



Agenda Item 7.0

Report of the Nursing Practice Committee

NP Committee Meeting | March 24, 2022

NURSING PRACTICE COMMITTEE

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Agenda Item 7.1

**Approval of Minutes - Review and Vote on Whether to Approve
Previous Meeting Minutes**

NP Committee Meeting | March 24, 2022

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
NURSING PRACTICE
COMMITTEE MEETING MINUTES**

DRAFT

DATE: January 13, 2022

START TIME: 10:03 am

LOCATION: **NOTE:** Pursuant to Government Code section 11133, a physical meeting location is not being provided.

The Board of Registered Nursing held a public meeting via a teleconference platform.

The Nursing Practice Committee of the Board of Registered Nursing held a public meeting via a teleconference platform.

Thursday, January 13, 2022 – 10:00 am – 5:00 pm Committee Meetings

10:03 am	7.0	Call to Order/Roll Call/Establishment of a Quorum Betty Woods – Chair, called the meeting to order at 10:03 am. All members present. Quorum established at 10:04 am.
	Nursing Practice Committee:	Elizabeth (Betty) Woods, RN, FNP, MSN – Committee Chair Dolores Trujillo, RN Mary Fagan, PhD, RN, NEA-BC Jovita Dominguez, RN
	BRN Staff Representatives:	Loretta Melby – Executive Officer Reza Pejuhesh – Legal Counsel
10:04am	7.1	Public Comment for Items Not on the Agenda; Items for Future Agendas
		Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125 & 11125.7, subd. (a).)
	Public Comment for Agenda Item 7.1:	No public comments.

10:05 am

7.2

Review and Vote on Whether to Approve Previous Meeting Minutes:

➤ October 7, 2021

DISCUSSION:

Betty Woods opened this agenda items and opened for Committee discussion. There was no Committee discussion on the prior meeting minutes.

MOTION:

Betty Woods: Motioned to accept the October 2021 meeting minutes.

SECOND:

Dolores Trujillo

Public Comment for Agenda Item 7.2:

No public comments.

VOTE:

Vote	EW	DT	MF	JD
	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB				

Motion: Passed

10:08 am

7.3

Nurse Practitioner Advisory Committee (NPAC) Updates – Informational Only

DISCUSSION:

Betty Woods opened this agenda items and introduced Loretta Melby, BRN Executive Officer to provide the NPAC update.

Loretta Melby: Explained that NPAC has not met since the last Board Meeting and that they will meet on February 8, 2022. Further explained that BRN staff is currently working on a desk audit for Nurse Practitioners (NPs) fees and a naming convention for the 103 and 104 section NPs.

Betty Woods: Asked for clarification on the naming conventions.

Loretta Melby: Explained that creating the various names for the levels of NPs would assist in public understanding. NPAC has been referring to the two levels and 103 and 104 NPs because those are the statutory sections of the requirements; however, this is not clear to the public. Further explained that there has been a social media campaign to seek naming convention ideas from the public.

Betty Woods: Thanked Lori for the clarification. Also requested that both the NPAC and NMAC committee chairs attend the next

Board meeting to present to the full Board on the Committees.

Loretta Melby: Stated that was a great suggestion and that she would inquire with them on their availability and if they were not available she would request a written report from then that she would share on their behalf during the meeting.

**Public Comment for
Agenda Item 7.3:**

Ryan, RN: Explained naming conventions and provided an example of Emergency Medical Technicians (EMT) and EMT – Intermediate (EMT-I).

10:19 am

7.4

**Nurse-Midwifery Advisory Committee (NMAC) Updates –
Informational Only**

DISCUSSION:

Betty Woods opened this agenda items and introduced Loretta Melby, BRN Executive Officer to provide the NPAC update.

Loretta Melby: Explained that NMAC has not met since the last Board Meeting and that they are also scheduled for a meeting on February 8, 2022. Further explained that NMAC voted on a meeting calendar for 2022 which will be posted to the BRN website soon. She explained that the NMAC decided that regulations were not required to implement SB 1237 but they were developing FAQs but had the ability to pursue regulations at any time in future if a need was identified. Finally, the NMAC is reviewing all Nurse Midwifery forms on the Boards' website and formed workgroups and made assignments for updates to forms.

There was no additional Committee discussion.

**Public Comment for
Agenda Item 7.3:**

No public comments.

10:24 am

7.5

Adjournment

Betty Woods adjourned the meeting at 10:24 am.

Submitted by:

Accepted by:

Loretta Melby, RN
Executive Officer
California Board of Registered Nursing

Elizabeth Woods, RN, FNP, MSN
Committee Chair
Nursing Practice Committee
California Board of Registered Nursing



Agenda Item 7.3

Advisory Committee Updates – Informational Only

NP Committee Meeting | March 24, 2022



Agenda Item 7.4

**Discussion and Possible Action: Regarding the Composition of
the Advanced Practice Registered Nursing (APRN) Advisory
Committee**

NP Committee Meeting | March 24, 2022

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 7.4
DATE: March 24, 2022

ACTION REQUESTED: **Discussion and Possible Action: Regarding the composition of the APRN Advisory Committee.**

REQUESTED BY: Elizabeth (Betty) Woods, RN, FNP, MSN
Nursing Practice Committee Chair

BACKGROUND:

At the August 2021 Board meeting, the motion was made to maintain the APRN Advisory Committee with focus on CRNA, CNS and issues that affect all APRN groups to exclude NP and CNM issues. Currently, the APRN Advisory Committee is comprised of four (4) Nurse Practitioners (NP), two (2) Clinical Nurse Specialists (CNS), two (2) Certified Nurse Midwives (CNM), and two (2) Certified Registered Nurse Anesthetists (CRNA) with two vacancies within the committee (one (1) CNM and one (1) NP).

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
Mccaulie.feusahrens@dca.ca.gov



Agenda Item 7.5

Discussion and Possible Action: Regarding Review and Approval of the Charters for the Nursing Practice Committee, NPAC, NMAC, Nursing Education and Workforce Advisory Committee, and APRN Advisory Committee

NP Committee Meeting | March 24, 2022

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 7.5
DATE: March 24, 2022

ACTION REQUESTED: **Discussion and Possible Action: Regarding review and approval of the charters for the Nursing Practice Committee, NPAC, NMAC, Nursing Education and Workforce Advisory Committee, and APRN Advisory Committee.**

REQUESTED BY: Elizabeth (Betty) Woods, RN, FNP, MSN
Nursing Practice Committee Chair

BACKGROUND:

The committee members will review, make recommendations, if needed, and approve the charters for the following committees:

- The Nursing Practice Committee – new document
- Nurse Practitioner Advisory Committee (NPAC) – updates reflected
- Nurse-Midwifery Advisory Committee (NMAC) – updates reflected
- Nursing Education and Workforce Advisory Committee (NEWAC) – new document
- Advanced Practice Registered Nurse (APRN) Advisory Committee – new document

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
Mccaulie.feusahrens@dca.ca.gov



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**The California Board of Registered Nursing's
Nursing Practice Committee**

DRAFT

The mission of the California Board of Registered Nursing (Board or BRN) is to protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California. The Board's vision to be a leader in the oversight of nursing practice and education by creating and administering regulatory practices that safeguard public health and ensure nursing care is equitable and accessible for all. Finally, the Board's values include, effectiveness, integrity, transparency, collaboration, and equity.

Purpose/Charge

The Nursing Practice Committee (NPC) is appointed to advise the Board on matters relating to the nursing practice, including common nursing practice issues (such as rights of the Registered Nurse (RN) and the patient in communicable disease cases or the RN's authority to order/perform laboratory tests) and advanced practice issues in the practice of Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Public Health Nurses (PHNs). The NPC also reviews staff responses to proposed regulation changes that may affect nursing practice.

Relationship to the Board

The Nursing Practice Committee is advisory and recommends actions to the Board. Recommendations and reports of the NPC shall be submitted to the full Board for consideration and approval. Referred recommendations may be information-only or may request Board action in some instances.

Membership

The Board President is delegated by the Board to assign Board members to committees and to appoint committee chairs. The NPC shall be composed of two (2) to four (4) members, one of whom shall be a RN.

The Chair will facilitate the meetings in collaboration with the staff liaison. Only assigned Committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to the Board. Chair must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

A listing of Committee members will be maintained by the BRN and a public listing of the Committee members will be posted on the [BRN website](#).

Meetings

The NPC shall meet a minimum of once a quarter and as often as necessary to carry out its assigned tasks. All Committee meetings will be open to the public, require a ten calendar day notice, and will adhere to the Bagley-Keene Open Meeting Act requirements as set forth in Government Code (GOV) sections [11120-11133](#).

The Committee agenda and materials are posted on the [BRN website](#) per GOV section [11125](#). Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting location, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as addenda/supplemental materials. Committee members should review materials prior to each meeting and be prepared for discussions.

Meetings are open to any Board member who wishes to attend, although persons who are not a member of the Committee do not have a vote during the Committee Meetings. Board members are reminded that a meeting, which is attended by a quorum of Board members (i.e., five (5) or more), may constitute an official Board meeting. Therefore, in the event that five (5) or more Board members attend a Committee meeting, it is recommended that non-members not participate in meeting discussion.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as requested by committee members during meetings. Time allocated for public comment may be limited by the Committee Chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

Committee meeting minutes are prepared by the designated BRN staff. The Board Executive Officer (EO) or designee and Legal Counsel will review meeting minutes for accuracy and needed edits in advance of submission to the Committee members. The Committee will vote to approve draft minutes at Committee meetings. Finalized meeting minutes will be signed and dated by the EO or designee and Committee Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

Quorum:

A majority of the Committee members constitutes a quorum.

Board Staff:

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the Committee staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

Review of Committee Charter:

The Committee shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, NP practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the Board at least every four years from the last effective approval date. This document will include a signature page for the Board's President, Committee Chair and Board's EO to sign and date once this document is approved by the Board in each review cycle.

Nursing Practice Committee
Review and Approval Signature Page

Dolores Trujillo, RN
Board President

Signature

Date

Elizabeth (Betty) Woods, RN, FNP, MSN
Nursing Practice Committee Chair

Signature

Date

Loretta Melby, RN, MSN
Board Executive Officer

Signature

Date

DRAFT



**The California Board of Registered Nursing's
Nurse-Midwifery Advisory Committee**

DRAFT

The mission of the California Board of Registered Nursing (Board or BRN) is to protect and advocate for the health and safety of the public by ensuring the highest quality of registered nurses in the State of California **the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California.** The Board values include ~~consumer protection, customer service, effectiveness, integrity and trust~~ **effectiveness, integrity, transparency, collaboration and equity.**

Background

On September 18, 2020, Governor Newsom signed Senate Bill (SB) 1237 into law. SB 1237 made changes to the Business and Professions Code (BPC) and, in summary, does the following:

- Authorizes a Certified Nurse-Midwife (CNM) to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the Board.
- Authorizes a CNM to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the CNM and a physician and surgeon to provide a patient with specified services.
- Requires the patient to be transferred to the care of a physician and surgeon to provide those services if the CNM does not have those mutually agreed-upon policies and protocols in place and authorizes the return of that patient to the care of the CNM after the physician and surgeon has determined that the condition or circumstance that required, or would require, the transfer is resolved.
- Authorizes a CNM to continue to attend the birth of the newborn and participate in physical care, counseling, guidance, teaching, and support, if a physician and surgeon assumes care of the patient, as indicated by the mutually agreed-upon policies and protocols.
- Authorizes a CNM, after referring a patient to a physician and surgeon, to continue care of a patient the patient during a reasonable interval between the referral and the initial appointment with the physician and surgeon.
- Authorizes a CNM to attend pregnancy and childbirth in an out-of-hospital setting if consistent with the above-described provisions.
- Prohibits a CNM to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version.
- Requires a CNM to refer all emergencies to a physician and surgeon immediately and authorizes a CNM to provide emergency care until the assistance of a physician and surgeon is obtained.
- Requires a CNM who is not under the supervision of a physician and surgeon to provide oral and written disclosure to a patient and obtain a patient's written consent, as specified. By expanding the scope of a crime, the bill would impose a state-mandated local program.
- Requires the Board to appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Advisory Committee consisting of four qualified CNMs, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.

- Requires the committee to make recommendations to the Board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. As well as provide recommendations or guidance on care when the Board is considering disciplinary action against a CNM.
- Authorizes a CNM to furnish drugs or devices incidentally to the provision of care and services allowed by a certificate to practice nurse-midwifery, as provided, and when care is rendered in an out-of-hospital setting, as specified.
- Limits the requirement that the furnishing or ordering of drugs or devices by a CNM be in accordance with the standardized procedures or protocols to the furnishing or ordering of drugs or devices for services that do not fall within the scope of services specified by the bill and Schedule IV or V controlled substances by a CNM for any condition.
- Requires Schedule II or III controlled substances furnished or ordered by a CNM for any condition to be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon.
- Requires a CNM who is authorized to furnish or issue a drug order for a controlled substance to additionally register with the Controlled Substance Utilization Review and Enforcement System (CURES).
- Authorizes a CNM to procure supplies and devices, obtain and administer diagnostic tests, obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified by the bill, order laboratory and diagnostic testing, and receive reports, as specified.
- Makes it a misdemeanor for a CNM to refer a person for specified laboratory and diagnostic testing, home infusion therapy, and imaging goods or services if the CNM or their immediate family member has a financial interest with the person receiving a referral.
- Requires a CNM performing and repairing lacerations of the perineum to ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the CNM, or emergency care when a physician and surgeon is not on the premises.
- Requires the CNM in attendance of a live birth responsible for collecting information on the planned place of birth and whether it was a hospital, freestanding birthing center, home delivery, clinic or physician's office, or other specified place; entering the information on the birth certificate; securing the required signatures; and for registering the certificate with the local registrar.

On February 9, 2021, the Board appointed the initial members to the NMAC.

NMAC Purpose/Charge

Pursuant to BPC section [2746.2](#) the Board is authorized to appoint qualified CNMs, physicians and public members to NMAC to advise and make recommendations to the Board on all matters relating to midwifery practice, including but not limited to, education, appropriate standard of care, and other matters specified by the Board. The NMAC shall provide recommendations or guidance to the Board when the Board is considering disciplinary action against a CNM.

Relationship to the Board

NMAC is an advisory committee of the Board. NMAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11132](#).

NMAC information and recommendations may be forwarded to the Nursing Practice Committee, where Board members assigned to that committee will hear and refer the information to the full Board. The Board's Executive Officer (EO) or NMAC staff liaison will facilitate the referral of NMAC recommendations. If time does not allow information and recommendations to be forwarded to the Nursing Practice Committee, referral may be made to the full Board. Referral to the Nursing Practice Committee or the full Board will depend on the relevance of the topic/issue to laws and regulations, the Board's public protection mandate, time-sensitivity, and other factors. Referred recommendations may be information-only or may request Board action in some instances.

Membership

In accordance with BPC section [2746.2\(b\)\(3\)](#), the NMAC shall be composed of the following:

- Four (4) qualified CNMs,
- Two (2) qualified physicians and surgeons including but not limited to, obstetricians or family physicians, and
- One (1) public member.

~~NMAC members are appointed by the Board and shall be appointed to a two-year term. Members shall serve no more than two consecutive terms or a total of four consecutive years.~~

Except as provided below, all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms.

The initial appointments shall be for the following terms:

- Two of the four licensed CNMs shall serve a term of four years. One licensed CNM shall serve a term of three years and the remaining CNM shall serve a term of two years.
- One of the two physicians/surgeons shall serve a term of three years and the other shall serve a term of four years.
- The public member shall serve a term of four years.

NMAC members will identify and vote on a committee Chair and Vice-Chair to facilitate NMAC meetings in collaboration with the Board's EO or NMAC staff liaison. The NMAC Chair will develop the meeting agendas in collaboration with the Board's EO, NMAC staff liaison, and other Board support staff. Only appointed NMAC committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The NMAC Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact NMAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

A listing of NMAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the NMAC members will be posted on the [BRN website](#). Appointed members resigning before their appointed term ends are asked to submit a letter of resignation directed to the attention of the NMAC Chair and the Board's EO. The Board's EO or designee will facilitate the application process to fill committee vacancies and submit for Board appointment, as needed. Committee members may be removed by the Board prior to expiration of their term for dereliction of duties as a committee member, misconduct, or other good cause.

Meetings

The NMAC meets up to four times per year, generally, the day before a Board meeting. The meetings will typically be scheduled for 90 minutes and will be held virtually and/or at various locations throughout the state. All NMAC meetings will be open to the public and will adhere to the Bagley-Keene Open Meeting Act requirements.

Special meetings may be held at such times as the board may elect, or on the call of the Board President or the Board's EO. The NMAC agenda and materials are posted on the [BRN website](#) per GOV section [11125](#). Advisory committee members will be asked to provide agenda items, a brief agenda item summary, and meeting materials in advance of meetings according to the requested submission timelines established by BRN staff. Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting location, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as addenda/supplemental materials.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as

requested by committee members during meetings. Time allocated for public comment may be limited by the NMAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

NMAC meeting minutes are prepared by the designated BRN staff. The Board EO or designee, Legal Counsel and NMAC Chair will review meeting minutes for accuracy and needed edits in advance of submission to the NMAC members. The Committee will vote to approve draft minutes at NMAC meetings. Finalized meeting minutes will be signed and dated by the EO or designee and NMAC Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

Quorum:

Four NMAC members at any NMAC meeting constitutes a quorum.

Board Staff:

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: the Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the NMAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

Review of NMAC Advisory Committee:

All advisory committees of the Board are required to engage in a self-evaluation annually. Annual review of the original goals of the committee should be completed to ensure the work of the committee continues to be relevant to the BRN, licensees, and the public. The terms of the committee members and the Chair and Vice-chair should be reviewed, and the committee should vote on an election process and determine if any exceptions are applicable based on the original mandate of the committee.

Additionally, the NMAC shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, midwifery practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the NMAC membership at least every four years from the last effective approval date. This document will include a signature page for the Board's EO and the NMAC Chair and Vice-Chair to sign and date once this document is approved by the membership in each review cycle.

DRAFT

Nurse-Midwifery Advisory Committee
Review and Approval Signature Page

Loretta Melby, RN, MSN
Board Executive Officer

Signature

Date

Mary Kay Phillips, PhD, CNM
NMAC Chair

Signature

Date

Jenna Sham-Battista, PhD, RN, PHN, NP, CNM, FACNM
NMAC Vice-Chair

Signature

Date

DRAFT



**The California Board of Registered Nursing's
Nurse Practitioner Advisory Committee**

DRAFT

The mission of the California Board of Registered Nursing (Board or BRN) is to protect and advocate for the health and safety of the public by ensuring the highest quality of registered nurses in the State of California **the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California.** The Board values include ~~consumer protection, customer service, effectiveness, integrity and trust~~ **effectiveness, integrity, transparency, collaboration and equity.**

Background

On September 29, 2020, Governor Newsom signed Assembly Bill (AB) 890 into law. AB 890 made changes to the Business and Professions Code (BPC) and, in summary, does the following:

- Established the Nurse Practitioner Advisory Committee (NPAC) to advise and give recommendations to the Board on matters relating to nurse practitioners and provide recommendations or guidance to the Board when the Board is considering disciplinary action against a Nurse Practitioner (NP).
- Requires the Board, by regulation, to define minimum standards for a NP to transition to practice independently.
- Authorizes a NP who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances. Beginning January 1, 2023, authorizes a NP to perform those functions without standardized procedures outside of specified settings or organizations in accordance with specified conditions and requirements if the nurse practitioner holds an active certification issued by the Board.
- Requires the Board to request the Department of Consumer Affairs's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of NPs performing certain functions to be completed by January 1, 2023.
- Requires the Board to take specified measures to identify and assess competencies.
- Requires the Board to identify and develop a supplemental examination for licensees if needed based on the assessment.
- Exempts a peer review body from the requirement to file an 805 report for an action taken as a result of a revocation or suspension, without stay, of a NP's license by the Board or a licensing agency of another state.
- Requires the action or proceeding to be brought by the Board if the person who failed to file an 805 report is a licensed NP.

On February 9, 2021 and March 16, 2021, the Board appointed the initial members to the NPAC.

NPAC Purpose/Charge

Pursuant to BPC section [2837.102](#) the Board is authorized to appoint qualified NPs, physicians and public members to NPAC to advise and make recommendations to the Board on all matters relating to NPs, including but not limited to, education, appropriate standard of care, and other matters specified by the board. The NPAC shall provide recommendations or guidance to the Board when the Board is considering disciplinary action against a NP.

Relationship to the Board

NPAC is an advisory committee of the Board. NPAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11132](#).

NPAC information and recommendations may be forwarded to the Nursing Practice Committee, where Board members assigned to that committee will hear and refer the information to the full Board. The Board's Executive Officer (EO) or NPAC staff liaison will facilitate the referral of NPAC recommendations. If time does not allow information and recommendations to be forwarded to the Nursing Practice Committee, referral may be made to the full Board. Referral to the Nursing Practice Committee or the full Board will depend on the relevance of the topic/issue to laws and regulations, the Board's public protection mandate, time-sensitivity, and other factors. Referred recommendations may be information-only or may request Board action in some instances.

Membership

In accordance with BPC section [2837.102\(b\)](#), the NPAC shall be composed of the following:

- Four (4) qualified NPs,
- Two (2) qualified physicians and surgeons with demonstrated experience working with NPs, and
- One (1) public member.

~~NPAC members are appointed by the Board and shall be appointed to a two year term. Members shall serve no more than two consecutive terms or a total of four consecutive years.~~

~~Except as provided below, all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms.~~

~~The initial appointments shall be for the following terms:~~

- ~~Two of the four licensed NPs shall serve a term of four years. One licensed NP shall serve a term of three years and the remaining NP shall serve a term of two years.~~
- ~~One of the two physicians/surgeons shall serve a term of three years and the other shall serve a term of four years.~~
- ~~The public member shall serve a term of four years.~~

NPAC members will identify and vote on a committee Chair and Vice-Chair to facilitate NPAC meetings in collaboration with the Board's EO or NPAC staff liaison. The NPAC Chair will develop the meeting agendas in collaboration with the Board's EO, NPAC staff liaison, and other Board support staff. Only appointed NPAC committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The NPAC Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact NPAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

A listing of NPAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the NPAC members will be posted on the [BRN website](#). Appointed members resigning before their appointed term ends are asked to submit a letter of resignation directed to the attention of the NPAC Chair and the Board's EO. The Board's EO or designee will facilitate the application process to fill committee vacancies and submit for Board appointment, as needed. Committee members may be removed by the Board prior to expiration of their term for dereliction of duties as a committee member, misconduct, or other good cause.

DRAFT

Meetings

The NPAC meets up to four times per year, generally, the day before a Board meeting. The meetings will typically be scheduled for 90 minutes and will be held virtually and/or at various locations throughout the state. All NPAC meetings will be open to the public and will adhere to the Bagley-Keene Open Meeting Act requirements.

Special meetings may be held at such times as the board may elect, or on the call of the Board President or the Board's EO. The NPAC agenda and materials are posted on the [BRN website](#) per GOV section [11125](#). Committee members will be asked to provide agenda items, a brief agenda item summary, and meeting materials in advance of meetings according to the requested submission timelines established by BRN staff. Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting location, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as addenda/supplemental materials.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as requested by committee members during meetings. Time allocated for public comment may be limited by the NPAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

NPAC meeting minutes are prepared by the designated BRN staff. The Board EO or designee, Legal Counsel and NPAC Chair will review meeting minutes for accuracy and needed edits in advance of submission to the NPAC members. The Committee will vote to approve draft minutes at NPAC meetings. Finalized meeting minutes will be signed and dated by the EO or designee and NPAC Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

Quorum:

Four NPAC members at any NPAC meeting constitutes a quorum.

Board Staff:

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: the Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the NPAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

Review of NPAC Advisory Committee:

All advisory committees of the Board are required to engage in a self-evaluation annually. Annual review of the original goals of the committee should be completed to ensure the work of the committee continues to be relevant to the BRN, licensees, and the public. The terms of the committee members and the Chair and Vice-chair should be reviewed, and the committee should vote on an election process and determine if any exceptions are applicable based on the original mandate of the committee.

Additionally, the NPAC shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, NP practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the NPAC membership at least every four years from the last effective approval date. This document will include a signature page for the Board's EO and the NPAC Chair and Vice-Chair to sign and date once this document is approved by the membership in each review cycle.

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Nurse Practitioner Advisory Committee
Review and Approval Signature Page

Loretta Melby, RN, MSN
Board Executive Officer

Signature

Date

Samantha Gambles Farr, RN, MSN, FNP-C, CCRN, RNFA
NPAC Chair

Signature

Date

Edward Ray, MD, FACS
NPAC Vice-Chair

Signature

Date

DRAFT



**The California Board of Registered Nursing's
Nursing Education and Workforce Advisory Committee**

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The mission of the California Board of Registered Nursing (Board or BRN) is to protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California. The Board values include effectiveness, integrity, transparency, collaboration and equity.

Background

The Nursing Education and Workforce Advisory Committee (NEWAC) combined the Education Issues Workgroup (EIW), formerly the Education Advisory Committee, and the Nursing Workforce Advisory Committee (NWAC). The EIW was originally formed as a committee in 2002 to support the goals of the Governor's Nurse Workforce Initiative. The Committee provided expert input on educational issues related to reforming nursing education to assist in alleviating the nursing shortage. The NWAC, formed in November 2001, provided guidance to the Board on the content and surveys regarding Registered Nurse (RN) workforce issues; recommended strategies to address disparities in workforce projections; and identify factors in workplace that positively and negatively affect the health and safety of consumers and nursing staff.

In 2015, these committees were combined, into NEWAC, in response to a legislative recommendation during the BRN's sunset review process due to the interdependence between some workforce and education issues. The NEWAC and advised the Board on current and projected issues affecting the nursing workforce and education in California and reviews and provides input on the Biennial RN Survey and Forecasting Reports, Annual School Survey and other research related to the RN workforce in California. The NEWAC consisted of a total of 27-29 members from nursing education, nursing associations, and other state agencies

In November 2021, the NEWAC was brought to the Board for discussion and possible action regarding the continuation and the role of this committee. The motion was made to maintain the NEWAC with original focus and charter, meet twice a year, and decrease the membership to 16 members.

NEWAC Purpose/Charge

NEWAC brings together in one advisory group, nursing and healthcare representatives from California employers, nursing practice including currently practicing RN and APRNs, nursing educators from colleges/universities/academia/clinical education, workforce/health economics/research analysts/specialists and technology/simulation, union organizations, public members and other key stakeholders to accomplish the following:

- Communicate, collaborate and coordinate with members of the nursing and healthcare professions to identify current nursing education and nursing workforce issues, challenges, and possible solutions including potential regulatory solutions/changes;
- Provide the Board and the BRN survey contractor/vendor with input and guidance on the content of the BRN's RN workforce survey and the nursing education programs pre-licensure and post-licensure survey Annual School Survey;
- Provide information updates and make recommendations to the Board based on relevant nursing education and nursing workforce survey results, evidence-based practice research and standards.

Relationship to the Board

NEWAC is an advisory committee of the Board. NEWAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11133](#).

NEWAC information and recommendations may be forwarded to the Nursing Practice Committee, where Board members assigned to that committee will hear and refer the information to the full Board. The Board's Executive Officer (EO) or NEWAC staff liaison will facilitate the referral of NEWAC recommendations. If time does not allow information and recommendations to be forwarded to the Nursing Practice Committee, referral may be made to the full Board. Referral to the Nursing Practice Committee or the full Board will depend on the relevance of the topic/issue to laws and regulations, the Board's public protection mandate, time-sensitivity, and other factors. Referred recommendations may be information-only or may request Board action in some instances.

Membership

In accordance with the Board's motion during the November 17-18, 2021 meeting, NEWAC shall be composed of the following:

- One (1) Nursing Program Director who is a member of COADN
- One (1) Nursing Program Director who is a member of CACN
- One (1) College Chancellor's Office Representative
- One (1) Currently Practicing RN Representative
- Two (2) Currently Practicing APRN Representative
- Two (2) RN employer representatives – Nursing Service Administration
- One (1) Professional Nursing Organization Representatives
- Three (3) Union Organization Representatives
- One (1) Public Representative
- One (1) HCAi: Health Workforce Development Division Representative
- One (1) BRN research vendor

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Except as provided below, all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms except for the three union organizations, the HCAi representative and the BRN research vendor as these memberships are organizational memberships.

The initial appointments shall be for the following terms:

- For the education representatives: One Nursing Program Director who is a member of COADN shall serve three years; one Nursing Program Director who is a member of CACN shall serve a term of two years; and one College Chancellor's Office representative shall serve a term of four years.
- For the workforce representatives: One practicing RN representative shall serve a term of four years; and one of the two practicing APRN representatives shall serve a term of three years and the other shall serve a term of two years.
- For the employer representatives: One of the two RN employer representatives shall serve a term of three years and the other shall serve a term of four years, and one profession nursing organization representative shall serve a term of two years.
- The public member shall serve a term of four years.

NEWAC members will identify and vote on a committee Chair and Vice-Chair to facilitate NEWAC meetings in collaboration with the Board's EO or NEWAC staff liaison. The APRN Advisory Committee Chair will develop the meeting agendas in collaboration with the Board's EO, staff liaison, and other Board support staff. Only appointed APRN Advisory Committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The APRN Advisory Committee Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact NEWAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

A listing of NEWAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the NEWAC members will be posted on the [BRN website](#). Appointed members resigning

before their appointed term ends are asked to submit a letter of resignation directed to the attention of the NEWAC Chair and the Board's EO. The Board's EO or designee will facilitate the application process to fill committee vacancies and submit for Board appointment, as needed. Committee members may be removed by the Board prior to expiration of their term for dereliction of duties as a committee member, misconduct, or other good cause.

Meetings

The NEWAC meets twice per year, generally, in the spring and fall. The meetings will typically be scheduled for 90 minutes and will be held virtually and/or at various locations throughout the state. All NEWAC meetings will be open to the public and will adhere to the Bagley-Keene Open Meeting Act requirements.

Special meetings may be held at such times as the board may elect, or on the call of the Board President or the Board's EO. The NEWAC agenda and materials are posted on the [BRN website](#) per GOV section [11125](#). Committee members will be asked to provide agenda items, a brief agenda item summary, and meeting materials in advance of meetings according to the requested submission timelines established by BRN staff. Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting location, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as addenda/supplemental materials.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as requested by committee members during meetings. Time allocated for public comment may be limited by the NEWAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

NEWAC meeting minutes are prepared by the designated BRN staff. The Board EO or designee, Legal Counsel and NEWAC Chair will review meeting minutes for accuracy and needed edits in advance of submission to the NEWAC members. The Committee will vote to approve draft minutes at NEWAC meetings. Finalized meeting minutes will be signed and dated by the EO or designee and NEWAC Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

Quorum:

Seven NEWAC members at any NEWAC meeting constitutes a quorum.

Board Staff:

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: the Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the NEWAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

Review of NEWAC Advisory Committee:

All advisory committees of the Board are required to engage in a self-evaluation annually. Annual review of the original goals of the committee should be completed to ensure the work of the committee continues to be relevant to the BRN, licensees, and the public. The terms of the committee members and the Chair and Vice-chair should be reviewed, and the committee should vote on an election process and determine if any exceptions are applicable based on the original mandate of the committee.

Additionally, the NEWAC shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, NP practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the NEWAC membership at least every four years from the last effective approval date. This document will include a signature page for the Board's EO and the NEWAC Chair and Vice-Chair to sign and date once this document is approved by the membership in each review cycle.

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Nursing Education and Workforce Advisory Committee
Review and Approval Signature Page

Loretta Melby, RN, MSN
Board Executive Officer

Signature

Date

TBD
NEWAC Chair

Signature

Date

TBD
NEWAC Vice-Chair

Signature

Date

DRAFT



**The California Board of Registered Nursing's
Advanced Practice Registered Nurse Advisory Committee**

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The mission of the California Board of Registered Nursing (Board or BRN) is to protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California. The Board values include effectiveness, integrity, transparency, collaboration and equity.

Background

On February 23, 2018, the Board appointed the initial members to the Advanced Practice Registered Nurse Advisory Committee (APRNAC). The APRNAC was structured to provide an organized mechanism for nurses and other members of the public to jointly identify recommendations, which represent a variety of perspectives for BRN's consideration or action with the central focus of all recommendations to be protection of the public.

On October 16, 2018, the APRNAC held its first meeting with the following goals:

1. Clarify and articulate sufficiency of the four advanced practice roles and recommend changes to the Nursing Practice Act and rules.
2. Develop recommendations for joint statements related to scope of practice and advanced practice nurse functions.
3. Review national trends in the regulation of advance practice nurses and make recommendations to the Board.
4. Collaborate with other Board committees on matters of mutual interest.

In September 2020, Governor Newsom signed both Senate Bill (SB) 1237 and Assembly Bill (AB) 890 into law which created the Nurse-Midwifery Advisory Committee and the Nurse Practitioner Advisory Committee, respectively. To address the statutorily required activities of these new advisory committees and to eliminate duplicity of work, in May 2021, the APRNAC was brought to the Board for discussion and possible action regarding the continuation and the role of this committee. A motion failed and the request was made to carry this discussion over to the next Board meeting held in August 2021. At the August 2021 Board meeting, the motion was made to maintain the APRNAC with focus on Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS) and issues that affect all APRN groups to exclude Nurse Practitioner (NP) and Certified Nurse-Midwife (CNM) issues.

APRNAC Purpose/Charge

The APRNAC provides a mechanism for nurses and other members of the public to jointly identify recommendations which focus on CRNAs, CNSs and issues that affect all APRN groups a with the central focus of all recommendations to be protection of the public.

Relationship to the Board

APRNAC is an advisory committee of the Board. APRNAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11133](#).

APRNAC information and recommendations may be forwarded to the Nursing Practice Committee, where Board members assigned to that committee will hear and refer the information to the full Board. The Board's Executive Officer (EO) or APRNAC staff liaison will facilitate the referral of APRNAC recommendations. If time does not allow information and recommendations to be forwarded to the Nursing Practice Committee, referral may be made to the full Board. Referral to the Nursing Practice Committee or the full Board will depend on the

relevance of the topic/issue to laws and regulations, the Board's public protection mandate, time-sensitivity, and other factors. Referred recommendations may be information-only or may request Board action in some instances.

Membership

In accordance with the Board's motion during the meeting on [Board meeting date], the APRNAC shall be composed of the following:

- [Number of NPs after vote] qualified NPs,
- [Number of CRNAs after vote] qualified CRNAs,
- [Number of CNSs after vote] qualified CNSs, and
- [Number of CNMs after vote] qualified CNMs.

Except as provided below, all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms.

The initial appointments shall be for the following terms:

- [Number of NPs] shall serve a term of four years and [Number of NPs] shall serve a term of two years. The term of the position will alternate. For example, if the position was a two-year term, the next appointment will serve a four-year term and conversely if the position was a four-year term, the next appointment will serve a two-year term.
- [Number of CRNAs] shall serve a term of four years and [Number of CRNAs] shall serve a term of three years. The term of the position will alternate.
- [Number of CNSs] shall serve a term of four years and [Number of CNSs] shall serve a term of three years. The term of the position will alternate.
- [Number of CNMs] shall serve a term of four years and [Number of CNMs] shall serve a term of three years. The term of the position will alternate.

APRN Advisory Committee members will identify and vote on a committee Chair and Vice-Chair to facilitate APRNAC meetings in collaboration with the Board's EO or APRNAC staff liaison. The APRN Advisory Committee Chair will develop the meeting agendas in collaboration with the Board's EO, staff liaison, and other Board support staff. Only appointed APRN Advisory Committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The APRN Advisory Committee Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact APRNAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

A listing of APRNAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the APRNAC members will be posted on the [BRN website](#). Appointed members resigning before their appointed term ends are asked to submit a letter of resignation directed to the attention of the APRNAC Chair and the Board's EO. The Board's EO or designee will facilitate the application process to fill committee vacancies and submit for Board appointment, as needed. Committee members may be removed by the Board prior to expiration of their term for dereliction of duties as a committee member, misconduct, or other good cause.

Meetings

The APRNAC meets twice per year. The meetings will typically be scheduled for 90 minutes and will be held virtually and/or at various locations throughout the state. All APRNAC meetings will be open to the public and will adhere to the Bagley-Keene Open Meeting Act requirements.

Special meetings may be held at such times as the board may elect, or on the call of the Board President or the Board's EO. The APRNAC agenda and materials are posted on the [BRN website](#) per GOV section [11125](#).

Committee members will be asked to provide agenda items, a brief agenda item summary, and meeting materials in advance of meetings according to the requested submission timelines established by BRN staff. Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting location, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as addenda/supplemental materials.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as requested by committee members during meetings. Time allocated for public comment may be limited by the APRNAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

APRNAC meeting minutes are prepared by the designated BRN staff. The Board EO or designee, Legal Counsel and APRNAC Chair will review meeting minutes for accuracy and needed edits in advance of submission to the APRNAC members. The Committee will vote to approve draft minutes at APRNAC meetings. Finalized meeting minutes will be signed and dated by the EO or designee and APRNAC Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

Quorum:

[Quorum Number] APRNAC members at any APRNAC meeting constitutes a quorum.

Board Staff:

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: the Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the APRNAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

Review of APRNAC Advisory Committee:

All advisory committees of the Board are required to engage in a self-evaluation annually. Annual review of the original goals of the committee should be completed to ensure the work of the committee continues to be relevant to the BRN, licensees, and the public. The terms of the committee members and the Chair and Vice-chair should be reviewed, and the committee should vote on an election process and determine if any exceptions are applicable based on the original mandate of the committee.

Additionally, the APRNAC shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, NP practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the APRNAC membership at least every four years from the last effective approval date. This document will include a signature page for the Board's EO and the APRNAC Chair and Vice-Chair to sign and date once this document is approved by the membership in each review cycle.

Advanced Practice Registered Nurse Advisory Committee
Review and Approval Signature Page

Loretta Melby, RN, MSN
Board Executive Officer

Signature

Date

Mitchel Erickson, NP
APRNAC Chair

Signature

Date

Karyn Karp, CRNA
APRNAC Vice-Chair

Signature

Date

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