduct associated with or the circumstances surrounding the crime. Chapter 53 of the Texas Occupations Code and 22 Texas Administrative Code § 213.28 governs the consequences of criminal convictions and requires revocation of a nurse's license if there is imprisonment as stated above. Section 213.27 of 22 Texas Administrative Code is also applicable to criminal conduct.

Sexual Misconduct Toward Patients

Sexual misconduct toward patients is never acceptable. Conduct such as rape, sex disguised as treatment (unnecessary or prolonged pelvic/breast/genital exams or touching intimate body parts when the touch is not necessary for care) and "sneaky sex" (surreptitious touch, voyeurism, or exposing the patient's body when not necessary) are grounds for limitation, denial, or revocation of licensure. Nurses should never engage in conduct with a patient that is sexual or may reasonably be interpreted as sexual or in any behavior that is seductive or sexually demeaning to a patient, or engaging in sexual exploitation of a patient or former patient. Even if a patient initiates the sexual contact, a sexual relationship is still considered sexual misconduct for the nurse. The nurse should never use the patient to satisfy the nurse's need for personal amusement, gratification, power, control, sexual stimulation or satisfaction. It is always the responsibility of the nurse to establish appropriate boundaries with present and former patients. Other sexual misconduct such as sexual harassment of a patient, verbal interaction of a sexual nature, or a romantic-like relationship with a patient are unacceptable but not necessarily a disqualification from licensure. These cases will be considered on an individual basis and may be disciplined at the level of a Reprimand or Warning following a thorough investigation.

Some factors to be considered are the length of time between the nurse-patient relationship and the personal relationship, the nature of the therapy the patient received, the nature of the knowledge the nurse has had access to and how will that affect the future relationship, whether the patient, or the former patient, will need therapy in the future, and the risk to the patient. Subsequent conduct of a similar nature indicates a pattern and may require revocation. The Board believes that employers of nurses have a responsibility to discourage this conduct and take measures to ensure that patients are not subjected to this conduct.

Consensual sex between a nurse whose relationship or past relationship with the patient is that of a mental health therapist is serious and not acceptable to the Board. The nature of the therapist nurse-patient relationship places the patient, or former patient, in a vulnerable position and raises the question of ability for true consensual sex on the part of the patient. This conduct is grounds for limitation, denial, or revocation of licensure. Consensual sex between a nurse and a former patient often involves exploitation by the nurse of the former patient's vulnerability and may be evidence of violations of appropriate nursing boundaries. Some factors to be considered are the length of time between the nurse-patient relationship and the personal relationship, the nature of the therapy the patient received, the nature of the knowledge the nurse has had access to and how will that affect the future relationship, whether the patient or the former patient will need therapy in the future, and the risk to the patient.

Sexual Misconduct in the Workplace - Not Toward Patients

The Board's mission is protection of the public. The Board is not charged with protecting nurses, and therefore, believes that sexual misconduct in the workplace is the responsibility of the employer. If sexual misconduct in the workplace occurs in view or hearing of a patient or may affect the patient's care or feeling of safety, the Board believes this conduct should be treated the same as similar conduct towards a patient as described above. However, should any conduct lead to a criminal charge, conviction, or deferred judicial action, the Board should be notified.

Petition for Declaratory Order, Reconsideration, or Reinstatement of License

An individual who has been denied licensure or whose license has been revoked has the right to petition the Board for reconsideration of the Board's decision to deny or revoke the license. The burden of proof that the individual no longer poses a risk to the health, safety, and welfare remains with the petitioner. At a minimum, the petitioner must show evidence of successfully completing treatment specific to sexual misconduct. Additionally, the petitioner may be denied licensure without submitting a current forensic evaluation that addresses risk for re-offense, and includes recommendations on limitations in practice, patient population cared for, work setting and other issues related to the problem which originally brought the individual to the Board's attention. A polygraph exam may be included as part of the evaluation. The evaluator must be a health care professional whose credentials and expertise are approved by the Board. The recommended disciplinary or eligibility determination by the Board for sexual misconduct may be revocation or denial of licensure.

(Portions of this policy adapted from the Oregon Board of Nursing Policy, 1999, with additions, modifications, and/or deletions).

Approved and adopted on July 26, 2002, modified on April 23, 2004, October 20, 2005, and January 18, 2008
(based on recommendations adopted by the Eligibility and Disciplinary Task Force on November 30, 2007)

ELIGIBILITY AND DISCIPLINARY SANCTIONS FOR NURSES WITH SUBSTANCE ABUSE, MISUSE, SUBSTANCE DEPENDENCY, OR OTHER SUBSTANCE USE DISORDER

The Texas Board of Nursing (Board), in keeping with its mission to protect public health, safety, and welfare, believes it is important to have a clear position on how it will deal with nurses who are reported to the Board because they have:

- 1) been diagnosed with substance dependency or abuse, but do not have evidence of current sobriety that dates back a minimum of twelve (12) consecutive months;
- 2) exhibited impaired behavior that may be related to substance abuse, misuse, or intemperate use;
- 3) demonstrated a pattern of use of addictive substances, or pattern of substance mishandling or abuse;
- 4) shown evidence of criminal behavior or acts involving substances of addiction/abuse; or
- 5) any combination or single factor listed above, whether or not the events reported to the Board occurred while a nurse was on duty.

Any of the above substance-related conditions may affect the ability of a nurse to safely perform nursing duties, thus creating a threat to public safety.

This policy applies to all nurses or those individuals seeking to obtain or regain licensure as a nurse in Texas.

The Board adopts the following assumptions as the basis for its position:

- 1) Patients₁ under the care of a nurse are vulnerable by virtue of illness or injury and the dependent nature of the nurse-patient relationship.
- 2) Persons who are especially vulnerable include the elderly, children, the mentally ill, sedated and anesthetized patients, patients whose mental or cognitive ability is compromised and patients who are disabled and immobilized.
- 3) Critical care, geriatric, and pediatric patients are particularly vulnerable given the level of vigilance demanded under the circumstances of their health condition.
- 4) Nurses are able to provide care in private homes and home-like setting without direct supervision.
- 5) Nurses who have active substance dependence, or who abuse, misuse, or engage in intemperate use of drugs or alcohol or other substance use disorder may exhibit impairment in both cognitive and motor functioning while caring for patients. Such impairment places patients at risk for harm due to the nurse's inability to accurately assess, make appropriate judgments, and intervene in a timely manner to stabilize the patient(s) and prevent complications.
- 6) The disease of substance dependence or other substance use disorders as noted above may range in severity; however, the board believes all are potentially treatable conditions. Nurses who are in active recovery may be able to safely provide care to vulnerable patients, provided the nurse's practice can be adequately monitored for a defined period of recovery.
- 7) Recovery is a process of learning new behaviors, attitudes and life style that takes time after initial treatment to assure that the person is in a stable and sustainable state of recovery.

The Board believes it has a responsibility to both the public and the nurse when information about a nurse's substance use disorder comes to the Board's attention. The responsibility to the public is for swift action to remove a nurse from performing duties involving direct patient care until the nurse is deemed safe to return to those duties. The Board's responsibility towards the nurse is to recognize that person's past service in the provision of patient care and give that person an opportunity to seek treatment at an approved treatment facility² for the substance use disorder and then return to providing patient care when able to submit verifiable, documented proof that he/she has a year of sobriety and is in stable recovery.

If the Board finds disciplinary action is warranted, under no circumstance will a nurse be eligible for an unencumbered license until the nurse has successfully completed an approved treatment program, plus a year of verifiable, documented sobriety and subsequent probationary monitoring by the Board for a minimum of three (3) years. If a nurse fails to maintain compliance with the Board order, the Board will accept the voluntary surrender of the nurse's license or the Board will seek revocation subject to the Administrative Procedure Act, Nursing Practice Act, and Board rules.

Impairment in the Workplace

A nurse may demonstrate impaired behavior in the workplace due to consumption of drugs and/or alcohol either before coming to work or during work hours. The Board encourages both employers and co-workers of nurses to be familiar with the myriad of signs and symptoms associated with impairment and to report suspicion of impairment so the nurse can be removed from a patient care assignment and the risk of harming patients.

The Board would encourage facilities, agencies, and others who employ or utilize nurses to implement policies requiring "for cause" drug screens to eliminate the often unverifiable claims by the facility regarding suspected workplace impairment of the nurse. Impairment or suspected impairment of a nurse's practice by drugs or alcohol should be reported to the state peer assistance program for nurses or the Board for investigation (Tex. Occ. Code Ann. §301.401). The Nursing Practice Act requires that a person report to the Board a nurse suspected of being impaired by chemical dependency or diminished mental capacity if the person believes that an impaired nurse committed a practice violation. A nurse need not be "diagnosed" with an addictive/abusable or dependence problem to be reported to the board for impaired behavior and/or practice.

Nurses may obtain medications or other substances through theft from the facility or from a patient in a home or home-like setting. Theft of drugs or other substances by a nurse must be investigated as it raises the question of inappropriate use of drugs or other substances that have the potential and are likely to impair a nurse's practice, thus raising the risk of harm to patients.

A nurse who fails to participate in or complete the state peer assistance program for nurses and is reported to the Board for impairment in the workplace or diversion of drugs will be requested to obtain a chemical dependency evaluation³ from an evaluator who possesses credentials approved by the Board.⁴ Under no circumstance will an evaluation by a Licensed Chemical Dependency Counselor (LCDC) be deemed as acceptable proof that a nurse does not have a substance abuse or dependency diagnosis. If the person is diagnosed as chemically dependent, the nurse may be given the opportunity to enter an

approved treatment facility, provide proof of verifiable, documented sobriety for the preceding twelve (12) month period, and participate in Board monitoring for at least three (3) years.

If the state peer assistance program for nurses determines that a nurse is ineligible for its program, a nurse may be eligible to return to work under monitoring conditions determined through a suspend/probate agreement with the Board if he/she has verifiable, documented proof of sobriety for the previous twelve (12) consecutive months and successful completion of a treatment program within the past six (6) months and subsequent to the last relapse. At a minimum those conditions will include an enforced suspension until a year of verifiable recovery and sobriety with supporting documentation and successful completion of an approved treatment program with a recommendation from the treatment program regarding fitness to return to work.

The nurse will be required to provide proof of working an active program of recovery, employer monitoring by another nurse, employer evaluations of performance, abstinence from drugs and alcohol unless prescribed by a licensed provider for a legitimate purpose with notification to the Board, random drug testing, proof of support group attendance for a period of at least three (3) years, and may be limited in practice settings and in his/her access to controlled substances in the workplace. A nurse who is not willing or able to attend and complete treatment will be offered the opportunity to voluntarily surrender his/her license or will be served with Formal Charges and be given the opportunity for a hearing as provided in the Administrative Procedure Act, Nursing Practice Act, and/or Board rules.

If the person does not receive a diagnosis of chemical dependence, the Board will take any recommendations of the evaluator into account, i.e., pain or disease management, and/or mental health issues, and determine whether or not a period of monitoring by the Board is in the best interest of public health and safety. In addition, if the evaluator determines that the nurse has a pain management, disease management, or mental health issue, the nurse will be sent to an appropriate specialist or clinic approved by the Board for evaluation and additional recommendations. If the evaluator determines that the individual has a low probability for substance abuse, but the evidence supports practice violations that relate to the drugs at issue, the Board will determine whether or not a period of monitoring is necessary to ensure public safety and welfare.

Crimes Related to Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder

The Board may rely solely on the conviction for a crime or probation for a crime, with or without an adjudication of guilt to impose a disciplinary sanction on a nurse. In addition, evidence of the conduct that is the basis for the court document may be of concern to the Board in that it implicates a nurse's professional character pursuant to rule 213.27 (Good Professional Character). The Board will also consider a pattern of arrests for crimes related to substance abuse in regards to a pattern of behavior that may be of concern to the Board. The fact that a person has been arrested will not be used as grounds for disciplinary action. If however, evidence ascertained through the Board's own investigation from information contained in the arrest record regarding the underlying conduct suggests actions violating the Nursing Practice Act or rules of the Board, the Board may consider such evidence as a factor in its deliberations regarding any decision to grant a license, restrict a license, or impose licensure discipline.

Crimes related to substance abuse, misuse, substance dependency or other substance use disorder range from those that are primarily harmful to the nurse to those that are harmful to others. Nurses who have committed crimes such as Minor in Possession of Drugs/Alcohol, Possession of a Controlled Substance, Driving Under the Influence of Intoxicants, or Driving While Intoxicated will be required to obtain an evaluation by an evaluator with credentials approved by the Board⁴ to determine if the person has a diagnosis of chemical dependence. Under no circumstance will an evaluation by a Licensed Chemical Dependency Counselor (LCDC) be deemed as acceptable proof that a nurse does not have a substance abuse or dependency diagnosis. The Board may additionally use the results of that evaluation to determine fitness to function as a nurse and whether monitoring by the Board is necessary for protection of the public.

Nurses who have committed crimes that are clearly a danger to others, such as Manufacture and Distribution of a Controlled Substance or Conspiracy to Distribute Illegal Drugs will be considered on an individual basis and may be required to complete a drug and alcohol or forensic psychological evaluation. The Board views crimes related to substance abuse that are harmful to others as more serious than those where harm is directed mainly at the nurse. If the individual facts of a case show harm to others, the Board will serve Formal Charges against the nurse and the nurse will have the opportunity to a formal hearing as provided in the Administrative Procedure Act, Nursing Practice Act, and/or Board rules. It should be noted that if a nurse is imprisoned following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision for a crime involving drugs, alcohol, or substance abuse, the Board shall revoke the nurse's license, regardless of the conduct associated with or the circumstances surrounding the crime. Chapter 53 of the Texas Occupations Code and 22 Texas Administrative Code § 213.28 governs the consequences of criminal convictions and chapter 53 requires revocation of a nurse's license if there is imprisonment as stated above. Section 213.27 of 22 Texas Administrative Code is also applicable to criminal conduct.

Petition for Reinstatement of License

A nurse whose license has been revoked or suspended or who has voluntarily surrendered his/her license due to chemical dependence or crimes related to substance abuse has the right to petition the Board for reinstatement of the license after one (1) year has elapsed from the effective date of the Board action, unless agreed otherwise. The burden of proof will be on the license holder that he/she is in recovery from chemical dependence, no longer abuses drugs or alcohol and has been rehabilitated to the extent that he/she no longer poses a threat to the public health, safety, and welfare.

Evidence of Verifiable Sobriety

It is highly recommended that evidence of sobriety include random drug screens, letters, and evaluations from present and past employers, and signed logs of support group attendance. Should the Board reinstate licensure, the nurse may be required to take a refresher course before a license is issued to him/her.

¹The terms "resident" or "client" are often used interchangeably with the term "patient" in health care facilities. For the purpose of this policy, the term "patient" includes all of these terms.

²An approved treatment facility means a public or private hospital, a detoxification facility, a primary care facility, an intensive care facility, a long-term care facility, an outpatient care facility, a community mental health center, a health maintenance organization, a recovery center, a halfway house, an ambulatory care facility, another facility that is required to be licensed and approved by the Department of State Health Services, or a facility licensed or operated by the Department of State Health Services. The term does not include an educational program for intoxicated drivers or the individual office of a private, licensed health care practitioner who personally renders private individual or group services within the scope of the practitioner's license and in the practitioner's office. Tex. Health & Safety Code § 461.002(9).

³A chemical dependency evaluation requires:

- a) a release signed by the nurse that allows the Board to send the investigatory file to the evaluator for review prior to the evaluation;
- b) a release that allows the evaluator to send the evaluation directly to the Board;
- c) review of the Board's investigatory file by the evaluator prior to the evaluation;
- d) administration of a SASSI-III and/or MAST test by the evaluator; and
- e) a face-to-face interview between the evaluator and nurse.

⁴An evaluator must demonstrate that they hold a current professional license and also possess the credentials for the provision of treatment for chemically dependent individuals. A physician, a medical doctor (M.D.) or osteopathic (D.O.), who is certified by the American Society of Addiction Medicine (ASAM) should be considered when the nurse/applicant does not believe/acknowledge that he/she abuses chemicals, and has current indicators that suggest they may abuse chemicals and concurrent medical issues put them at risk for abuse/dependency. Examples of medical issues that may put one at risk for abuse and/or dependence include: a history of chronic pain; a history of migraines; fibromyalgia; and/or any other ongoing medical or dental event which has required frequent or long-term narcotic analgesics. An addictionist who is doctorally prepared and who specializes in diagnosing and treating chemical dependency should be considered when the nurse/applicant does not believe/acknowledge the abuse of chemicals, but has current non medical related indicators that suggest that he/she may abuse chemicals. Other licensed treatment evaluators may be approved for evaluation and recommendations for treatment when the nurse/applicant acknowledges being active or recently having been active in the disease of chemical dependency (the individual acknowledges being chemically dependent and, therefore, the evaluation is related to treatment, not diagnosis).

In cases where a judicial order or a criminal conviction is at issue, the Board reserves the right in these situations and others involving criminal activity to request a forensic psychological evaluation with a chemical dependency component. In all cases, whether criminal or not, if additional diagnosis or therapy information is needed, the Board may request additional evaluations.

See Policy on Board-Approved Treatment Providers, (approved October 21-22, 2004-Agenda Item 7.9). Original policy adopted on July 26, 2002, amended on April 25, 2003, and revised on April 23, 2004 and January 18, 2008 (based on recommendations adopted by the Eligibility and Disciplinary Task Force on November 30, 2007).

DISCIPLINARY SANCTIONS FOR LYING AND FALSIFICATION

The Texas Board of Nursing (Board), in keeping with its mission to protect the public health, safety, and welfare, believes it is important to take a strong position regarding the licensure of individuals who have engaged in deception in the provision of health care. This deception includes falsifying documents related to patient care, falsifying documents related to employment, and falsifying documents related to licensure. The Board is also concerned about persons who have been convicted of a crime involving deception to the extent that such conduct may affect the ability to safely care for patients.

The Board's position applies to all nurse license holders and applicants for licensure.

The Board adopts the following assumptions as the basis for its position:

1. Patients* under the care of a nurse are vulnerable by virtue of illness or injury, and the dependent nature of the nurse-patient relationship.
2. Persons who are especially vulnerable include the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized.
3. Critical care, pediatric, and geriatric patients are particularly vulnerable given the level of vigilance demanded under the circumstances of their health condition.
4. Nurses are frequently in situations where they must report patient condition, record objective/subjective information, provide patients with information, and report errors in the nurse's own practice or conduct.
5. Honesty, accuracy and integrity are personal traits valued by the nursing profession, and considered imperative for the provision of safe and effective nursing care (Section 213.27 of 22 Texas Administrative Code).
6. Patients have the right to expect that the nurse will always accurately report patient conditions, signs and symptoms, and the care the nurse provided.

The Board considers the following behaviors important in evaluating whether an individual possesses the integrity and honesty to practice nursing:

1. Falsification of documents regarding patient care, incomplete or inaccurate documentation of patient care, failure to provide the care documented, or other acts of deception raise serious concerns whether the nurse will continue such behavior and jeopardize the effectiveness of patient care in the future.
2. Falsification of employment applications and failing to answer specific questions that would have affected the decision to employ, certify, or otherwise utilize a nurse raises concerns about a nurse's propensity to lie and whether the nurse possesses the qualities of honesty and integrity (Sections 217.12(6)(H), (6)(I), and 213.27 of 22 Texas Administrative Code).
3. Falsification of an application for licensure to the Board raises concerns about the person's propensity to lie, and the likelihood that such conduct will continue in the practice of nursing.
4. A conviction or judicial order involving a crime of lying or falsification raises concern that the person may engage in similar conduct while practicing nursing and place patients at risk.

* The terms “resident” or “client” are often substituted for the term “patient” in health care facilities. For the purposes of this document “patient” includes all of these terms.

Crimes Related to Lying and Falsification

The Board may rely solely on the conviction of a crime or probation for a crime, with or without an adjudication of guilt, to deny, suspend, or revoke a license. A crime involving dishonesty is a crime of moral turpitude. Reliance on judicial orders is designed to avoid subsequent collateral attacks by nurses when the nurse has already been convicted or has admitted to the criminal conduct.

The Board has adopted a policy on fraud, theft, and deception that, in part, addresses the issues of lying and falsification. The crime of lying or falsification is a concern to the Board if the conduct involved defrauding a vulnerable person; if the occurrence was within a short period of time prior to the application for initial licensure; if there is a demonstration of a pattern of lying or falsification; or if the act was obviously premeditated and the individual demonstrates a lack of insight or remorse related to the conduct. The presence of these factors is evidence to the Board that the same behavior is likely to be repeated towards patients and may place their well-being at risk. Crimes involving lying and falsification will be evaluated on an individual basis considering the above factors.

It should be noted that if a nurse is imprisoned following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision for a crime involving lying or falsification, the Board shall revoke the nurse’s license, regardless of the conduct associated with or the circumstances surrounding the crime. Chapter 53 of the Texas Occupations Code and 22 Texas Administrative Code § 213.28 governs the consequences of criminal convictions and requires revocation of a nurse’s license if there is imprisonment as stated above. Section 213.27 of 22 Texas Administrative Code is also applicable to criminal conduct.

Lying on or Falsification of Licensing Documents to the Board

Each licensure form or document, whether it is an initial application, application by endorsement, or a renewal application, contains questions that require a “yes” or “no” answer. These forms contain several questions that might affect the ability of an individual to function safely as a nurse. In addition, the Board asks the applicant, petitioner, or licensee to provide information to determine if he/she meets the practice requirements for nursing licensure. Answers to these questions are used by the Board to determine the applicant’s fitness for initial licensure/recognition in regards to conviction history, physical or mental condition, chemical dependency, and eligibility to renew licensure or gain initial licensure/recognition by endorsement related to meeting the continuing education (CE) and practice requirements. The Board can understand that an applicant may mark a “yes” or “no” answer in error, or misunderstand the question being asked. The Board believes, however, that supplying false information in regards to eligibility requirements for licensure is a serious matter, not only because of the lying or falsification itself, but because those false answers would allow an otherwise disqualified applicant to be licensed. Proof of falsification on initial licensure is enough to establish the Board’s right to revocation or denial of licensure. It should not be the Board’s burden to answer or overcome Respondent’s claims of current character or current practice once it is established an applicant or petitioner has knowingly falsified information upon which licensure was based. If Respondent believes he/she has good professional character, they should be required to start the application process over

anew under non-deceptive means without the benefit of consideration of the intervening practice as a nurse.

The Board also asks questions on its applications for licensure to verify the individual's identity and provide the Board with demographic information. Falsification of that information is considered serious by the Board, but not as critical as information that directly relates to eligibility for licensure unless the falsification of this information was intended to hide relevant background information of the applicant.

Each case of falsifying an application for licensure will be considered on an individual basis. The investigative process will be used to determine whether the question was answered in error, misunderstood, or purposely answered falsely to deceive the Board. Intentional falsification may result in denial of licensure or revocation of a license. The Board may show leniency towards an applicant for initial licensure because that person may be more likely to misunderstand the questions on the application. The Board believes that an applicant for renewal of licensure should understand the questions and the importance of answering them honestly. A pattern of falsification of information on an application for licensure will not be tolerated and is grounds for revocation.

Failure to cooperate during the course of a Board investigation by supplying false documents or failing to disclose information is grounds for denial or revocation of the license. Reckless disregard for the Nursing Practice Act, the Board's rules and regulations, and/or a Board Order is also grounds for denial or revocation and will require at a minimum, the imposition of a punitive fine in addition to other stipulations.

Nurse Imposter

The Board has no jurisdiction over a person who does not have a license to practice nursing in the State of Texas yet holds him or herself out to be a nurse. The Board does have jurisdiction over an individual who has a nursing license or has had one in the past and represents him or herself as licensed for a broader scope of practice, e.g., LVN to RN, RN to APN. The Board has no tolerance for any form of impersonating and will impose the maximum dollar amount of fine allowed under Board rules and may impose a disciplinary sanction. The following factors will be considered in deliberating the level of discipline from remedial education with fine through revocation: intent, potential or actual harm to patients, length of time as an imposter, and insight/remorse.

The Board believes that employers of nurses should verify licensure utilizing the Board's website and thereby avoid hiring a nurse imposter or allowing a nurse to practice beyond his/her scope. The Board may impose a disciplinary sanction to the nurse employer found responsible for hiring a nurse imposter.

Lying or Falsification within the Practice of Nursing

The safe and effective practice of nursing as a licensed vocational nurse, registered nurse, or advanced practice nurse requires integrity, accuracy, and honesty in the provision of nursing care, including:

- performing nursing assessments;
- applying the nursing process;

- reporting changes in patient condition;
- acknowledging errors in practice and reporting them promptly;
- accurate charting and reporting, whether verbal or written;
- implementing care as ordered;
- compliance with all laws and rules affecting the practice of nursing; and
- compliance with minimum nursing standards.

Failure to be accurate and honest while providing patient care and keeping accurate records related to care, is potentially harmful to the overall care patients receive because nurses who provide subsequent care do not have a complete and accurate picture of the client's care and/or condition.

Each case of lying and falsification will be considered on an individual basis. The Board will consider the following factors:

- actual harm to the patient as a result of the lying or falsification;
- the potential for harm to patients;
- the past performance record of the nurse;
- prior complaints;
- accountability for the act of falsification;
- insight;
- remorse; and
- other mitigating or aggravating factors.

The Board will also consider whether or not the nurse was unduly influenced by a more experienced or supervising licensed nurse to falsify patient records or care, in which case that nurse's conduct will be investigated by the Board. The investigative process will be used as an opportunity to educate and reinforce acceptable standards of care. Disciplinary sanctions may range from remedial education with fine to revocation. The level of sanction may be directly proportionate to the harm caused to the patient. If a nurse falsifies, alters, fabricates, back-dates records, or any other form of lying in the home health setting, the nurse will be sanctioned with stipulations, and fined. During the stipulation period, home health and any other form of independent employment settings will be prohibited. Supervision in home health will be required where circumstances do not warrant removal from that practice setting.

Lying/Falsification to an Employer, Nursing Education Program, or other Nursing Training Program

The Board believes that falsification of an application to an employer, school of nursing, or other nursing training program is generally the responsibility of the employer, school, or training program to resolve, unless the falsification involves misrepresentation of credentials, competencies or work experience. Misrepresentation of credentials to an employer will be investigated and viewed by the Board in the same way that lying or falsification within the practice is viewed. A student nurse who falsifies patient records or engages in other dishonesty in patient care gives the Board reason to suspect that he or she will continue the same dishonest acts after licensure. If the Board is made aware of acts committed as a student, an investigation will be conducted once the student makes application

for licensure. The Board will consider the same factors as described above for lying and falsification within the practice of nursing.

Petition for Reconsideration or Reinstatement of License

A person who has been denied licensure, or whose license has been surrendered, suspended, or revoked has the right to petition the Board for reconsideration or reinstatement. The burden of proof that the person no longer poses a danger for deception, lying or falsification regarding patient care, record keeping related to nursing practice, or other acts of deception remains with the petitioner.

(Portions of this policy adapted from the Oregon Board of Nursing Policy, 1999, with additions, deletions, and modifications.)

Approved and adopted on July 26, 2002, modified on April 23, 2004 and January 18, 2008 (based on recommendations adopted by the Eligibility and Disciplinary Task Force on November 30, 2007)

DISCIPLINARY SANCTIONS FOR FRAUD, THEFT, AND DECEPTION

The Texas Board of Nursing (Board), in keeping with its mission to protect the public health, safety, and welfare, believes it is important to take a strong position regarding the licensure of individuals who have engaged in dishonest behaviors that may place the public or patients at risk. The Board is concerned with individuals who have stolen or misappropriated property, money, or other possessions from patients, who have engaged in fraudulent behavior towards patients, who have engaged in fraud towards government programs or funds, e.g., Medicare and/or Medicaid, or who have been convicted or received a judicial order involving a crime or criminal behavior of theft or deception to an extent that such conduct may be repeated in connection with the individual's practice of nursing with patients who are vulnerable, thereby affecting the nurse's ability to safely care for patients. Furthermore, the Board's policy is consistent with and supports the Governor's Executive Order RP36 dated July 12, 2004, relating to preventing, detecting, and eliminating fraud, waste, and abuse that can be found at: www.governor.state.tx.us/divisions/press/exorders/rp36.

The Board's position applies to all nurse license holders and applicants for licensure.

The Board adopts the following assumptions as the basis for its position:

1. Patients* under the care of a nurse are vulnerable by virtue of illness or injury, and the dependent nature of the nurse-patient relationship.
2. Persons who are especially vulnerable include the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized.
3. Patients frequently bring valuables (medications, money, jewelry, items of sentimental value, checkbook, or credit cards) with them to a health care facility.
4. Nurses frequently provide care in private homes and home-like settings where all of the patient's property and valuables are accessible to the nurse.
5. Nurses frequently provide care in settings without direct supervision.

The Board considers the following behaviors important in evaluating whether an individual possesses the integrity and honesty to practice nursing:

1. Theft from a patient raises serious concerns whether the nurse can be trusted to respect a patient's property/possessions in the future.
2. Theft or deception that occurs outside of the workplace, including conviction or a judicial order involving criminal behavior, may raise concerns as to whether the same misconduct will be repeated in the workplace and, therefore, place patients at risk for theft and deception.

* The terms "resident" or "client" are often substituted for the term "patient" in health care facilities. For the purposes of this document "patient" includes all of these terms

Crimes Related to Fraud, Theft, and Deception

Fraudulent behavior is a crime of moral turpitude. The Board may rely solely on the conviction of a crime or probation for a crime, with or without an adjudication of guilt, to deny, suspend, limit, or revoke a license. Criminal conduct involving fraud, theft, and/or deception may also reflect a lack of good professional character (Section 213.27 of 22 Texas Administrative Code). In addition, the Board is also concerned with fraud involving government funds or programs, such as Medicare or Medicaid. This type of fraud increases the price employers pay for worker's compensation, drains the unemployment insurance fund, and steals from those in need of vital Medicaid and/or Medicare services. A conviction or a judicial order involving the criminal behaviors of fraud, theft, falsification or deception is a concern to the Board but may not in and of itself disqualify a person from licensure.

The magnitude of the behavior is not necessarily a major factor the Board will consider. Factors related to the crime that would concern the Board the most are evidence of premeditation, lack of remorse, and failure to pay restitution. The presence of these factors is evidence to the Board that the likelihood of the same behavior being repeated is great enough that patients may be at risk for the same conduct. Acts of an impulsive nature where there is insight/remorse regarding the conduct may be mitigating factors for the Board to consider. The criminal behavior of fraud, theft, or deception will be evaluated on an individual basis considering the foregoing factors.

It should be noted that if a nurse is imprisoned following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision for a crime involving fraud, theft, or deception, the Board shall revoke the nurse's license, regardless of the conduct associated with or the circumstances surrounding the crime. Chapter 53 of the Texas Occupations Code and 22 Texas Administrative Code Section 213.28 governs the consequences of criminal convictions and requires revocation of a nurse's license if there is imprisonment as stated above. Section 213.27 of 22 Texas Administrative Code is also applicable to criminal conduct. Acts of fraud, theft, or deception will preclude a nurse from working in a home health or independent setting during the stipulation period. If circumstances do not warrant removal from that practice setting, supervision in the home health or independent setting will be required. Discipline by the Board will likely require the nurse to pay a civil penalty or fine and restitution as authorized by the Nursing Practice Act and Board rules. The Board will take under consideration any conviction or conduct that falls within the "youthful indiscretion" factors as stated in Board rules (Section 213.28 of 22 Texas Administrative Code), factors stated in Texas Occupations Code chapter 53 regarding criminal

conviction consequences, and other factors in Sections 213.27 and 213.28 of 22 Texas Administrative Code (Good Professional Character and Licensure of Persons with Criminal Convictions).

Theft from a Patient

Theft from a patient or engaging in fraudulent or deceitful behavior or conduct with or involving a patient is never acceptable. Theft of patient money, property, medicine, valuables, or items of sentimental value is ground for suspension or revocation of licensure.

A license may be denied if the applicant engaged in theft while functioning in the role of a care giver. Other fraudulent conduct or deception towards a patient is unacceptable, but not necessarily a disqualification from licensure. These cases will be considered on an individual basis and may be disciplined at a level less than revocation or may be reprimanded or warned and limited from independent settings following a thorough investigation. Factors such as insight, remorse and premeditation will be considered as to whether a disciplinary sanction is imposed. The Board believes that employers of nurses have the responsibility to have safeguards in place to ensure that patients are not subjected to acts of fraud, theft, or deception.

Theft from the Workplace

Theft is an intentional act regardless who is the victim of the theft. The Board's position on theft from an employer is not as strong as its position on theft from a patient. However, if a nurse engages in fraud, theft, or deception toward his/her employer, there is the possibility that the nurse will also engage in the same behavior towards patients. The Board will consider the factors of premeditation, remorse and restitution as well as the steps taken by the employer toward the nurse in deciding whether or not discipline should be imposed.

Petition for Reinstatement

A person who has been denied licensure or whose license has been revoked has the right to petition the Board for reconsideration or reinstatement after one year has elapsed. The burden of proof that the person does not pose a danger for fraud, theft, or deception toward patients remains with the petitioner or applicant.

Recommended Sanctions

The minimum allowed sanction for fraud, deceit, intentional, and/or willful misconduct that results in harm or the potential for harm to another person will be removal from practice in an independent setting, including but not limited to home health and agency nurse, practice under the supervision of another registered nurse, if practicing as a RN, or under the supervision of a licensed vocational nurse or registered nurse, if practicing as a LVN, employer reports, and a punitive fine. The recommended sanction may be revocation.

Approved and adopted on July 26, 2002, modified on April 23, 2004, October 22, 2004 (included Medicare/Medicaid fraud), and January 18, 2008 (based on recommendations adopted by the Eligibility and Disciplinary Task Force on November 30, 2007).

NURSING PRACTICE ACT RELATED TO LICENSURE

The following information is included in this handbook because at the time a student applies for licensure, the student will sign an affidavit stating:

I, the NCLEX[®] Candidate whose name appears within this Application, acknowledge this document is a legal document and I attest that I understand & meet all the requirements for the type of licensure requested, as listed in sections 301.252, 301.253, 301.452, 301.453, 301.454 and 304.001 of the Nursing Practice Act; 22 TAC §§ 213.27, 213.28, 213.29, 213.30; 22 TAC §§ 217.11 and 217.12.

Further, I understand that it is a violation of the 22 TAC § 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency;

Sec. 301.252. License Application.

(a) Each applicant for a registered nurse license or a vocational nurse license must submit to the board a sworn application that demonstrates the applicant's qualifications under this chapter, accompanied by evidence that the applicant:

(1) has good professional character; and

(2) has successfully completed an approved program of professional or vocational nursing education.

(b) The board may waive the requirement of Subsection (a)(2) for a vocational nurse applicant if the applicant provides satisfactory sworn evidence that the applicant has completed an acceptable level of education in:

(1) a professional nursing school approved by the board; or

(2) a school of professional nurse education located in another state or a foreign country.

(c) The board by rule shall determine acceptable levels of education under Subsection (b).

Sec. 301.253. Examination.

(a) Except as provided by Section 301.452, an applicant is entitled to take the examination prescribed by the Board if:

(1) the Board determines that the applicant meets the qualifications required by Section 301.252; and

(2) the applicant pays the fees required by the Board.

(b) The Board shall give the examination in various cities throughout the state.

(c) The examination shall be designed to determine the fitness of the applicant to practice professional nursing or vocational nursing.

(d) The Board shall determine the criteria that determine a passing score on the examination. The criteria may not exceed those required by the majority of the states.

(e) A written examination prepared, approved, or offered by the Board, including a standardized national examination, must be validated by an independent testing professional.

Sec. 301.452. Grounds for Disciplinary Action.

(a) In this section, “intemperate use” includes practicing nursing or being on duty or on call while under the influence of alcohol or drugs.

(b) A person is subject to denial of a license or to disciplinary action under this subchapter for:

(1) a violation of this chapter, a rule or regulation not inconsistent with this chapter, or an order issued under this chapter;

(2) fraud or deceit in procuring or attempting to procure a license to practice professional nursing or vocational nursing;

(3) a conviction for, or placement on deferred adjudication community supervision or deferred disposition for, a felony or for a misdemeanor involving moral turpitude;

(4) conduct that results in the revocation of probation imposed because of conviction for a felony or for a misdemeanor involving moral turpitude;

(5) use of a nursing license, diploma, or permit, or the transcript of such a document, that has been fraudulently purchased, issued, counterfeited, or materially altered;

(6) impersonating or acting as a proxy for another person in the licensing examination required under Section 301.253 or 301.255;

(7) directly or indirectly aiding or abetting an unlicensed person in connection with the unauthorized practice of nursing;

(8) revocation, suspension, or denial of, or any other action relating to, the person’s license or privilege to practice nursing in another jurisdiction;

(9) intemperate use of alcohol or drugs that the Board determines endangers or could endanger a patient;

(10) unprofessional or dishonorable conduct that, in the board’s opinion, is likely to deceive, defraud, or injure a patient or the public;

(11) adjudication of mental incompetency;

(12) lack of fitness to practice because of a mental or physical health condition that could result in injury to a patient or the public; or

(13) failure to care adequately for a patient or to conform to the minimum standards of acceptable nursing practice in a manner that, in the Board’s opinion, exposes a patient or other person unnecessarily to risk of harm.

(c) The Board may refuse to admit a person to a licensing examination for a ground described under Subsection (b).

[Sections (b)(3) amended by Acts 2005 (H.B. 1366), 79th Leg., eff. Sept. 1, 2005]

Sec. 301.453. Disciplinary Authority of Board; Methods of Discipline.

(a) If the Board determines that a person has committed an act listed in Section 301.452(b), the Board shall enter an order imposing one or more of the following:

(1) denial of the person’s application for a license, license renewal, or temporary permit;

- (2) issuance of a written warning;
- (3) administration of a public reprimand;
- (4) limitation or restriction of the person's license, including:
 - (A) limiting to or excluding from the person's practice one or more specified activities of nursing; or
 - (B) stipulating periodic board review;
- (5) suspension of the person's license for a period not to exceed five years;
- (6) revocation of the person's license; or
- (7) assessment of a fine.
- (b) In addition to or instead of an action under Subsection (a), the Board, by order, may require the person to:
 - (1) submit to care, counseling, or treatment by a health provider designated by the Board as a condition for the issuance or renewal of a license;
 - (2) participate in a program of education or counseling prescribed by the Board;
 - (3) practice for a specified period under the direction of a registered nurse or vocational nurse designated by the Board; or
 - (4) perform public service the Board considers appropriate.
- (c) The Board may probate any penalty imposed on a nurse and may accept the voluntary surrender of a license. The Board may not reinstate a surrendered license unless it determines that the person is competent to resume practice.
- (d) If the Board suspends, revokes, or accepts surrender of a license, the Board may impose conditions for reinstatement that the person must satisfy before the Board may issue an unrestricted license.

Sec. 301.454. Notice and Hearing.

- (a) Except in the case of a temporary suspension authorized under Section 301.455 or an action taken in accordance with an agreement between the board and a license holder, the Board may not initiate a disciplinary action relating to a license unless:
 - (1) the Board has served notice to the license holder of the facts or conduct alleged to warrant the intended action; and
 - (2) the license holder has been given an opportunity, in writing or through an informal meeting, to show compliance with all requirements of law for the retention of the license.
- (b) If an informal meeting is held, a board member, staff member, or board representative who attends the meeting is considered to have participated in the hearing of the case for the purposes of ex parte communications under Section 2001.061, Government Code.
- (c) A person is entitled to a hearing conducted by the State Office of Administrative Hearings if the Board proposes to:
 - (1) refuse to admit the person to examination;
 - (2) refuse to issue a license or temporary permit;

(3) refuse to renew a license; or

(4) suspend or revoke the person's license or permit.

(d) The State Office of Administrative Hearings shall use the schedule of sanctions adopted by the Board for any sanction imposed as the result of a hearing conducted by that office.

(e) Notwithstanding Subsection (a), a person is not entitled to a hearing on a refusal to renew a license if the person:

(1) fails to submit a renewal application; or

(2) submits an application that:

(A) is incomplete;

(B) shows on its face that the person does not meet the renewal requirements; or

(C) is not accompanied by the correct fee.

Sec. 304.001. Nurse Licensure Compact.

The Nurse Licensure Compact is enacted and entered into with all other jurisdictions that legally join in the compact, which is as follows:

Nurse Licensure Compact

Article 1. Findings and Declaration of Purpose.

(a) The party states find that:

(1) the health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensing laws;

(2) violations of nurse licensing and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) the expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensing and regulation;

(4) new practice modalities and technology make compliance with each state nurse licensing laws difficult and complex; and

(5) the current system of the duplicative licensing of nurses practicing in multiple states is cumbersome and redundant to both nurses and the states.

(b) The general purposes of this compact are to:

(1) facilitate the states' responsibilities to protect the public's health and safety;

(2) ensure and encourage the cooperation of party states in the areas of nurse licensing and regulation;

(3) facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse action;

(4) promote compliance with the laws governing the practice of nursing in each jurisdiction; and

(5) invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is provided through the mutual recognition of party state licenses.

Article 2. Definitions.

In this compact:

(a) “Adverse action” means a home or remote state action.

(b) “Alternative program” means a voluntary, non-disciplinary monitoring program approved by a nurse licensing board.

(c) “Coordinated licensure information system” means an integrated process for collecting, storing, and sharing information on nurse licensing and enforcement activities related to nurse licensing laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards.

(d) “Current significant investigative information” means:

(1) investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(2) investigative information that indicates that a nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

(e) “Home state” means the party state that is the nurse’s primary state of residence.

(f) “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 or other authority, including actions against an individual’s license such as revocation, suspension, probation, or any other action that affects a nurse’s authorization to practice.

(g) “Licensing board” means a party state’s regulatory body responsible for issuing nurse licenses.

(h) “Multistate licensing privilege” means current, official authority from a remote state permitting the practice of nursing as a registered nurse, licensed practical nurse, or licensed vocational nurse in the party state. All party states have the authority, in accordance with existing state due process laws, to take actions against the nurse’s privilege, including revocation, suspension, probation, or any other action that affects a nurse’s authorization to practice.

(i) “Nurse” means a registered nurse, licensed practical nurse, or licensed vocational nurse as those terms are defined by each party state’s practice laws.

(j) “Party state” means any state that has enacted this compact.

(k) “Remote state” means a party state, other than the home state, in which:

(1) 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, the recipient of nursing practice is located.

(l) “Remote state action” means:

(1) an 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 an action against an individual's multistate licensing privilege to practice in the remote state; and

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

(m) "State" means a state, territory, possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

(n) "State practice laws" means a party state's laws and regulations 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 licensing or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

Article 3. General Provisions and Jurisdiction.

(a) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensing privilege to practice as a registered nurse in the party state. A license to practice licensed practical nursing or licensed vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensing privilege to practice as a licensed practical nurse or vocational nurse in the party state. To obtain or retain a license, an applicant must meet the home state's qualifications for a license and license renewal as well as all other applicable state laws.

(b) A party state may, in accordance with state due process laws, limit or revoke the multistate licensing privilege of any nurse to practice in the party state and may take any other necessary actions under the party state's applicable laws to protect the health and safety of the party state's citizens. If a party state takes this action, the party state shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

(c) A nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is provided. The practice of nursing includes patient care and all nursing practice defined by the party state's practice laws. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board, the courts, and the laws of the party state.

(d) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensing privilege to practice registered nursing granted by a party state shall be recognized by another party state as a license to practice registered nursing if the state's law requires the license as a precondition for qualifying for advanced practice registered nurse authorization.

(e) Individuals not residing in a party state may apply for a nurse license under the laws of a party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

Article 4. Application for License in a Party State.

(a) Once an application for a license is submitted, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether:

(1) the applicant has held or is the holder of a license issued by another state;

(2) a restriction exists on the multistate licensing and

(3) any other adverse action by any state has been taken against the license.

(b) A nurse in a party state shall hold a license that is issued by the home state in only one party state at a time.

(c) A nurse who intends to change the nurse's primary state of residence may apply for a license in the new home state in advance of the change. However, a new license will not be issued by a party state until a nurse provides satisfactory evidence to the new home state's licensing board of a change in the nurse's primary state of residence.

(d) When a nurse changes the nurse's primary state of residence by moving from:

(1) a party state to another party state and obtains a license from the new home state, the license from the former home state is no longer valid;

(2) a non-party state to a party state and obtains a license from the new home state, the individual state license issued by the non-party state is not affected and remains in full force if provided by the laws of the non-party state; and

(3) a party state to a non-party state, the license issued by the prior home state converts to a state license valid only in the former home state and does not entitle the nurse to the multistate licensing privilege to practice in other party states.

Article 5. Adverse Actions.

(a) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system a remote state action and the factual and legal basis for the action, if known. The licensing board of a remote state shall promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of these reports.

(b) The licensing board of a party state shall have the authority to complete a pending investigation of a nurse who changes the nurse's primary state of residence during the course of the investigation and to take appropriate action. The licensing board shall promptly report the conclusions of the 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 action.

(c) A remote state may take adverse action affecting the multistate licensing privilege to practice in that party state. However, only the home state has the power to impose adverse action against the license issued by the home state.

(d) 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 to conduct occurring in the home state. In so doing, the licensing board shall apply its state laws to determine appropriate action.

(e) The home state may take adverse action based on the factual findings of the remote state only if each state follows its own procedures for imposing the adverse action.

(f) This compact does not affect a party state's decision that participation in an alternative program may be used instead of licensing action and that the participation shall remain non-public if required by the party state's laws. Party states must require a nurse who enters an 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.

Article 6. Additional Authorities of Party State Nurse Licensing Boards.

- (a) Notwithstanding any other powers, party state nurse licensing boards have the authority to:
- (1) if otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against the nurse;
 - (2) issue subpoenas for hearings and investigations that require the attendance and testimony of witnesses and the production of evidence;
 - (3) issue a cease and desist order to limit or revoke a nurse's authority to practice in the state; and
 - (4) adopt uniform rules as provided under Article 8(c) of this compact.
- (b) A subpoena issued by a nurse licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the non-issuing party state by a court of competent jurisdiction in accordance with the practice and procedure applicable to subpoenas issued in proceedings pending before the court. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which a witness or evidence is located.

Article 7. Coordinated Licensure Information System.

- (a) All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses, licensed practical nurses, and licensed vocational nurses. This system will include information on the licensing and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensing and enforcement efforts.
- (b) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report to the coordinated licensure information system adverse actions, actions against multistate licensing privileges, any current significant investigative information yet to result in adverse action, and denials of applications and the reasons for the denials.
- (c) Current significant investigative information shall be transmitted only to party state licensing boards through the coordinated licensure information system.
- (d) Notwithstanding any other provision of law, all party states' licensing boards that contribute information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.
- (e) Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.
- (f) 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 be expunged from the coordinated licensure information system.
- (g) Each compact administrator shall act jointly and in consultation with the administrator of the coordinated licensure information system to formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

Article 8. Compact Administration and Exchange of Information.

(a) The presiding officer of the nurse licensing board of a party state or the presiding officer's designee shall be the administrator of this compact for the state.

(b) The compact administrator of each party state shall furnish to the compact administrator of each other party state information and documents including a uniform data set of investigations, identifying information, licensing data, and disclosable alternative program participation information to facilitate the administration of this compact.

(c) Compact administrators have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. The uniform rules shall be adopted by party states under Article 6(a)(4) of this compact.

Article 9. Immunity.

A party state or an officer, employee, or agent of a party state's nurse licensing board who acts in accordance with the provisions of this compact is not liable for any good faith act or omission that occurs while the person is performing the person's duties under this compact. Good faith in this article does not include willful misconduct, gross negligence, or recklessness.

Article 10. Effective Date, Withdrawal, and Amendment.

(a) This compact enters into force and takes effect for a state when the state enacts this compact as law. A party state may withdraw from the compact by enacting a statute repealing the compact, but a withdrawal takes effect six months after the date the withdrawing state gives notice of the withdrawal to the executive heads of all other party states.

(b) No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.

(c) This compact does not invalidate or prevent any nurse licensing agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this compact.

(d) This compact may be amended by the party states. An amendment to this compact is not effective or binding on the party states unless and until all party states enact the amendment into the law of each state.

Article 11. Construction and Severability.

(a) This compact shall be liberally construed to effectuate the compact's purposes.

(b) This compact is severable. If a phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of a party state or the United States or the applicability of this compact to a government, agency, person, or circumstance is held invalid, the validity and applicability of the remainder of the compact to a government, agency, person, or circumstance is not affected. If this compact is held to be contrary to the constitution of a party state, the compact remains in full force and effect for the other party states and in full force and effect for the party state affected for all severable matters.

(c) If the party states need to settle a dispute under the compact the party states may submit the issues in dispute to an arbitration panel comprised of:

(1) an individual appointed by the compact administrator in the home state;

- (2) an individual appointed by the compact administrator in each remote state involved; and
- (3) an individual mutually agreed upon by the compact administrators of each party state involved in the dispute.
- (d) The decision of a majority of the arbitrators shall be final and binding.

Texas Administrative Code

TITLE 22 EXAMINING BOARDS

PART 11 TEXAS BOARD OF NURSING

CHAPTER PRACTICE AND PROCEDURE

213

RULE Good Professional Character

§213.27

(a) Good professional character is the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the Board, indicates that an individual is able to consistently conform his or her conduct to the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability, and integrity.

(b) Factors to be used in evaluating good professional character in eligibility and disciplinary matters are:

(1) Good professional character is determined through the evaluation of behaviors demonstrated by an individual in his or her personal, academic and occupational history. An individual's age, education, and experience necessarily affect the nature and extent of behavioral history and, therefore, shall be considered in each evaluation.

(2) A person who seeks to obtain or retain a license to practice professional or vocational nursing shall provide evidence of good professional character which, in the judgment of the Board, is sufficient to insure that the individual can consistently act in the best interest of patients/clients and the public in any practice setting. Such evidence shall establish that the person:

(A) is able to distinguish right from wrong;

(B) is able to think and act rationally;

(C) is able to keep promises and honor obligations;

(D) is accountable for his or her own behavior;

(E) is able to practice nursing in an autonomous role with patients/clients, their families, significant others, and members of the public who are or who may become physically, emotionally, or financially vulnerable;

(F) is able to recognize and honor the interpersonal boundaries appropriate to any therapeutic relationship or health care setting; and

(G) is able to promptly and fully self-disclose facts, circumstances, events, errors, and omissions when such disclosure could enhance the health status of patients/clients or the public or could protect patients/clients or the public from unnecessary risk of harm.

(3) Any conviction for a felony or for a misdemeanor involving moral turpitude or order of probation with or without an adjudication of guilt for an offense that would be a felony or misdemeanor involving moral turpitude if guilt were adjudicated.

(4) Any revocation, suspension, or denial of, or any other adverse action relating to, the person's license or privilege to practice nursing in another jurisdiction.

(c) The following provisions shall govern the determination of present good professional character and fitness of a Petitioner, Applicant, or Licensee who has been convicted of a felony in Texas or placed on probation for a felony with or without an adjudication of guilt in Texas, or who has been convicted or placed on probation with or without an adjudication of guilt in another jurisdiction for a crime which would be a felony in Texas. A Petitioner, Applicant, or Licensee may be found lacking in present good professional character and fitness under this rule based on the underlying facts of a felony conviction or deferred adjudication, as well as based on the conviction or probation through deferred adjudication itself.

(1) The record of conviction or order of deferred adjudication is conclusive evidence of guilt.

(2) In addition to the disciplinary remedies available to the Board pursuant to Tex. Occ. Code Ann. §301.452(b)(3) and (4), Texas Occupations Code chapter 53, and §213.28, a licensee guilty of a felony under this rule is conclusively deemed to have violated Tex. Occ. Code Ann. §301.452(b)(10) and is subject to appropriate discipline, up to and including revocation.

(d) The following provisions shall govern the determination of present good professional character and fitness of a Petitioner, Applicant, or Licensee who has been licensed to practice nursing in any jurisdiction and has been disciplined, or allowed to voluntarily surrender in lieu of discipline, in that jurisdiction.

(1) A certified copy of the order, judgment of discipline, or order of adverse licensure action from the jurisdiction is prima facie evidence of the matters contained in such order, judgment, or adverse action and is conclusive evidence that the individual in question has committed professional misconduct as alleged in such order of judgment.

(2) An individual disciplined for professional misconduct in the course of practicing nursing in any jurisdiction or an or an individual who resigned in lieu of disciplinary action (disciplined individual) is deemed not to have present good professional character and fitness and is, therefore, ineligible to file an Application for Endorsement to the Texas Board of Nursing during the period of such discipline imposed by such jurisdiction, and in the case of revocation or surrender in lieu of disciplinary action,

until the disciplined individual has filed an application for reinstatement in the disciplining jurisdiction and obtained a final determination on that application.

(3) The only defenses available to a Petitioner, Applicant, or Licensee under section (d) are outlined below and must be proved by clear and convincing evidence:

(A) The procedure followed in the disciplining jurisdiction was so lacking in notice or opportunity to be heard as to constitute a deprivation of due process.

(B) There was such an infirmity of proof establishing the misconduct in the other jurisdiction as to give rise to the clear conviction that the Board, consistent with its duty, should not accept as final the conclusion on the evidence reached in the disciplining jurisdiction.

(C) The deeming of lack of present good professional character and fitness by the Board during the period required under the provisions of section (d) would result in grave injustice.

(D) The misconduct for which the individual was disciplined does not constitute professional misconduct in Texas.

(4) If the Board determines that one or more of the foregoing defenses has been established, it shall render such orders as it deems necessary and appropriate.

(e) An individual who applies for initial licensure, reinstatement, renewal, or endorsement to practice professional or vocational nursing in Texas after the expiration of the three-year period in subsection (f) of this section, or after the completion of the disciplinary period assessed or ineligibility period imposed by any jurisdiction under subsection (d) of this section shall be required to prove, by a preponderance of the evidence:

(1) that the best interest of the public and the profession, as well as the ends of justice, would be served by his or her admission to practice nursing; and

(2) that (s)he is of present good professional character and fitness.

(f) An individual who applies for initial licensure, reinstatement, renewal, or endorsement to practice professional or vocational nursing in Texas after a negative determination based on a felony conviction, felony probation with or without an adjudication of guilt, or professional misconduct, or voluntary surrender in lieu of disciplinary action and whose application or petition is denied and not appealed is not eligible to file another petition or application for licensure until after the expiration of three years from the date of the Board's order denying the preceding petition for licensure.

Source Note: The provisions of this §213.27 adopted to be effective September 1, 1998, 23 TexReg 6444; amended to be effective November 14, 2002, 27 TexReg 10594; amended to be effective May 17, 2004, 29 TexReg 4884; amended to be effective October 10, 2007, 32 TexReg 7058

Texas Administrative Code

TITLE 22 EXAMINING BOARDS
PART 11 TEXAS BOARD OF NURSING
CHAPTER PRACTICE AND PROCEDURE
213

RULE Licensure of Persons with Criminal Offenses
§213.28

(a) This section sets out the considerations and criteria in determining the effect of criminal offenses on the eligibility of a person to obtain a license and the consequences that criminal offenses may have on a person's ability to retain or renew a license as a registered nurse or licensed vocational nurse. The Board may refuse to approve persons to take the licensure examination, may refuse to issue or renew a license or certificate of registration, or may refuse to issue a temporary permit to any individual that has been convicted of or received a deferred disposition for a felony, a misdemeanor involving moral turpitude, or engaged in conduct resulting in the revocation of probation.

(b) The practice of nursing involves clients, their families, significant others and the public in diverse settings. The registered and vocational nurse practices in an autonomous role with individuals who are physically, emotionally and financially vulnerable. The nurse has access to personal information about all aspects of a person's life, resources and relationships. Therefore, criminal behavior whether violent or non-violent, directed against persons, property or public order and decency is considered by the Board as highly relevant to an individual's fitness to practice nursing. The Board considers the following categories of criminal conduct to relate to and affect the practice of nursing:

(1) offenses against the person similar to those outlined in Title 5 of the Texas Penal Code.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

(i) Abandonment/Endangerment of a Child {TPC §22.041}

(ii) Agree to Abduct Child for Remuneration: Younger than Eighteen {TPC §25.031}

(iii) Aiding Suicide: Serious Bodily Injury/Death {TPC §22.08}

(iv) Assault, Aggravated {TPC §22.02}

(v) Capital Murder {TPC §19.03}

(vi) Child Pornography, Possession or Promotion {TPC §43.26(a), (e) (Texas Rules of Criminal Procedure Ch. 62)}

(vii) Indecency with a Child {TPC §21.11(TRCP Ch. 62)}

- (viii) Indecent exposure (2 or more counts and/or required to register as sex offender) {TPC §21.08 (TRCP Ch. 62)}
- (ix) Injury to Child, Elderly, Disabled {TPC §22.04}
- (x) Kidnapping {TPC §20.03, §20.04 (TRCP Ch. 62)}
- (xi) Manslaughter {TPC §19.04}
- (xii) Murder {TPC §19.02}
- (xiii) Online Solicitation of a Minor {TPC §33.021(b), (c), (f); (TRCP Ch. 62)}
- (xiv) Prostitution, Compelling {TPC §43.05 (TRCP Ch. 62)}
- (xv) Protective Order, Violation {TPC §25.07, §25.071}
- (xvi) Sale or Purchase of a Child {TPC §25.08}
- (xvii) Sexual Assault {TPC §22.011 (TRCP Ch. 62)}
- (xviii) Sexual Conduct, Prohibited {TPC §25.02 (TRCP Ch. 62)}
- (xix) Sexual Assault, Aggravated {TPC §22.021 (TRCP Ch. 62)}
- (xx) Sexual Performance by Child {TPC §43.24 (d), §43.25(b) (TRCP Ch. 62)}
- (xxi) Unlawful Restraint {TPC §20.02}
- (xxii) Assault {TPC §22.01(a)(1), (b), (c)}
- (xxiii) Criminally negligent homicide {TPC §19.05}
- (xxiv) Improper Relationship between Educator and Student {TPC §21.12}
- (xxv) Improper photography {TPC §21.15}
- (xxvi) Obscenity, Wholesale promotion {TPC §43.23(a), (h)}
- (xxvii) Prostitution (3 or more counts) or Aggravated Promotion {TPC §43.02, §43.04}
- (xxviii) Resisting Arrest, Use of Deadly Weapon {TPC §38.03(d)}
- (xxix) Stalking {TPC §42.072(b)}
- (xxx) Harassment {TPC §42.07}

- (xxxix) Prostitution or Promotion of {TPC §43.02}
- (xxxii) Protective Order, Violation {TPC §25.07, §38.112}
- (xxxiii) Resisting Arrest {TPC §38.03(a)}
- (xxxiv) Deadly conduct {TPC §22.05(a)}
- (xxxv) Obscenity, Participates {TPC §43.23(c), (h)}
- (xxxvi) Terroristic Threat {TPC §22.07}
- (xxxvii) Criminal Attempt or Conspiracy {TPC §15.01, §15.02}

(B) These types of crimes relate to the practice of nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury and are frequently in a position to be exploited;

(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized and may be subject to harm by similar criminal behavior;

(iii) nurses are frequently in situations where they provide intimate care to patients or have contact with partially clothed or fully undressed patients who are vulnerable to exploitation both physically and emotionally;

(iv) nurses are in the position to have access to privileged information and opportunity to exploit patient vulnerability; and

(v) nurses who commit these crimes outside the workplace raise concern about the nurse's propensity to repeat that same misconduct in the workplace and raises concerns regarding the individual's ability to provide safe, competent care to patients.

(2) offenses against property, e.g., robbery, burglary and theft, etc.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

- (i) Burglary (if punishable under Penal Code §30.02(d)) {TRCP Ch. 62 (§62.001(5)(D))}
- (ii) Robbery {TPC §29.02}
- (iii) Robbery, Aggravated {TPC §29.03}
- (iv) Arson {TPC §28.02(d)}

(v) Burglary {TPC §30.02}

(vi) Criminal Mischief {TPC §28.03}

(vii) Money Laundering \geq \$1500 {TPC §34.02(e)(1) - (4)}

(viii) Theft \geq \$1500 {TPC §31.03(e)(4) - (7)}

(ix) Theft $<$ 9 {TPC §31.03(e)(1) - (3)}

(x) Vehicle, Unauthorized Use {TPC §31.07}

(xi) Criminal Trespass {TPC §30.05(a),(d)}

(xii) Cruelty to Animals {TPC §42.091}

(xiii) Criminal Attempt or Conspiracy {TPC §15.01, §15.02}

(B) These types of crimes relate to the practice of nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury and are frequently in a position to be exploited;

(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized and may provide easy opportunity to be victimized;

(iii) nurses have access to persons who frequently bring valuables (medications, money, jewelry, items of sentimental value, checkbook, or credit cards) with them to a health care facility with no security to prevent theft or exploitation;

(iv) nurses frequently provide care in private homes and home-like settings where all of the patient's property and valuables are accessible to the nurse;

(v) nurses frequently provide care autonomously without direct supervision and may have access to and opportunity to misappropriate property; and

(vi) nurses who commit these crimes outside the workplace raise concern about the nurse's propensity to repeat that same misconduct in the workplace and, therefore, place patients' property at risk.

(vii) certain crimes involving property, such as cruelty to animals and criminal trespass, may also concern the safety of persons and, as such, raise concerns about the propensity of the nurse to repeat similar conduct in the workplace, placing patients at risk.

(3) offenses involving fraud or deception.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

(i) Attempt, Conspiracy, or Solicitation of Ch. 62 offense {TRCP Ch. 62}

(ii) Tampering with a Government Record {TPC §37.10}

(iii) Insurance Fraud: Intent to Defraud {TPC §35.02(a-1), (d)}

(iv) Insurance Fraud: Claim > \$500 {TPC §35.02(c)}

(v) Insurance Fraud: Claim < 0 {TPC §35.02 (c)(1) - (3)}

(vi) Medicaid Fraud > \$1500 {TPC §35A.02(b)(4) - (7)}

(vii) Medicaid Fraud < \$1500 {TPC §35A.02(b)(2) - (3)}

(viii) Criminal Attempt or Conspiracy {TPC §15.01, §15.02}

(B) These types of crime relate to the practice of nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury and are frequently in a position to be exploited;

(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized;

(iii) nurses are in the position to have access to privileged information and opportunity to exploit patient vulnerability;

(iv) nurses are frequently in situations where they must report patient condition, record objective/subjective information, provide patients with information, and report errors in the nurse's own practice or conduct;

(v) the nurse-patient relationship is of a dependent nature; and

(vi) nurses who commit these crimes outside the workplace raise concern about the nurse's propensity to repeat that same misconduct in the workplace and, therefore, place patients at risk.

(4) offenses involving lying and falsification.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

(i) False Report or Statement {TPC §32.32, §42.06}

(ii) Forgery {TPC §32.21(c), (d), (e)}

(iii) Tampering with a Governmental Record {TPC §37.10}

(B) These crimes are related to nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury;

(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized;

(iii) nurses are frequently in situations where they must report patient condition, record objective/subjective information, provide patients with information, and report errors in the nurse's own practice or conduct;

(iv) honesty, accuracy and integrity are personal traits valued by the nursing profession, and considered imperative for the provision of safe and effective nursing care;

(v) falsification of documents regarding patient care, incomplete or inaccurate documentation of patient care, failure to provide the care documented, or other acts of deception raise serious concerns whether the nurse will continue such behavior and jeopardize the effectiveness of patient care in the future;

(vi) falsification of employment applications and failing to answer specific questions that would have affected the decision to employ, certify, or otherwise utilize a nurse raises concerns about a nurse's propensity to lie and whether the nurse possesses the qualities of honesty and integrity;

(vii) falsification of documents or deception/lying outside of the workplace, including falsification of an application for licensure to the Board, raises concerns about the person's propensity to lie, and the likelihood that such conduct will continue in the practice of nursing; and

(viii) a crime of lying or falsification raises concerns about the nurse's propensity to engage in similar conduct while practicing nursing and place patients at risk.

(5) offenses involving the delivery, possession, manufacture, or use of, or dispensing or prescribing a controlled substance, dangerous drug, or mood-altering substance.

(A) These offenses include, but are not limited to, the following crimes, as well as any crime that contains substantially similar or equivalent elements under another state or federal law:

(i) Drug Violations under Health and Safety Code Chs. 481, 482, 483; or

(ii) Driving While Intoxicated (2 or more counts) {TPC §49.09}

(B) These crimes relate to the practice of nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury;

(ii) nurses have access to persons who are especially vulnerable including the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized;

(iii) nurses provide care to critical care, geriatric, and pediatric patients who are particularly vulnerable given the level of vigilance demanded under the circumstances of their health condition;

(iv) nurses are able to provide care in private homes and home-like setting without supervision;

(v) nurses who are chemically dependent or who abuse drugs or alcohol may have impaired judgment while caring for patients and are at risk for harming patients; and

(vi) an offense regarding delivery, possession, manufacture, or use of, or dispensing , or prescribing a controlled substance, dangerous drug or mood altering drug raises concern about the nurse's propensity to repeat that same misconduct in the workplace.

(vii) DWI offenses involve the use and/or abuse of mood altering drugs while performing a state licensed activity affecting public safety; repeated violations suggest a willingness to continue in reckless and dangerous conduct, or an unwillingness to take appropriate corrective measures, despite previous disciplinary action by the state.

(c) In considering whether a criminal offense renders the individual ineligible for licensure or renewal of licensure as a registered or vocational nurse, the Board shall consider:

(1) the knowing or intentional practice of nursing without a license issued under the NPA;

(2) any felony or misdemeanor involving moral turpitude;

(3) the nature and seriousness of the crime;

(4) the relationship of the crime to the purposes for requiring a license to engage in nursing practice;

(5) the extent to which a license might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved; and

(6) the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of nursing practice;

(7) whether imprisonment followed a felony conviction, felony community supervision revocation, revocation of parole or revocation of mandatory supervision; and

(8) conduct that results in the revocation of probation imposed because of conviction for a felony or for a misdemeanor involving moral turpitude.

(d) Crimes listed under subsections (b)(1)(A)(i) - (xxi), (b)(2)(A)(i) - (iii), and (b)(3)(A)(i) of this section are offenses identified under §301.4535 of the NPA. As such, these offenses require the board to suspend a nurse's license, revoke a license, or deny issuing a license to an applicant upon proof of initial conviction.

(e) In addition to the factors that may be considered under subsection (c) of this section, the Board, in determining the present fitness of a person who has been convicted of or received a deferred order for a crime, shall consider:

(1) the extent and nature of the person's past criminal activity;

(2) the age of the person when the crime was committed;

(3) the amount of time that has elapsed since the person's last criminal activity;

(4) the conduct and work activity of the person before and after the criminal activity;

(5) evidence of the person's rehabilitation or rehabilitative effort while incarcerated or after release; and

(6) other evidence of the person's present fitness, including letters of recommendation from: prosecutors and law enforcement and correctional officers who prosecuted, arrested, or had custodial responsibility for the person; the sheriff or chief of police in the community where the person resides; and any other persons in contact with the convicted person.

(f) It shall be the responsibility of the applicant, to the extent possible, to obtain and provide to the Board the recommendations of the prosecution, law enforcement, and correctional authorities as required under this Act. The applicant shall also furnish proof in such form as may be required by the Board that he or she has maintained a record of steady employment and has supported his or her dependents and has otherwise maintained a record of good conduct and has paid all outstanding court costs, supervision fees, fines, and restitution as may have been ordered in all criminal cases in which he or she has been convicted or received a deferred order.

(g) If requested by staff, it shall be the responsibility of the individual seeking licensure to ensure that staff is provided with legible, certified copies of all court and law enforcement documentation from all jurisdictions where the individual has resided or practiced as a licensed health care professional. Failure to provide complete, legible and accurate documentation will result in delays prior to licensure or renewal of licensure and possible grounds for ineligibility.

(h) The fact that a person has been arrested will not be used as grounds for disciplinary action. If, however, evidence ascertained through the Board's own investigation from information contained in the arrest record regarding the underlying conduct suggests actions violating the Nursing Practice Act

or rules of the Board, the board may consider such evidence as a factor in its deliberations regarding any decision to grant a license, restrict a license, or impose licensure discipline.

(i) Behavior that would otherwise bar or impede licensure may be deemed a "Youthful Indiscretion" as determined by an analysis of the behavior using the factors set out in §213.27 of this title (relating to Good Professional Character), subsections (a) - (f) of this section and at least the following criteria:

- (1) age of 22 years or less at the time of the behavior;
- (2) absence of criminal plan or premeditation;
- (3) presence of peer pressure or other contributing influences;
- (4) absence of adult supervision or guidance;
- (5) evidence of immature thought process/judgment at the time of the activity;
- (6) evidence of remorse;
- (7) evidence of restitution to both victim and community;
- (8) evidence of current maturity and personal accountability;
- (9) absence of subsequent undesirable conduct;
- (10) evidence of having learned from past mistakes;
- (11) evidence of current support structures that will prevent future criminal activity; and
- (12) evidence of current ability to practice nursing in accordance with the Nursing Practice Act, Board rules and generally accepted standards of nursing.

(j) With respect to a request to obtain a license from a person who has a criminal history, the executive director is authorized to close an eligibility file when the applicant has failed to respond to a request for information or to a proposal for denial of eligibility within 60 days thereof.

(k) The board shall revoke a license or authorization to practice as an advanced practice nurse upon the imprisonment of the licensee following a felony conviction or deferred adjudication, or revocation of felony community supervision, parole, or mandatory supervision.

(l) The board shall revoke or deny a license or authorization to practice as an advanced practice nurse for the crimes listed in Texas Occupations Code §301.4535.

Source Note: The provisions of this §213.28 adopted to be effective September 1, 1998, 23 TexReg 6444; amended to be effective July 20, 1999, 24 TexReg 5473; amended to be effective November 14, 2002, 27 TexReg 10594; amended to be effective May 17, 2004, 29 TexReg 4884; amended to be effective March 14, 2007, 32 TexReg 1304; amended to be effective October 10, 2007, 32 TexReg 7058

Texas Administrative Code

TITLE 22 EXAMINING BOARDS

PART 11 TEXAS BOARD OF NURSING

CHAPTER PRACTICE AND PROCEDURE

213

RULE **Criteria and Procedure Regarding Intemperate Use and Lack of Fitness in**
§213.29 **Eligibility and Disciplinary Matters**

- (a) A person desiring to obtain or retain a license to practice professional or vocational nursing shall provide evidence of current sobriety and fitness consistent with this rule.
- (b) Such person shall provide a sworn certificate to the Board stating that he/she has read and understands the requirements for licensure as a registered or vocational nurse and that he/she has not:
- (1) within the past five years, become addicted to or treated for the use of alcohol or any other drug; or
 - (2) within the past five years, been diagnosed with, treated or hospitalized for schizophrenia and/or other psychotic disorders, bi-polar disorder, paranoid personality disorder, antisocial personality disorder or borderline personality disorder.
- (c) If a registered or vocational nurse is reported to the Board for intemperate use, abuse of drugs or alcohol, or diagnosis of or treatment for chemical dependency; or if a person is unable to sign the certification in subsection (b) of this section, the following restrictions and requirements apply:
- (1) Any matter before the Board that involves an allegation of chemical dependency, or misuse or abuse of drugs or alcohol, will require at a minimum that such person obtain for Board review a chemical dependency evaluation performed by a licensed chemical dependency evaluator or other professional approved by the executive director;
 - (2) Those persons who have become addicted to or treated for alcohol or chemical dependency will not be eligible to obtain or retain a license to practice as a nurse unless such person can demonstrate sobriety and abstinence for the preceding twelve consecutive months through verifiable and reliable evidence, or can establish eligibility to participate in a peer assistance program created pursuant to Chapter 467 of the Health and Safety Code;
 - (3) Those persons who have become addicted to or treated for alcohol or chemical dependency will not be eligible to obtain or retain an unencumbered license to practice nursing until the individual has attained a five-year term of sobriety and abstinence or until such person has successfully completed participation in a board-approved peer assistance program created pursuant to Chapter 467 of the Health and Safety Code.
 - (4) Those persons who have been diagnosed with, treated, or hospitalized for the disorders mentioned in subsection (b) of this section shall execute an authorization for release of medical, psychiatric, and treatment records.

(d) It shall be the responsibility of those persons subject to this rule to submit to and pay for an evaluation by a professional approved by the executive director to determine current sobriety and fitness. The evaluation shall be limited to the conditions mentioned in subsection (b) of this section.

(e) Prior intemperate use, mental illness, or diminished mental capacity is relevant only so far as it may indicate current intemperate use or lack of fitness.

(f) With respect to chemical dependency in eligibility and disciplinary matters, the executive director is authorized to:

(1) review submissions from a movant, materials and information gathered or prepared by staff, and identify any deficiencies in file information necessary to determine the movant's request;

(2) close any eligibility file in which the movant has failed to respond to a request for information or to a proposal for denial of eligibility within 60 days thereof;

(3) approve eligibility, enter eligibility orders and approve renewals, without Board ratification, when the evidence is clearly insufficient to prove a ground for denial of licensure; and

(4) propose conditional orders in eligibility, disciplinary and renewal matters for individuals who have experienced chemical/alcohol dependency within the past five years provided:

(A) the individual presents reliable and verifiable evidence of having functioned in a sober/abstinent manner for the previous twelve consecutive months; and

(B) licensure limitations/stipulations and/or peer assistance program participation can be implemented which will ensure that patients and the public are protected until the individual has attained a five-year term of sobriety/abstinence.

(g) With respect to mental illness or diminished mental capacity in eligibility, disciplinary, and renewal matters, the executive director is authorized to propose conditional orders for individuals who have experienced mental illness or diminished mental capacity within the past five years provided:

(1) the individual presents reliable and verifiable evidence of having functioned in a manner consistent with the behaviors required of nurses under the Nursing Practice Act and Board rules for at least the previous twelve consecutive months; and

(2) licensure limitations/stipulations and/or peer assistance program participation can be implemented which will ensure that patients and the public are protected until the individual has attained a five-year term of controlled behavior and consistent compliance with the requirements of the Nursing Practice Act and Board rules.

(h) In renewal matters involving chemical dependency use, mental illness, or diminished mental capacity, the executive director shall consider the following information from the preceding renewal period:

(1) evidence of the licensee's safe practice;

(2) compliance with the NPA and Board rules; and

(3) written verification of compliance with any treatment.

(i) Upon receipt of items (h)(1) - (3) of this section, the executive director may renew the license.

Source Note: The provisions of this §213.29 adopted to be effective September 1, 1998, 23 TexReg 6444; amended to be effective July 20, 1999, 24 TexReg 5473; amended to be effective November 14, 2002, 27 TexReg 10594; amended to be effective May 17, 2004, 29 TexReg 4884; amended to be effective October 10, 2007, 32 TexReg 7058

Texas Administrative Code

TITLE 22 EXAMINING BOARDS

PART 11 TEXAS BOARD OF NURSING

CHAPTER PRACTICE AND PROCEDURE

213

RULE **Declaratory Order of Eligibility for Licensure**
§213.30

(a) A person enrolled or planning to enroll in an educational nursing program that prepares a person for an initial license as a registered or vocational nurse or an applicant who seeks licensure by endorsement pursuant to §217.5 of this title (relating to Temporary License and Endorsement) who has reason to believe that he or she may be ineligible for licensure, may petition the Board for a declaratory order or apply for a license by endorsement as to his or her eligibility.

(b) The person must submit a petition or application on forms provided by the Board which includes:

(1) a statement by the petitioner or applicant indicating the reason(s) and basis of potential ineligibility;

(2) if the potential ineligibility is due to criminal conduct and/or conviction, any court documents including, but not limited to, indictments, orders of deferred adjudication, judgments, probation records and evidence of completion of probation, if applicable;

(3) if the potential ineligibility is due to mental illness, evidence of evaluation, including a prognosis, by a psychologist or psychiatrist, evidence of treatment, including any medication;

(4) if the potential ineligibility is due to chemical dependency including alcohol, evidence of evaluation and treatment, after care and support group attendance; and

(5) the required fee which is not refundable.

(c) An investigation of the petition/application and the petitioner's/applicant's eligibility shall be conducted.

(d) The petitioner/applicant or the Board may amend the petition/application to include additional grounds for potential ineligibility at any time before a final determination is made.

(e) If an applicant under §217.5 of this title has been licensed to practice professional or vocational nursing in any jurisdiction and has been disciplined, or allowed to surrender in lieu of discipline, in that jurisdiction, the following provisions shall govern the eligibility of the applicant under §213.27 of this title (relating to Good Professional Character).

(1) A certified copy of the order or judgment of discipline from the jurisdiction is prima facie evidence of the matters contained in such order or judgment, and a final adjudication in the other jurisdiction that the applicant has committed professional misconduct is conclusive of the professional misconduct alleged in such order or judgment.

(2) An applicant disciplined for professional misconduct in the course of nursing in any jurisdiction or an applicant who resigned in lieu of disciplinary action is deemed to not have present good professional character under §213.27 of this title and is therefore ineligible to file an application under §217.5 of this title during the period of such discipline imposed by such jurisdiction, and in the case of revocation or surrender in lieu of disciplinary action, until the applicant has filed an application for reinstatement in the disciplining jurisdiction and obtained a final determination on that application.

(f) If a petitioner's/applicant's potential ineligibility is due to criminal conduct and/or conviction, the following provisions shall govern the eligibility of the applicant under §213.28 of this title (relating to Licensure of Persons with Criminal Convictions):

(1) The record of conviction or order of deferred adjudication is conclusive evidence of guilt.

(2) Upon proof that a felony conviction or felony order of probation with or without adjudication of guilt has been set aside or reversed, the petitioner or applicant shall be entitled to a new hearing before the Board for the purpose of determining whether, absent the record of conclusive evidence of guilt, the petitioner or applicant possesses present good professional character and fitness.

(g) If the executive director proposes to find the petitioner or applicant ineligible for licensure, the petitioner or applicant may obtain a hearing before the State Office of Administrative Hearings. The Executive Director shall have discretion to set a hearing and give notice of the hearing to the petitioner or applicant. The hearing shall be conducted in accordance with §213.22 of this title (relating to Formal Proceedings) and the rules of SOAH. When in conflict, SOAH's rules of procedure will prevail. The decision of the Board shall be rendered in accordance with §213.23 of this title (relating to Decision of the Board).

(h) A final Board order is issued after an appeal results in a Proposal for Decision from SOAH. The Board's final order must set out each basis for potential ineligibility and the Board's determination as to eligibility. In the absence of new evidence not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board's ruling determines the person's eligibility with respect to the grounds for potential ineligibility as set out in the order. An individual whose petition is denied by final order of the Board may not file another petition or application for licensure until after the expiration of three years from the date of the Board's order denying the petition or application for licensure. If the applicant or petitioner does not appeal or request a formal hearing at SOAH after a letter proposal to deny eligibility made by the E&D Committee or the executive director, the applicant

or petitioner may re-petition after the expiration of one year from the date of the proposal to deny eligibility, in accordance with this rule and §301.257, Texas Occupations Code.

Source Note: The provisions of this §213.30 adopted to be effective August 15, 2002, 27 TexReg 7107; amended to be effective May 17, 2004, 29 TexReg 4884; amended to be effective February 19, 2006, 31 TexReg 847; amended to be effective October 10, 2007, 32 TexReg 7058

Texas Administrative Code

TITLE 22 EXAMINING BOARDS
PART 11 TEXAS BOARD OF NURSING
CHAPTER LICENSURE, PEER ASSISTANCE AND PRACTICE
217
RULE Standards of Nursing Practice
§217.11

The Texas Board of Nursing is responsible for regulating the practice of nursing within the State of Texas for Vocational Nurses, Registered Nurses, and Registered Nurses with advanced practice authorization. The standards of practice establish a minimum acceptable level of nursing practice in any setting for each level of nursing licensure or advanced practice authorization. Failure to meet these standards may result in action against the nurse's license even if no actual patient injury resulted.

(1) Standards Applicable to All Nurses. All vocational nurses, registered nurses and registered nurses with advanced practice authorization shall:

(A) Know and conform to the Texas Nursing Practice Act and the board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse's current area of nursing practice;

(B) Implement measures to promote a safe environment for clients and others;

(C) Know the rationale for and the effects of medications and treatments and shall correctly administer the same;

(D) Accurately and completely report and document:

(i) the client's status including signs and symptoms;

(ii) nursing care rendered;

(iii) physician, dentist or podiatrist orders;

(iv) administration of medications and treatments;

(v) client response(s); and

(vi) contacts with other health care team members concerning significant events regarding client's status;

(E) Respect the client's right to privacy by protecting confidential information unless required or allowed by law to disclose the information;

(F) Promote and participate in education and counseling to a client(s) and, where applicable, the family/significant other(s) based on health needs;

(G) Obtain instruction and supervision as necessary when implementing nursing procedures or practices;

(H) Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;

(I) Notify the appropriate supervisor when leaving a nursing assignment;

(J) Know, recognize, and maintain professional boundaries of the nurse-client relationship;

(K) Comply with mandatory reporting requirements of Texas Occupations Code Chapter 301 (Nursing Practice Act), Subchapter I, which include reporting a nurse:

(i) who violates the Nursing Practice Act or a board rule and contributed to the death or serious injury of a patient;

(ii) whose conduct causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;

(iii) whose actions constitute abuse, exploitation, fraud, or a violation of professional boundaries; or

(iv) whose actions indicate that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.

(v) except for minor incidents (Texas Occupations Code §§301.401(2), 301.419, 22 TAC §217.16), peer review (Texas Occupations Code §§301.403, 303.007, 22 TAC §217.19), or peer assistance if no practice violation (Texas Occupations Code §301.410) as stated in the Nursing Practice Act and Board rules (22 TAC Chapter 217).

(L) Provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served;

(M) Institute appropriate nursing interventions that might be required to stabilize a client's condition and/or prevent complications;

(N) Clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-
efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the
ordering practitioner when the nurse makes the decision not to administer the medication or
treatment;

(O) Implement measures to prevent exposure to infectious pathogens and communicable conditions;

(P) Collaborate with the client, members of the health care team and, when appropriate, the client's
significant other(s) in the interest of the client's health care;

(Q) Consult with, utilize, and make referrals to appropriate community agencies and health care
resources to provide continuity of care;

(R) Be responsible for one's own continuing competence in nursing practice and individual
professional growth;

(S) Make assignments to others that take into consideration client safety and that are commensurate
with the educational preparation, experience, knowledge, and physical and emotional ability of the
person to whom the assignments are made;

(T) Accept only those nursing assignments that take into consideration client safety and that are
commensurate with the nurse's educational preparation, experience, knowledge, and physical and
emotional ability;

(U) Supervise nursing care provided by others for whom the nurse is professionally responsible; and

(V) Ensure the verification of current Texas licensure or other Compact State licensure privilege and
credentials of personnel for whom the nurse is administratively responsible, when acting in the role of
nurse administrator.

(2) Standards Specific to Vocational Nurses. The licensed vocational nurse practice is a directed scope
of nursing practice under the supervision of a registered nurse, advanced practice registered nurse,
physician's assistant, physician, podiatrist, or dentist. Supervision is the process of directing, guiding,
and influencing the outcome of an individual's performance of an activity. The licensed vocational
nurse shall assist in the determination of predictable healthcare needs of clients within healthcare
settings and:

(A) Shall utilize a systematic approach to provide individualized, goal-directed nursing care by:

(i) collecting data and performing focused nursing assessments;

(ii) participating in the planning of nursing care needs for clients;

(iii) participating in the development and modification of the comprehensive nursing care plan for
assigned clients;

(iv) implementing appropriate aspects of care within the LVN's scope of practice; and

(v) assisting in the evaluation of the client's responses to nursing interventions and the identification of client needs;

(B) Shall assign specific tasks, activities and functions to unlicensed personnel commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made and shall maintain appropriate supervision of unlicensed personnel.

(C) May perform other acts that require education and training as prescribed by board rules and policies, commensurate with the licensed vocational nurse's experience, continuing education, and demonstrated licensed vocational nurse competencies.

(3) Standards Specific to Registered Nurses. The registered nurse shall assist in the determination of healthcare needs of clients and shall:

(A) Utilize a systematic approach to provide individualized, goal-directed, nursing care by:

(i) performing comprehensive nursing assessments regarding the health status of the client;

(ii) making nursing diagnoses that serve as the basis for the strategy of care;

(iii) developing a plan of care based on the assessment and nursing diagnosis;

(iv) implementing nursing care; and

(v) evaluating the client's responses to nursing interventions;

(B) Delegate tasks to unlicensed personnel in compliance with Chapter 224 of this title, relating to clients with acute conditions or in acute care environments, and Chapter 225 of this title, relating to independent living environments for clients with stable and predictable conditions.

(4) Standards Specific to Registered Nurses with Advanced Practice Authorization. Standards for a specific role and specialty of advanced practice nurse supersede standards for registered nurses where conflict between the standards, if any, exist. In addition to paragraphs (1) and (3) of this subsection, a registered nurse who holds authorization to practice as an advanced practice nurse (APN) shall:

(A) Practice in an advanced nursing practice role and specialty in accordance with authorization granted under Board Rule Chapter 221 of this title (relating to practicing in an APN role; 22 TAC Chapter 221) and standards set out in that chapter.

(B) Prescribe medications in accordance with prescriptive authority granted under Board Rule Chapter 222 of this title (relating to APNs prescribing; 22 TAC Chapter 222) and standards set out in that chapter and in compliance with state and federal laws and regulations relating to prescription of dangerous drugs and controlled substances.

Source Note: The provisions of this §217.11 adopted to be effective September 28, 2004, 29 TexReg 9192; amended to be effective November 15, 2007, 32 TexReg 8165

Texas Administrative Code

TITLE 22 EXAMINING BOARDS

PART 11 TEXAS BOARD OF NURSING

CHAPTER LICENSURE, PEER ASSISTANCE AND PRACTICE

217

RULE Unprofessional Conduct

§217.12

The unprofessional conduct rules are intended to protect clients and the public from incompetent, unethical, or illegal conduct of licensees. The purpose of these rules is to identify unprofessional or dishonorable behaviors of a nurse which the board believes are likely to deceive, defraud, or injure clients or the public. Actual injury to a client need not be established. These behaviors include but are not limited to:

(1) Unsafe Practice--actions or conduct including, but not limited to:

(A) Carelessly failing, repeatedly failing, or exhibiting an inability to perform vocational, registered, or advanced practice nursing in conformity with the standards of minimum acceptable level of nursing practice set out in Rule 217.11.

(B) Carelessly or repeatedly failing to conform to generally accepted nursing standards in applicable practice settings;

(C) Improper management of client records;

(D) Delegating or assigning nursing functions or a prescribed health function when the delegation or assignment could reasonably be expected to result in unsafe or ineffective client care;

(E) Accepting the assignment of nursing functions or a prescribed health function when the acceptance of the assignment could be reasonably expected to result in unsafe or ineffective client care;

(F) Failing to supervise the performance of tasks by any individual working pursuant to the nurse's delegation or assignment; or

(G) Failure of a clinical nursing instructor to adequately supervise or to assure adequate supervision of student experiences.

(2) Failure of a chief administrative nurse to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services for which the nurse is administratively responsible.

(3) Failure to practice within a modified scope of practice or with the required accommodations, as specified by the board in granting a coded license or any stipulated agreement with the board.

(4) Careless or repetitive conduct that may endanger a client's life, health, or safety. Actual injury to a client need not be established.

(5) Inability to Practice Safely--demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other mood-altering substances, or as a result of any mental or physical condition.

(6) Misconduct--actions or conduct that include, but are not limited to:

(A) Falsifying reports, client documentation, agency records or other documents;

(B) Failing to cooperate with a lawful investigation conducted by the board;

(C) Causing or permitting physical, emotional or verbal abuse or injury or neglect to the client or the public, or failing to report same to the employer, appropriate legal authority and/or licensing board;

(D) Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional or financial exploitation of the client or the client's significant other(s);

(E) Engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or offering sexual favors, or language or behavior suggestive of the same;

(F) Threatening or violent behavior in the workplace;

(G) Misappropriating, in connection with the practice of nursing, anything of value or benefit, including but not limited to, any property, real or personal of the client, employer, or any other person or entity, or failing to take precautions to prevent such misappropriation;

(H) Providing information which was false, deceptive, or misleading in connection with the practice of nursing;

(I) Failing to answer specific questions or providing false or misleading answers that would have affected the decision to license, employ, certify or otherwise utilize a nurse; or

(J) Offering, giving, soliciting, or receiving or agreeing to receive, directly or indirectly, any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services.

(7) Failure to repay a guaranteed student loan, as provided in the Texas Education Code §57.491, or pay child support payments as required by the Texas Family Code §232.001, et seq.

(8) Drug Diversion--diversion or attempts to divert drugs or controlled substances.

(9) Dismissal from a board-approved peer assistance program for noncompliance and referral by that program to the BNE.

(10) Other Drug Related--actions or conduct that include, but are not limited to:

(A) Use of any controlled substance or any drug, prescribed or unprescribed, or device or alcoholic beverages while on duty or on call and to the extent that such use may impair the nurse's ability to safely conduct to the public the practice authorized by the nurse's license;

(B) Falsification of or making incorrect, inconsistent, or unintelligible entries in any agency, client, or other record pertaining to drugs or controlled substances;

(C) Failing to follow the policy and procedure in place for the wastage of medications at the facility where the nurse was employed or working at the time of the incident(s);

(D) A positive drug screen for which there is no lawful prescription; or

(E) Obtaining or attempting to obtain or deliver medication(s) through means of misrepresentation, fraud, forgery, deception and/or subterfuge.

(11) Unlawful Practice--actions or conduct that include, but are not limited to:

(A) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of vocational, registered or advanced practice nursing;

(B) Violating an order of the board, or carelessly or repetitively violating a state or federal law relating to the practice of vocational, registered or advanced practice nursing, or violating a state or federal narcotics or controlled substance law;

(C) Knowingly aiding, assisting, advising, or allowing a nurse under Board Order to violate the conditions set forth in the Order; or

(D) Failing to report violations of the Nursing Practice Act and/or the Board's rules and regulations.

(12) Leaving a nursing assignment, including a supervisory assignment, without notifying the appropriate personnel.

(13) Criminal Conduct--including, but not limited to, conviction or probation, with or without an adjudication of guilt, or receipt of a judicial order involving a crime or criminal behavior or conduct that could affect the practice of nursing.

Source Note: The provisions of this §217.12 adopted to be effective September 28, 2004, 29 TexReg 9192

**LAMAR STATE COLLEGE - PORT ARTHUR
UPWARD MOBILITY NURSING PROGRAM
STUDENT AFFIRMATION OF RECEIPT OF POLICIES**

I have received copies of the Upward Mobility Nursing Student Handbook and the Lamar State College-Port Arthur Student Handbook and recognize that they contain pertinent information regarding my retention and progress in the Upward Mobility Nursing Program.

I understand that I will be required to pass an exit exam to graduate from the Upward Mobility Nursing Program.

I agree to abide by the rules and regulations of the UMNP and LSC-PA Student Handbooks. I realize my retention in the program is dependent upon maintaining satisfactory academic status as well as consistent demonstration of an attitude and aptitude for professional nursing.

I understand and will adhere to the principles and practices of **STANDARD PRECAUTIONS** as directed by the Center for Disease Control. I agree to abide by the Student Health Policy as stated in the Upward Mobility Nursing Program Student Handbook.

Print Student Name

Student Signature

Print Witness Name

Witness Signature

Date

**LAMAR STATE COLLEGE-PORT ARTHUR
UPWARD MOBILITY NURSING PROGRAM
STATEMENT OF LICENSURE STATUS**

I, _____ currently hold a license to practice practical nursing in the state of Louisiana. The number is _____, expiration date _____. I am aware that if there is disciplinary action against my license, and/or if I have a felony conviction, it is my responsibility to petition the Louisiana State Board of Nursing for review and action regarding their approval to practice nursing in Louisiana.

Print Student Name

Student Signature

Print Witness Name

Witness Signature

Date

**Lamar State College-Port Arthur
Allied Health Department
Hepatitis B Vaccination
Student Statement**

I understand that during my clinical learning experiences I will have exposure to blood and other potentially infectious materials that place me at risk for acquiring hepatitis B from the hepatitis B virus (HBV). I have had instruction on Hepatitis B and the requirement of the Texas Department of Health that I have the vaccine prior to clinical.

I completed/will complete the hepatitis B vaccine series on the following date:

_____.

Print Student Name

Student Signature

Print Witness Name

Witness Signature

Date

**Lamar State College-Port Arthur
Allied Health Department Clinical Release and Indemnity Agreement**

Student's Name: _____

Initial Date of Clinical Assignment: _____

Faculty Members in Charge: _____

Beginning on the date shown above I will begin performing my clinical assignment in the Upward Mobility Nursing Program at Lamar State College-Port Arthur (LSC-PA).

I understand that I will not receive monetary compensation for my services and that no employer-employee relationship will exist between LSC-PA and me. Instead, I will be performing this clinical assignment to advance my progress in the Upward Mobility Program at LSC-PA and to gain experience, which, I hope, will assist me in entering the labor market.

In consideration for the permission extended to me by LSC-PA to obtain this experience and in further consideration for LSC-PA's facilitating this arrangement, I (for myself, my heirs, executors, and administrators) release, discharge, and agree to indemnify LSC-PA, its regents, officers, and employees, acting officially or otherwise, from any claims on account of my death or on account of injury to me or for damage to my property which may occur from any cause in connection with this clinical assignment regardless of whether such death, injury or damage is caused by the negligence of LSC-PA, its regents, officers, and employees. I intend the release provided for in this agreement to exonerate LSC-PA, its regents, officers, and employees from liability, including liability resulting from the consequences of their negligence, whether that negligence is the sole or concurring cause of death, injury or damage.

I fully understand the consequences of this release and give it voluntarily and without coercion, promise, or compulsion of any kind.

Signed this _____ day of _____, 20____.

Print Student Name

Student Signature

Print Witness Name

Witness Signature

**Lamar State College-Port Arthur
Allied Health Department
Licensure Eligibility Notification Form
Student Statement**

I hereby verify that I was provided verbal and written information regarding conditions that may disqualify graduates from licensure and of my right to petition the Board for a Declaratory Order of Eligibility including

1. Sections 301.252, 301.253, 301.452-301.454 and 304.001 of the Nursing Practice Act (relating to Licensure Application, Examination, Grounds for Disciplinary Action, Disciplinary Authority of Board; Methods of Discipline, Notice and Hearing, and Nurse Licensure Compact).
2. Sections 22 TAC 213.27-213.30 and 22 TAC §§ 217.11 and 217.12 of the Texas Administrative Code (relating to Good Professional Character, Licensure of Persons with
3. Criminal Offenses, Criteria and Procedure Regarding Intemperate Use and lack of Fitness and Eligibility and Disciplinary Matters, Declaratory Order of Eligibility for Licensure, Standards of Nursing Practice, and Unprofessional Conduct).
2. Declaratory Order Petition Request Form (Available at the Texas Board of Nursing website www.bon.state.tx.us under "Download Other Applications and Forms").

Print Student Name	Student Signature	
Social Security #	Date of Birth	Date Signed

**Lamar State College-Port Arthur
Upward Mobility Nursing Program
Academic Code of Honor**

In an effort to align with the Texas Administrative Code

TEXAS BOARD OF NURSING CHAPTER 213 PRACTICE AND PROCEDURE

RULE 213.27 Good Professional Character:

(a) Good professional character is the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the Board, indicates that an individual is able to consistently conform his or her conduct to the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability, and integrity.

Lamar State College–Port Arthur (LSCPA) Allied Health Department has established an Academic Code of Honor.

Lamar State College–Port Arthur Allied Health Department is a scholarly community in which faculty and students share knowledge, ideas, and creative works. LSCPA Academic Code of Honor expresses our common commitment and moral responsibility to represent accurately and to credit the contributions of every individual.

The purpose of the Academic Code of Honor is to help students develop habits of moral character. Both students and faculty share in the responsibility for cultivating a learning environment where the thoughts and creativity of each individual are evaluated in a fair and reasonable manner.

Every Lamar State College–Port Arthur Allied Health Department student is expected to make the ethical and moral commitment to act honestly and to not tolerate academic dishonesty on the part of other students. Each Lamar State College–Port Arthur Allied Health Department student must sign the student pledge, and affirm an understanding of this Academic Code of Honor.

Honor Pledge:

“On my honor, as a member of the LSCPA Allied Health Department community, I pledge to act with integrity, compassion, and respect in all my academic and professional endeavors.”

Signature of Affirmation: _____

Print Student Name: _____

Date: _____