

Texas Board of Nursing

1801 Congress Avenue, Suite 10-200, Austin, TX 78701
Phone: 512-305-6843 • Fax: 512-305-8101 • Email: aprn@bon.texas.gov
Website: www.bon.texas.gov

Requirements for Refresher Course/Extensive Orientation for Advanced Practice Registered Nurses Returning to Practice

General Requirements: An APRN who has not completed an advanced practice educational program or practiced in the advanced practice role during the previous four (4) years must successfully complete a refresher course/extensive orientation that includes a supervised clinical component. The APRN candidate must hold a current, valid unencumbered license to practice as a registered nurse (RN) in the State of Texas or hold a current privilege to practice based on RN licensure and primary state of residency in a state that is party to the Nurse Licensure Compact (NLC). Further, APRN candidates must meet all other current requirements for APRN licensure in Texas [including RN licensure requirement or privilege to practice, certification requirements, and advanced practice continuing education requirements outlined in 22 Tex. Admin. Code 216.3(c)]. See also 22 Tex. Admin. Code 221.4 and 221.10.

The purpose of the refresher course/extensive orientation is to assure the Board and the public that the advanced practice registered nurse who is returning to practice after a period of inactivity is competent to provide safe, effective care within the full scope of the advanced practice role and population focus area. The following requirements are designed to assist the APRN candidate and the individual who serves as his/her instructor to develop a refresher course/extensive orientation that meets the Board's requirements. The degree of supervision will vary based on individual needs and performance.

NOTE FOR NURSE ANESTHETISTS ONLY: Certified Registered Nurse Anesthetists (CRNAs) MUST satisfactorily complete all requirements of the American Association of Nurse Anesthetists' refresher program leading to full re-certification. Completion of the American Association of Nurse Anesthetists' refresher program will be deemed to satisfy the Board's requirements for the CRNA's supervised practice experience, provided that the CRNA is also able to demonstrate completion of 400 hours of practice.

Length of Program: The supervised practice experience must include a sufficient number of hours to equal no less than a total of 400 hours of practice. Additional hours may be required at the discretion of the instructor based upon the APRN candidate's individual learning needs and the length of time the APRN has been out of practice.

Content: The refresher course/extensive orientation must cover the full scope of practice for the advanced practice role and population focus area through clinical and/or didactic learning experiences. Clinical learning experiences are defined as "planned learning experiences that involve direct contact with patients under the guidance of faculty [22 TAC 219.2(7)]." Didactic learning experiences are "any planned learning activities that take place in the classroom, learning resource center, skills laboratory, or similar settings under the guidance of faculty [219.2(11)]."

At minimum, the content must include:

- Advanced assessment;
- Pharmacotherapeutics (must provide evidence of 45 contact hours of pharmacotherapeutics within the two years prior to application);
- Diagnosis and management of diseases and conditions consistent with current standards of care;
- Ordering and interpreting diagnostic and laboratory tests;
- Demonstration of safe and competent performance of procedures; and
- Demonstration of knowledge of the scope of practice as defined by the Nursing Practice Act and Board rules related to professional and advanced practice nursing role and responsibilities, as appropriate.

Responsibilities/Functions of the APRN Candidate

The APRN candidate shall:

- Recruit a qualified instructor as outlined in this document. While Board staff cannot assist with finding an instructor, applicants are encouraged to seek their consultation regarding instructor qualifications.
- Complete a minimum of 400 hours of clinical practice with the instructor (additional hours may be required at the discretion of the instructor based on individual learning needs and the length of time the APRN candidate has been out of practice).
- Not utilize his/her advanced knowledge, skills, and abilities that are beyond the scope of practice of the registered nurse unless the instructor agrees to accept full accountability for all aspects of the care and service provided, including but not limited to:
 - Continuous monitoring of all aspects of practice that are beyond the scope of practice of a registered nurse;
 - Reviewing and signing all documentation; and
 - Remaining physically present and immediately available at all times.
- Not claim to be an APRN, hold himself/herself out to be an APRN, or use a title or any other designation tending to imply that he/she holds current APRN licensure.
- Not authorize, issue, or sign medication or prescription drug orders.
- Submit the “Verification of Successful Completion of an Advanced Practice Registered Nurse Refresher Course or Extensive Orientation” form.

Minimum Criteria for Eligibility as an Instructor

- The instructor must hold a current, valid, unencumbered professional license to practice in his/her role.
 - If the instructor is another APRN, he/she must be appropriately licensed to practice in the advanced practice role and population focus area in the state in which he/she practices.
 - If the instructor is a physician, he/she must be licensed in the state in which he/she practices and credentialed in the appropriate specialty area.
- The instructor must be engaged in active clinical practice.

- Instructors in each advanced practice category must meet the following criteria:
 - **Nurse-Midwife Candidate:** Your instructor must be a CNM (national certification required) – physicians are not eligible instructors.
 - **Nurse Anesthetist Candidate:** Your instructor must be a CRNA (national certification required) or an anesthesiologist. CRNA strongly preferred.
 - **Nurse Practitioner Candidate:** Your instructor must be a Nurse Practitioner in the same population focus area (national certification preferred) or another APRN/physician in a closely related specialty. Nurse Practitioner strongly preferred.
 - **Clinical Nurse Specialist Candidate:** Your instructor must be a Clinical Nurse Specialist who holds a master’s degree in nursing and is licensed to practice in the same population focus area (national certification preferred) or another APRN/physician in a closely related specialty. Clinical Nurse Specialist strongly preferred.

- The Board reserves the right to make the final determination regarding the appropriateness of the instructor for an APRN candidate in a particular role and population focus area. The instructor must provide such documentation as required by the Board to document his/her qualifications to function in this role.

Responsibility/Functions of the Instructor

The instructor shall assume full accountability for all aspects of the care and services provided by the APRN candidate that are beyond the scope of practice of a registered nurse.

Additionally, the instructor shall:

- Provide initial and ongoing assessment and evaluation of the knowledge, skills, and abilities of the APRN candidate;
- Participate in the assessment, management, and follow-up of each patient;
- Remain physically present and immediately available to the APRN candidate at all times;
- Meet regularly with the APRN candidate to identify learning needs and discuss evaluation of performance;
- Review and sign all patient records;
- Assure that care provided by the APRN candidate meets the current standard of care for the population focus/specialty area; and
- Attest that the APRN candidate demonstrates competent clinical judgment and skills appropriate to the advanced role and population focus area.
- Complete the “Verification of Successful Completion of an Advanced Practice Registered Nurse Refresher Course or Extensive Orientation” form.

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Verification of Successful Completion of an Advanced Practice Registered Nurse Refresher Course/Extensive Orientation

Applicant Name: _____ Applicant DOB: _____

Date range for clinical hours: _____ to _____ TX 6-month permit # _____

The above named applicant has successfully completed an advanced practice registered nurse refresher course/extensive orientation under my direct supervision. My signature below indicates that the aforementioned individual has demonstrated safe and competent practice in the advanced practice role and population focus area of:

Advanced Practice Role (select **one** role):

Clinical Nurse Specialist Nurse Practitioner Nurse Midwife Nurse Anesthetist

Population Focus Area (select **one** population):

<input type="checkbox"/> Adult (Acute Care)	<input type="checkbox"/> Family/Individual across the lifespan	<input type="checkbox"/> Pediatrics (Primary Care)
<input type="checkbox"/> Adult (Primary Care)	<input type="checkbox"/> Gerontological	<input type="checkbox"/> Psychiatric/Mental Health
<input type="checkbox"/> Adult-Gerontology (Acute Care)	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Women's Health/gender-related
<input type="checkbox"/> Adult-Gerontology (Primary Care)	<input type="checkbox"/> Pediatrics (Acute Care)	Other: _____

This includes didactic and/or clinical experiences that encompass:

— The scope of the role and population focus area indicated above as defined by the Nursing Practice Act and Board rules relate to professional and advanced practice nursing role and responsibilities, as appropriate

Advanced Assessment

Diagnosis and management of diseases and conditions within the population focus area

Pharmacotherapeutics (must attach proof of 45 contact hrs of pharmacotherapeutics CE in last 2 years)

Ordering and interpreting of diagnostic test and laboratory values appropriate to the population focus area

Safe and competent practice in the performance of procedures appropriate for the role and population focus area (e.g., suturing, intubation)

A minimum of 400 hours of clinical practice in the advanced practice role and population focus area

I, the undersigned authority, attest that the above information is true and correct and that I believe the above named applicant is competent to practice in the full scope of the advanced practice role and specialty indicated above.

Print Instructor's Name

Instructor's License Number

Instructor's Signature

Signature Date: _____/_____/20_____

Instructor's Email Address: _____ Instructor's Phone Number: (____) _____

NOTE: This form must be signed by the instructor who assumed primary responsibility for the APRN candidate's supervision. If multiple instructors, please attach a letter of explanation and include the name and professional license number of each instructor.