

EDUCATIONAL RIGHTS and PRIVACY (RE: FERPA)

GENERAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) sets forth requirements regarding the privacy of student records and governs the release and access to education records maintained by an educational institution.

TRUMAN'S FERPA POLICY

Truman State University's FERPA Policy Statement may be found on-line at <http://fedinfo.truman.edu/>. In general, Truman State University will disclose information from a student's education records only with the written consent of the student. However, under certain circumstances, the University may disclose information without a student's consent.

Additional information on FERPA and on Truman's FERPA policy may be obtained from the Registrar's Office (660-785-4143).

PARENTS' REQUESTS FOR STUDENT GRADES

"FERPA requires that students provide written permission for the institution to release any non-directory information to parents or that the institution determine that the student is legally a dependent of the parents before releasing the information" (AACRAO 2012 FERPA Guide, p. 53). Faculty and staff should refer all such requests to the Registrar's Office.

LETTERS OF RECOMMENDATION

The Department of Nursing follows FERPA guidelines for providing letters of recommendation for students. If personally identifiable information such as, but not limited to, class rank, grades, GPA are required, it is the responsibility of the student requestor to provide a completed Release of Information form.
Rev. 05/2015

LETTERS OF RECOMMENDATION
TRUMAN STATE UNIVERSITY DEPARTMENT OF NURSING
RELEASE OF INFORMATION FORM
(RE: FERPA)

I give permission for _____ to write a letter of recommendation to:

_____ has permission to include my class rank, grades and GPA in this letter.

I (*must check one*) **Waive** **Do Not Waive** my right to review a copy of this letter at any time in the future.

Signature

Date

Rev. 05/2015

SCHOLARSHIPS AVAILABLE FOR NURSING STUDENTS

ENDOWED SCHOLARSHIPS & UNIVERSITY ADMINISTERED SCHOLARSHIPS

A number of needs-based and competitive scholarships are available for nursing majors. Applications are available online from the Financial Aid Office (typically at the start of the Spring semester). Students will be notified by email when the application process begins. (See Financial Aid for current information.)

OTHER SCHOLARSHIP OPPORTUNITIES

Scholarship chair and Student Affairs Committee (SAC) will have information on these as they become available. Special eligibility requirements may be set for some scholarships.
Rev. 05/2015

NURSING STUDENTS ASSOCIATION

TRUMAN STATE UNIVERSITY NURSING STUDENTS ASSOCIATION – (NSA)

NSA has been active on the Truman State University campus since 1961. The primary purpose of NSA is to promote socialization into the nursing profession through education, leadership, and service. The organization provides the opportunity for development of collegial and mentoring relationships among nursing students of all levels. NSA supports professional development by bringing in speakers that offer education related to future careers. Campus and community activities that NSA members are involved in include, but are not limited to, blood pressure booths, non-smoking booths, Homecoming, Activities Fair, Health Awareness Week, and tutoring/mentoring services. Students involved in NSA have the opportunity to meet and get to know other nursing students and faculty in all levels of the program, as well as students from other schools through student conventions.

Any inquiries about NSA should be addressed to: President, Nursing Students Association, Truman State University, Kirksville, MO 63501. The NSA Bulletin Board in the Department of Nursing provides current information about NSA.

MISSOURI NURSING STUDENTS ASSOCIATION – (MONSA)

Truman State University has been consistently active at the state level since 1976, having the maximum number of Board of Directors members allowed at a single school in 1984-85. (Dues paid to NSNA include state membership.) The annual convention is an extremely valuable experience for learning about nursing and health issues and organizational procedures. The local NSA generally plans fund raising activities in order to send members to state and national Conventions.

NATIONAL STUDENT NURSES ASSOCIATION – (NSNA)

An annual membership fee includes all levels (local, state, and national). Dependent to the local membership number, Truman State University may send a delegate to the annual NSNA Convention and House of Delegates.

Rev. 05/2015

NU 491 DIRECTED STUDIES IN NURSING

- I. Course Description
 - A. The purpose of a directed studies course in nursing is to provide the student an opportunity to develop in-depth knowledge in a specific area of interest that must be oriented to nursing. A directed study should be negotiated with a faculty mentor with expertise in the area of study and assumes student accountability for his/her own learning and meeting contracted guidelines in order to maximize achievement of course objectives. The course is to be completed in one semester unless otherwise specified in the initial contract. The faculty member will give an incomplete grade only in special circumstances and as negotiated with the student. This course is generally available to senior students, but other highly motivated students may wish to negotiate plans for a directed study.
- II. Course Objectives (will be proposed and negotiated by the student)
- III. Course Requirements
 - A. Identify and initiate a contract with an identified faculty member prior to registration in the class.
 - B. Contract for directed study course is to be finalized by the end of the second week of the semester. The Contract should include the course objectives proposed by the student, methods for meeting the objectives, proposed meeting dates with the faculty mentor, proposed due dates for projects, and methods for evaluation of the student outcomes.
 - C. The hour requirements for the course will include at least 30 contact hours for each hour of credit.
- IV. Suggested Experiences (Combinations of the following items may be negotiated with the selected faculty mentor; contact hours for each experience shall be specified in the Contract for Directed Studies.)
 - A. Professional paper or other professional product as negotiated (professional paper to utilize 10-15 sources per credit hour; annotated bibliography of 25-30 sources per credit hour).
 - B. Development of standardized nursing care plans
 - C. Development and/or implementation of patient education materials
 - D. Development of multimedia programs
 - E. Attendance at professional seminars or classes.
 - F. A systematic program of review for the NCLEX-RN that is above and beyond that required for other coursework or other contracts. If an official NCLEX-RN Review course is part of the negotiated contract, the student may be required to work with the faculty member coordinating that experience for that particular semester, and will be required to meet certain generally negotiated expectations for that portion of the credit.
- V. Evaluation Methods
 - A. The student shall submit a self-evaluation related to the negotiated objectives of the course, including self-rating of objectives, strengths of the project, and potential opportunities for improvement.
 - B. All other documents as contracted with the faculty mentor (please specify evaluation criteria in advance as indicated on the Contract for Directed Studies).

F. O. Rev. 05/2015

NU 491 STUDENT FACULTY MENTOR CONTRACT

I, _____, Nursing Student, contract with
_____, Faculty Mentor, for _____ hours of credit in
NU 491 Directed Studies in Nursing, for the _____ semester, on the topic of
_____.

I understand that failure to meet parts or the entire contract will result in failure of the course as determined by the faculty mentor.

Course Objectives:

1. _____
2. _____
3. _____

Methods for meeting Objectives (with due dates):

1. _____
2. _____
3. _____

Methods for Evaluation of the Student Outcomes:

1. _____
2. _____
3. _____

STUDENT SIGNATURE

DATE

FACULTY MENTOR SIGNATURE

DATE

PROTOCOL FOR STUDENTS EXPOSED TO BLOOD AND BODY FLUIDS

Purpose: To provide guidelines for the care of students who have sustained a significant blood borne pathogen exposure.

Policy: Nursing students are expected to follow standard (or universal) precautions at all times. All blood and /or body fluid exposures will be evaluated for the risk of exposure to infectious diseases. Follow-up testing or prophylaxis will be provided (when indicated) at the student's expense. Mucous membrane exposures, non-intact skin exposures, and the like will be treated in the same manner as a sharps injury.

Cost for testing and prophylaxis will be the student's responsibility.

Procedure:

In the event of a blood or body fluid exposure, the student shall follow the steps as outlined in this policy:

1. **Immediately clean the site.** Parenteral, cutaneous, and mucous membrane site exposures should be thoroughly flushed or washed with soap and water immediately following the exposure. Exposures to the nose or mouth should be flushed with water. Eyes should be irrigated with clean water, saline, or sterile irrigants.
2. **Notify the clinical instructor for the course immediately.** If the student's clinical instructor is not immediately available, the student should notify the clinical supervisor at the agency. The student should notify the clinical instructor as soon as possible.
3. **Call the Post Exposure Prophylaxis (PEP) Hotline (1-888-448-4911) or go to the emergency department if the injury is serious.** The Post Exposure Prophylaxis Hotline is available for clinician/student consultation regarding the need for post exposure prophylaxis.
4. **Decide on plan of care.** The student will decide whether or not to seek further health services. *If PEP is suspected to be indicated, an emergency department may be the most appropriate service point.* Options for treatment include these possibilities:
 - Emergency Department
 - Private healthcare provider of student's choice
 - Student Health (on an appointment basis only)
 - No follow up care
5. **Follow the appropriate agency procedure** for reporting, documenting, and investigating the source and nature of the exposure.

In addition, the clinical instructor will document the incident with details of the exposure and follow-up care, and report it to the Department of Nursing Chair as soon as possible. The clinical instructor will also communicate with the clinical site. The incident report will be kept in a secure, separate file by the Department of Nursing Chair and will be reviewed by the Student Affairs Committee (SAC).

Occupational Exposure to HIV, Information for Health-Care Workers: www.cdc.gov/hiv/risk/other/occupational.html

Clinician Consultation Center (CCC) Post Exposure Prophylaxis Hotline (PEP line.) See <http://nccc.ucsf.edu> (phone: 888-448-4911)

Kuhar, D. T., Henderson, D. K., Struble, K. A., Heneine, W., Thomas, V., Cheever, ... Panlilio, A. L. (2013). Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. *Infection Control and Hospital Epidemiology*, 34, 875-892. doi: 10.1086/672271

FO 10/2005; Rev. 02/2015; Rev. 05/2015

LATEX RESPONSE PLAN

Purpose: When working in the clinical setting or Nursing Simulation Center (NSC), students and faculty may be exposed to latex and/or other allergens. This plan is to provide guidelines for care of students and faculty who may have latex or other allergy.

Procedure:

- **For students with known sensitivity/allergy to latex** or any other element in the lab or clinical environment, it is recommended that you:
 - Obtain consultation from your health care provider about your sensitivity/allergy, risks, and treatment. Request the health care provider's recommendations be forwarded to the Truman State University Nursing Department, NSC Coordinator. Cost for consultation will be the student's responsibility.
 - Inform the NSC coordinator and your clinical instructor of your sensitivity.
 - Latex-free gloves will be provided. However, the lab environment and clinical facilities may not be latex free.
 - Inform your faculty member and the NSC coordinator of your 'plan' to prevent/respond to a reaction in writing.

- **Faculty and staff with known sensitivities** are to inform the NSC Coordinator and nursing department chair.

- **In case of a life-threatening latex reaction in the NSC:**
 - Any faculty member or student may **dial 911, state that you have a life threatening "latex emergency" and need an ambulance. Epinephrine may be needed.**
 - After calling 911, **notify Truman Public Safety by dialing 4176.** Public Safety will notify the Health Center.
 - Do not handle the victim with any latex products.
 - The victim will be transferred to an acute care facility via ambulance. It is helpful for the ambulance personnel to know the victim's allergies, current medications, and any medical conditions.

ADDITIONAL INFORMATION:

CDC DHHS (NIOSH) Publication Number 98-113. *Latex Allergy: A Prevention Guide.*
<http://www.cdc.gov/niosh/docs/98-113/>

NIH Medline Plus. (2012). *Latex Allergy.*
<http://www.nlm.nih.gov/medlineplus/latexallergy.html>

Reference: This policy was adapted from sample policy at:
<http://www.inacsl-web.org/public/index.php?page=tools>

TECHNICAL STANDARDS, DEPARTMENT OF NURSING

The nursing program requires students to participate in learning activities in classroom, laboratory, and clinical settings. In order to successfully complete these activities students must be able to meet certain technical standards (or essential functions). Students are expected to meet these technical standards, with or without reasonable accommodations, in order to provide safe and competent nursing care.

Ability	Standard	Examples
Sensory	The student must possess use of the senses of vision, hearing, touch, and smell. All data received by the senses must be integrated, analyzed, and synthesized in a consistent and accurate manner. This includes data obtained in the classroom, online, in the laboratory, or in clinical settings through observation. Includes auscultation, palpation, and other measures.	<ul style="list-style-type: none"> • Detect monitor alarms, emergency signals • Detect auscultatory sounds, cries for help • Observe client responses • Read monitors, scales, computer screens • Prepare and administer medications • Perform palpation • Detect temperature changes • Perform functions of physical examination • Perform therapeutic interventions (e.g. starting IV) • Smell smoke and/or noxious odors
Motor	The student must possess sufficient motor capabilities to execute the movements and skills required to provide safe effective nursing interventions. This includes strength, mobility, flexibility, and coordination. Both fine and gross motor skills are necessary to perform safe effective nursing care in routine and emergency situations. Must possess endurance to attend to cognitive and psychomotor tasks for up to 12 hours.	<ul style="list-style-type: none"> • Move around in client's room, work spaces, and treatment areas • Administer cardiopulmonary resuscitation • Reach above shoulders (e.g. IV poles) • Move quickly (e.g. respond to emergency) • Sit, stand, squat, and maintain balance • Push, pull, lift (e.g. positioning or transferring clients) • Grasp and manipulate small objects (e.g. medication packages, syringes, vials) • Complete assigned clinical care for entire shift
Communicative	<p>The student must be able to communicate effectively with both spoken and written communication in real time with a primarily English-speaking population.</p> <p>The student must be able to utilize effective communication with peers, faculty, clients and their families, and other health care providers to safely carry out assignments and provide care. This includes the ability to read, write,</p>	<ul style="list-style-type: none"> • Accurately elicit information from client, others, and medical record. • Legibly record data in a timely manner. • Perform self-care teaching. • Communicate clinical status changes.

	and comprehend the English language. Must be able to access information and document both electronically and in writing; and to recognize, interpret, and respond to nonverbal behavior.	
Cognitive	The student must be able to gather information, think critically and abstractly, assess, analyze, problem solve, and make sound clinical judgments in a timely manner.	<ul style="list-style-type: none"> • Perform mathematic computations for medication dosage calculations • Retain, recall, and apply information • Display logical reasoning in planning and prioritizing care to safely meet client needs • Interpret data and diagnostic tests • Actively examine own thinking and the thinking of others
Behavioral	The student must be able to interact professionally and compassionately with individuals, families, and groups regardless of social, emotional, cultural, or intellectual background. Must be able to work collaboratively with clients, classmates, instructors, and health care personnel in rapidly changing or emotionally stressful circumstances while maintaining professional demeanor. Must be able to act with integrity and compassion in classroom, online, laboratory, and clinical settings.	<ul style="list-style-type: none"> • Establish rapport with diverse clients and colleagues whose appearance, condition, beliefs, or identity may challenge the student's own • Work collegially as a team member for the therapeutic benefit of clients • Demonstrate safe and timely performance of clinical responsibilities • Dress appropriately for varied settings • Accept accountability for own actions • Maintain therapeutic boundaries • Handle conflict effectively and safely

FO 12/10/2014; Rev. 01/2015; Rev. 05/2015

MISSOURI NURSING PRACTICE ACT
MISSOURI REVISED STATUTES

Chapter 335
Nurses **Section 335.046.1**

August 28, 2014

License, application for--qualifications for, fee--hearing on denial of license.

335.046. 1. An applicant for a license to practice as a registered professional nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. The applicant shall be of good moral character and have completed at least the high school course of study, or the equivalent thereof as determined by the state board of education, and have successfully completed the basic professional curriculum in an accredited or approved school of nursing and earned a professional nursing degree or diploma. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-speaking lands shall be required to submit evidence of proficiency in the English language. The applicant must be approved by the board and shall pass an examination as required by the board. The board may require by rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice nursing as a registered professional nurse. The applicant for a license to practice registered professional nursing shall pay a license fee in such amount as set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

2. An applicant for license to practice as a licensed practical nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. Such applicant shall be of good moral character, and have completed at least two years of high school, or its equivalent as established by the state board of education, and have successfully completed a basic prescribed curriculum in a state-accredited or approved school of nursing, earned a nursing degree, certificate or diploma and completed a course approved by the board on the role of the practical nurse. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-speaking countries shall be required to submit evidence of their proficiency in the English language. The applicant must be approved by the board and shall pass an examination as required by the board. The board may require by rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice as a licensed practical nurse. The applicant for a license to practice licensed practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

3. Upon refusal of the board to allow any applicant to sit for either the registered professional nurses' examination or the licensed practical nurses' examination, as the case may be, the board shall comply with the provisions of section [621.120](#) and advise the applicant of his or her right to have a

hearing before the administrative hearing commission. The administrative hearing commission shall hear complaints taken pursuant to section [621.120](#).

4. The board shall not deny a license because of sex, religion, race, ethnic origin, age or political affiliation.

(L. 1975 S.B. 108 § 8, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343)

Chapter 335
Nurses **Section 335.066.1**

August 28, 2014

Denial, revocation, or suspension of license, grounds for, civil immunity for providing information--complaint procedures.

335.066. 1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to chapter 335 for one or any combination of causes stated in subsection 2 of this section or the board may, as a condition to issuing or reinstating any such permit or license, require a person to submit himself or herself for identification, intervention, treatment, or rehabilitation by the impaired nurse program as provided in section [335.067](#). The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by sections [335.011](#) to [335.096](#) or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections [335.011](#) to [335.096](#);

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections [335.011](#) to [335.096](#), for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections [335.011](#) to [335.096](#) or in obtaining permission to take any examination given or required pursuant to sections [335.011](#) to [335.096](#);

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(5) Incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by chapter 335. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

(6) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:

- (a) Willfully and continually overcharging or overtreating patients; or charging for visits which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;
- (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;
- (c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests, or nursing services;
- (d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, or licensure to perform such responsibilities;
- (e) Performing nursing services beyond the authorized scope of practice for which the individual is licensed in this state;
- (f) Exercising influence within a nurse-patient relationship for purposes of engaging a patient in sexual activity;
- (g) Being listed on any state or federal sexual offender registry;
- (h) Failure of any applicant or licensee to cooperate with the board during any investigation;
- (i) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;
- (j) Failure to timely pay license renewal fees specified in this chapter;
- (k) Violating a probation agreement, order, or other settlement agreement with this board or any other licensing agency;
- (l) Failing to inform the board of the nurse's current residence;
- (m) Any other conduct that is unethical or unprofessional involving a minor;
- (7) Violation of, or assisting or enabling any person to violate, any provision of sections [335.011](#) to [335.096](#), or of any lawful rule or regulation adopted pursuant to sections [335.011](#) to [335.096](#);
- (8) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;
- (9) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections [335.011](#) to [335.096](#) granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;
- (10) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;
- (11) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections [335.011](#) to [335.096](#) who is not registered and currently eligible to practice pursuant to sections [335.011](#) to [335.096](#);

- (12) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;
- (13) Violation of any professional trust or confidence;
- (14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;
- (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;
- (16) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;
- (17) Failure to successfully complete the impaired nurse program;
- (18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or chapter 630, or for payment from Title XVIII or Title XIX of the federal Medicare program;
- (19) Failure or refusal to properly guard against contagious, infectious, or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;
- (20) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed, or administered by a provider who is authorized by law to do so;
- (21) Habitual intoxication or dependence on alcohol, evidence of which may include more than one alcohol-related enforcement contact as defined by section [302.525](#);
- (22) Failure to comply with a treatment program or an aftercare program entered into as part of a board order, settlement agreement, or licensee's professional health program.
3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.
4. For any hearing before the full board, the board shall cause the notice of the hearing to be served upon such licensee in person or by certified mail to the licensee at the licensee's last known address. If service cannot be accomplished in person or by certified mail, notice by publication as described in subsection 3 of section [506.160](#) shall be allowed; any representative of the board is authorized to act as a court or judge would in that section; any employee of the board is authorized to act as a clerk would in that section.
5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections [335.011](#) to [335.096](#) relative to the licensing of an applicant for the first time.

6. The board may notify the proper licensing authority of any other state concerning the final disciplinary action determined by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

7. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections [335.011](#) to 335.259* and who does so in good faith shall not be subject to an action for civil damages as a result thereof.

8. The board may apply to the administrative hearing commission for an emergency suspension or restriction of a license for the following causes:

(1) Engaging in sexual conduct ** as defined in section [566.010](#), with a patient who is not the licensee's spouse, regardless of whether the patient consented;

(2) Engaging in sexual misconduct with a minor or person the licensee believes to be a minor. "Sexual misconduct" means any conduct of a sexual nature which would be illegal under state or federal law;

(3) Possession of a controlled substance in violation of chapter 195 or any state or federal law, rule, or regulation, excluding record-keeping violations;

(4) Use of a controlled substance without a valid prescription;

(5) The licensee is adjudicated incapacitated or disabled by a court of competent jurisdiction;

(6) Habitual intoxication or dependence upon alcohol or controlled substances or failure to comply with a treatment or aftercare program entered into pursuant to a board order, settlement agreement, or as part of the licensee's professional health program;

(7) A report from a board-approved facility or a professional health program stating the licensee is not fit to practice. For purposes of this section, a licensee is deemed to have waived all objections to the admissibility of testimony from the provider of the examination and admissibility of the examination reports. The licensee shall sign all necessary releases for the board to obtain and use the examination during a hearing; or

(8) Any conduct for which the board may discipline that constitutes a serious danger to the health, safety, or welfare of a patient or the public.

9. The board shall submit existing affidavits and existing certified court records together with a complaint alleging the facts in support of the board's request for an emergency suspension or restriction to the administrative hearing commission and shall supply the administrative hearing commission with the last home or business addresses on file with the board for the licensee. Within one business day of the filing of the complaint, the administrative hearing commission shall return a service packet to the board. The service packet shall include the board's complaint and any affidavits or records the board intends to rely on that have been filed with the administrative hearing commission. The service packet may contain other information in the discretion of the administrative hearing commission. Within twenty-four hours of receiving the packet, the board shall either personally serve the licensee or leave a copy of the service packet at all of the licensee's current addresses on file with the board. Prior to the hearing, the licensee may file affidavits and certified court records for consideration by the administrative hearing commission.

10. Within five days of the board's filing of the complaint, the administrative hearing commission shall review the information submitted by the board and the licensee and shall determine based on that information if probable cause exists pursuant to subsection 8 of this section and shall issue its

findings of fact and conclusions of law. If the administrative hearing commission finds that there is probable cause, the administrative hearing commission shall enter the order requested by the board. The order shall be effective upon personal service or by leaving a copy at all of the licensee's current addresses on file with the board.

11. (1) The administrative hearing commission shall hold a hearing within forty-five days of the board's filing of the complaint to determine if cause for discipline exists. The administrative hearing commission may grant a request for a continuance, but shall in any event hold the hearing within one hundred twenty days of the board's initial filing. The board shall be granted leave to amend its complaint if it is more than thirty days prior to the hearing. If less than thirty days, the board may be granted leave to amend if public safety requires.

(2) If no cause for discipline exists, the administrative hearing commission shall issue findings of fact, conclusions of law, and an order terminating the emergency suspension or restriction.

(3) If cause for discipline exists, the administrative hearing commission shall issue findings of fact and conclusions of law and order the emergency suspension or restriction to remain in full force and effect pending a disciplinary hearing before the board. The board shall hold a hearing following the certification of the record by the administrative hearing commission and may impose any discipline otherwise authorized by state law.

12. Any action under this section shall be in addition to and not in lieu of any discipline otherwise in the board's power to impose and may be brought concurrently with other actions.

13. If the administrative hearing commission does not find probable cause and does not grant the emergency suspension or restriction, the board shall remove all reference to such emergency suspension or restriction from its public records. Records relating to the suspension or restriction shall be maintained in the board's files. The board or licensee may use such records in the course of any litigation to which they are both parties. Additionally, such records may be released upon a specific, written request of the licensee.

14. If the administrative hearing commission grants temporary authority to the board to restrict or suspend the nurse's license, such temporary authority of the board shall become final authority if there is no request by the nurse for a full hearing within thirty days of the preliminary hearing. The administrative hearing commission shall, if requested by the nurse named in the complaint, set a date to hold a full hearing under the provisions of chapter 621 regarding the activities alleged in the initial complaint filed by the board.

15. If the administrative hearing commission refuses to grant temporary authority to the board or restrict or suspend the nurse's license under subsection 8 of this section, such dismissal shall not bar the board from initiating a subsequent disciplinary action on the same grounds.

16. (1) The board may initiate a hearing before the board for discipline of any licensee's license or certificate upon receipt of one of the following:

(a) Certified court records of a finding of guilt or plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States for any offense involving the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense involving fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(b) Evidence of final disciplinary action against the licensee's license, certification, or registration issued by any other state, by any other agency or entity of this state or any other state, or the United States or its territories, or any other country;

(c) Evidence of certified court records finding the licensee has been judged incapacitated or disabled under Missouri law or under the laws of any other state or of the United States or its territories.

(2) The board shall provide the licensee not less than ten days' notice of any hearing held pursuant to chapter 536.

(3) Upon a finding that cause exists to discipline a licensee's license, the board may impose any discipline otherwise available.

(L. 1975 S.B. 108 § 12, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2013 H.B. 315)

*Section 335.259 was repealed by S.B. 52, 1993.

**Word "in" appears here in original rolls.

For more information, please see the following:

Missouri General Assembly. (2014). *Missouri Revised Statutes: Chapter 335 Nurses*

Data File Available from Missouri General Assembly Web site,
<http://www.moga.mo.gov/mostatutes/stathtml/33500000461.html>