

I Mina'Trentai Kuáttro Na Liheslaturan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES	NOTES
201-34 (LS)	Mary Camacho Torres Dennis G. Rodriguez, Jr.	AN ACT TO REPEAL AND REENACT §12313, CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED, AND TO REPEAL AND REENACT TITLE 25, CHAPTER 6, ARTICLE 5 OF THE GUAM ADMINISTRATIVE RULES, RELATIVE TO POLICIES WITHIN THE ADMINISTRATIVE RULES AND REGULATIONS OF THE GUAM BOARD OF NURSE EXAMINERS.	10/24/17 12:22 p.m.	11/07/17	Committee on Health, Tourism, Military Affairs and Senior Citizens	12/15/2017	1/19/18 5:20 p.m.	Fiscal Note Request 11/8/17 Fiscal Note Waiver 12/12/17	
	SESSION DATE	TITLE	DATE PASSED	TRANSMITTED	DUE DATE	NOTES			
	1/22/2018	AN ACT TO REPEAL AND REENACT § 12313 OF ARTICLE 3, CHAPTER 12, DIVISION 1, PART 1, DIVISION 1, TITLE 10, GUAM CODE ANNOTATED; AND TO REPEAL AND REENACT ARTICLE 5 OF CHAPTER 6, TITLE 25, GUAM ADMINISTRATIVE RULES AND REGULATIONS, RELATIVE TO POLICIES WITHIN THE ADMINISTRATIVE RULES AND REGULATIONS OF THE GUAM BOARD OF NURSE EXAMINERS.	01/26/18	01/29/18 1:45 p.m.	2/9/18				



COPY

I MINA'TRENTAI KUÁTTRO NA LIHESLATURAN GUÅHAN
Thirty-Fourth Guam Legislature

January 29, 2018

The Honorable Edward J.B. Calvo
I Maga'lahen Guåhan
Ufisinan I Maga'lahi
Hagåtña, Guam

Dear *Maga'lahi* Calvo:

Transmitted herewith are Bill Nos. 124-34 (COR), 167-34 (LS), 168-34 (COR), 187-34 (COR), 196-34 (COR), and 201-34 (LS); and Substitute Bill Nos. 86-34 (COR), 125-34 (COR), 202-34 (LS), and 210-34 (COR) which were passed by *I Mina'Trentai Kuáttro Na Liheslaturan Guåhan* on January 26, 2018.

Sincerely,

RÉGINE BISCOE LEE
Legislative Secretary

Enclosure (10)

OFFICE OF THE GOVERNOR
CENTRAL FILES

RECEIVED BY
TIME 1:45pm DATE 1/29/18

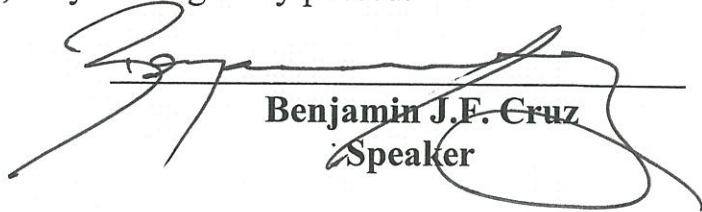


COPY


I MINA'TRENTAI KUÁTTRO NA LIHESLATURAN GUÁHAN
2018 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LÁHEN GUÁHAN


This is to certify that **Bill No. 201-34 (LS)**, “AN ACT TO *REPEAL AND REENACT* § 12313 OF ARTICLE 3, CHAPTER 12, PART 1, DIVISION 1, TITLE 10, GUAM CODE ANNOTATED; AND TO *REPEAL AND REENACT* ARTICLE 5 OF CHAPTER 6, TITLE 25, GUAM ADMINISTRATIVE RULES AND REGULATIONS, RELATIVE TO POLICIES WITHIN THE ADMINISTRATIVE RULES AND REGULATIONS OF THE GUAM BOARD OF NURSE EXAMINERS,” was on the 26th day of January 2018, duly and regularly passed.


Benjamin J.F. Cruz
Speaker

Attested:


Régine Biscoe Lee
Legislative Secretary

This Act was received by *I Maga'láhen Guáhan* this 29 day of JAN,
2018, at 1:45 o'clock P.M.


Assistant Staff Officer
Maga'láhi's Office

APPROVED:

EDWARD J.B. CALVO
I Maga'láhen Guáhan

Date: _____

Public Law No. _____

I MINA'TRENTAI KUÁTTRO NA LIHESLATURAN GUÁHAN
2017 (FIRST) Regular Session

Bill No. 201-34 (LS)

Introduced by:

Mary Camacho Torres
Dennis G. Rodriguez, Jr.
Thomas C. Ada
FRANK B. AGUON, JR.
William M. Castro
B. J.F. Cruz
James V. Espaldon
Fernando Barcinas Esteves
Régine Biscoe Lee
Tommy Morrison
Louise B. Muña
Telena Cruz Nelson
Joe S. San Agustin
Michael F.Q. San Nicolas
Therese M. Terlaje

AN ACT TO REPEAL AND REENACT § 12313 OF ARTICLE 3, CHAPTER 12, PART 1, DIVISION 1, TITLE 10, GUAM CODE ANNOTATED; AND TO REPEAL AND REENACT ARTICLE 5 OF CHAPTER 6, TITLE 25, GUAM ADMINISTRATIVE RULES AND REGULATIONS, RELATIVE TO POLICIES WITHIN THE ADMINISTRATIVE RULES AND REGULATIONS OF THE GUAM BOARD OF NURSE EXAMINERS.

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that there is a need to modernize the Guam Nurse Practice Act to include the
4 advanced practice registered nurses (APRNs) and bring APRNs up to national
5 standards. APRNs include nurse practitioners (NPs), certified registered nurse
6 anesthetists (CRNAs), certified nurse midwives (CNMs) and clinical nurse

1 specialists (CNSs), who are all highly valued providers of health care and an integral
2 part of the health care system. This legislation will provide full practice authority
3 for APRNs. Full practice authority is the collection of state practice and licensure
4 laws that provide the legal permission for nurse practitioners to evaluate patients and
5 prescribe medication under the exclusive licensure authority of the state board of
6 nursing. To date, more than forty percent (40%) of states have adopted full practice
7 licensure authority.

8 **Section 2.** § 12313 of Article 3, Chapter 12, Part 1, Division 1, Title 10,
9 Guam Code Annotated, is hereby *repealed* and *reenacted* to read as follows:

10 **“§ 12313. Advanced Practice Registered Nurse.**

11 (a) Title, Scope of Practice, Delegation.

12 (1) Advanced Practice Registered Nurse (APRN) is the title
13 given to an individual licensed to practice advanced practice registered
14 nursing within one (1) of the following roles: nurse practitioner (NP),
15 certified registered nurse anesthetist (CRNA), certified nurse-midwife
16 (CNM) or clinical nurse specialist (CNS), and who practices in a
17 population focus as set forth in this Section and Guam Administrative
18 Rules and Regulations. An APRN may serve as a primary or acute care
19 provider of record.

20 (2) Population Focus. The APRN *shall* focus his or her
21 practice in one (1) or more of the following populations:

22 (A) family/individual across the lifespan;

23 (B) adult-gerontology;

24 (C) neonatal;

25 (D) pediatrics;

26 (E) women’s health/gender-related; or

27 (F) psychiatric/mental health.

1 (3) Scope of Practice. APRN practice *shall* include, but is not
2 limited to:

3 (A) conducting an advanced assessment;

4 (B) ordering and interpreting diagnostic procedures;

5 (C) establishing primary and differential diagnoses;

6 (D) prescribing, ordering, administering, dispensing
7 and furnishing therapeutic measures as set forth in Subsection (e)
8 of this Section;

9 (E) delegating and assigning therapeutic measures to
10 assistive personnel;

11 (F) consulting with other disciplines and providing
12 referrals to health care agencies, health care providers, and
13 community resources;

14 (G) wearing identification which clearly identifies the
15 nurse as an APRN when providing direct patient care, unless
16 wearing identification creates a safety or health risk for either the
17 nurse or the patient;

18 (H) admitting patients to a hospital, skilled nursing
19 facility or nursing home, and ordering discharge to home,
20 consistent with professional standards and commensurate with
21 the APRN's education, certification, demonstrated
22 competencies, and experience;

23 (I) authority to receive direct, third-party
24 reimbursement from Medicare, Medicaid, and other health
25 insurance carriers;

26 (J) other acts that require education and training
27 consistent with professional standards and commensurate with

1 the APRN's education, certification, demonstrated
2 competencies, and experience; and

3 (K) other practice as determined by Guam
4 Administrative Rules and Regulations.

5 (4) APRNs are licensed independent practitioners within
6 standards established or recognized by the Board. Each APRN is
7 accountable to patients, the nursing profession, and the Board for:

8 (A) complying with the requirements of this Section and
9 the quality of advanced nursing care rendered;

10 (B) recognizing limits of knowledge and experience;

11 (C) planning for the management of situations beyond
12 the APRN's expertise; and

13 (D) consulting with or referring patients to other health
14 care providers as appropriate.

15 (5) The APRN may delegate to employees or support staff
16 activities relating to advanced practice registered nursing carried out by
17 custom and usage when the activities are under the control and direct
18 supervision of the APRN. The APRN is legally liable for properly
19 delegated activities; and the employee or support staff to which the
20 APRN has delegated activities is considered the APRN's agent when
21 performing such activities.

22 (b) Licensure.

23 (1) Initial License. An applicant for initial licensure to
24 practice as an APRN *shall*:

25 (A) submit a completed written application and
26 appropriate fees as established by the Board;

1 (B) hold a current Guam RN license or privilege to
2 practice;

3 (C) not hold an encumbered license or privilege to
4 practice as an RN, defined as a license or privilege having current
5 discipline, conditions, or restrictions in any jurisdiction;

6 (D) have committed no acts or omissions that are
7 grounds for disciplinary action under the Nurse Practice Act,
8 Title 10 GCA, Chapter 12, Article 3, or Guam Administrative
9 Rules and Regulations;

10 (E) have completed an accredited graduate or post-
11 graduate level APRN program in one (1) of the four (4) roles
12 (NP, CRNA, CNM, CNS), and at least one (1) population focus
13 provided in Subsection (a)(2) of this Section;

14 (F) be currently certified by a national certifying body
15 recognized by the Board in the APRN role and population foci
16 appropriate to educational preparation;

17 (G) report any criminal conviction, nolo contendere
18 plea, Alford plea, or other plea arrangement in lieu of conviction;
19 and

20 (H) provide other evidence as required by Guam
21 Administrative Rules and Regulations.

22 (2) Endorsement. The Board may issue a license by
23 endorsement to an APRN licensed under the laws of another
24 jurisdiction if, in the opinion of the Board, the applicant meets the
25 qualifications for licensure in Guam. An applicant for APRN licensure
26 by endorsement *shall*:

1 (A) submit an official APRN program transcript and a
2 completed written and notarized application with appropriate
3 fees as established by the Board;

4 (B) hold a current license or privilege to practice as an
5 RN and APRN in another jurisdiction;

6 (C) not hold an encumbered license or privilege to
7 practice as an APRN, or its equivalent, defined as a license or
8 privilege having current discipline, conditions or restrictions in
9 any jurisdiction;

10 (D) have completed an accredited graduate or post-
11 graduate level APRN program in one (1) of the four (4) roles
12 (NP, CRNA, CNM, CNS), and at least one (1) population focus
13 provided in Subsection (a)(2) of this Section, or meets the
14 standards for grandfathering as described in Subsection (g) of
15 this Section;

16 (E) be currently certified by a national certifying body
17 recognized by the Board in the APRN role, and at least one (1)
18 population focus appropriate to educational preparation;

19 (F) meet continued competency requirements as set
20 forth under Guam Administrative Rules and Regulations;

21 (G) report any conviction, nolo contendere plea, Alford
22 plea, or other plea arrangement in lieu of conviction;

23 (H) have committed no acts or omissions that are
24 grounds for disciplinary action under the Nurse Practice Act,
25 Title 10 GCA, Chapter 12, Article 3, or Guam Administrative
26 Rules and Regulations; and

1 (I) provide other evidence as required by Guam
2 Administrative Rules and Regulations.

3 (3) Denial. The Board may deny APRN licensure to any
4 applicant whose professional license was revoked or suspended in
5 another jurisdiction if the basis for the license revocation or suspension
6 would have caused a similar result in Guam, or if the applicant is the
7 subject of pending disciplinary action regarding his or her right to
8 practice in another jurisdiction.

9 (4) Temporary License. A nationally certified APRN who has
10 met the professional nurse temporary license requirements of the Board
11 may be issued a nonrenewable, temporary APRN license by the Board
12 that *shall* be valid for a period of ninety (90) calendar days from the
13 date of issuance.

14 (5) Renewal. APRN licenses issued under this Section *shall*
15 be renewed biennially, or more frequently, as determined and in
16 accordance with a schedule made publicly available by the Board. An
17 applicant for APRN license renewal *shall*:

18 (A) submit a renewal application with appropriate fees
19 as established by the Board;

20 (B) maintain national certification in the appropriate
21 APRN role and at least one (1) population focus, authorized by
22 licensure, through an ongoing certification maintenance program
23 of a nationally recognized certifying body recognized by the
24 Board as set forth in this Section and Guam Administrative Rules
25 and Regulations, Title 25, Chapter 6, Article 5; and

26 (C) meet other requirements set forth in Guam
27 Administrative Rules and Regulations.

1 (6) The Board may reactivate or reinstate an APRN license as
2 set forth in Guam Administrative Rules and Regulations.

3 (c) Titles and Abbreviations.

4 (1) Only those persons who hold a license or privilege to
5 practice advanced practice registered nursing in Guam *shall* have the
6 right to use the title “advanced practice registered nurse,” “nurse
7 practitioner,” “certified registered nurse anesthetist,” “certified nurse-
8 midwife,” or “clinical nurse specialist”; or the abbreviations “APRN,”
9 “NP,” “CRNA,” “CNM,” and “CNS,” respectively.

10 (2) The abbreviation for the APRN designation of a nurse
11 practitioner, certified registered nurse anesthetist, certified nurse-
12 midwife, and clinical nurse specialist will be “APRN,” followed by the
13 appropriate role title, i.e., “NP,” “CRNA,” “CNM,” and “CNS.”

14 (3) It *shall* be unlawful for any person to use the title “APRN”
15 or “APRN” plus any respective role title, the role title alone, otherwise
16 authorized abbreviations or any other title that would lead a person to
17 believe the individual is an APRN, unless permitted by the Nurse
18 Practice Act, 10 GCA, Chapter 12, Article 3.

19 (d) Education Programs.

20 (1) The Board *shall*, by administrative rules, set standards for
21 the establishment and outcomes of APRN education programs,
22 including clinical learning experiences, and approve such programs that
23 meet the requirements of the Act and Board rules.

24 (2) The Board *shall*, by administrative rules, identify the
25 process for determining APRN education program compliance with
26 standards.

1 (3) The Board *shall* set requirements for the establishment of
2 a new APRN education program. New programs *shall* be preapproved
3 by a national APRN accrediting body.

4 (e) Prescribing, Ordering, Dispensing and Furnishing Authority.

5 (1) The Board *shall* grant, through the APRN license,
6 authority to prescribe, order, dispense and furnish, which includes the
7 authority to:

8 (A) diagnose, prescribe and institute therapy or referrals
9 of patients to health care agencies, health care providers and
10 community resources;

11 (B) prescribe, procure, administer, dispense and furnish
12 pharmacological agents, including over the counter, legend and
13 controlled substances; and

14 (C) plan and initiate a therapeutic regimen that includes
15 ordering and prescribing non-pharmacological interventions,
16 including, but not limited to, durable medical equipment,
17 medical devices, nutrition, blood and blood products, and
18 diagnostic and supportive services, including, but not limited to,
19 home health care, hospice, and physical and occupational
20 therapy.

21 (2) The APRN *shall* secure and maintain a Federal Drug
22 Enforcement Agency (DEA) registration number, and comply with all
23 state and federal laws and regulations prior to prescribing Scheduled
24 Drugs II-V as outlined in this Subsection (e).

25 (f) Discipline.

1 **§ 5.2. Definitions.**

2 (a) *Act* means the Nurse Practice Act, 10 GCA, Chapter 12, Article
3 3.

4 (b) *Advanced Nursing Practice* means the delivery of nursing care
5 at an advanced level of independent nursing practice that maximizes the use
6 of graduate educational preparation, and in-depth nursing knowledge and
7 expertise in such roles as autonomous clinical practitioner, professional and
8 clinical leader, expert practitioner, and researcher.

9 (c) *Advanced Practice Registered Nurse (APRN)* means a registered
10 nurse who has obtained formal graduate education and national specialty
11 certification through a commission-approved, certifying body and is
12 authorized by the Board to perform advanced nursing practice in one (1) or
13 more of the designations, and who is licensed as an APRN. The designations
14 include the following:

- 15 (1) Nurse Practitioner (NP);
16 (2) Certified Registered Nurse Anesthetist (CRNA);
17 (3) Certified Nurse Midwife (CNM); and
18 (4) Clinical Nurse Specialist (CNS).

19 (d) *Board* means the Guam Board of Nurse Examiners.

20 (e) *Certification* means recognition by examination acceptable as an
21 element of eligibility for APRN licensure, the applicant's advanced
22 knowledge, skills and abilities attained through a defined program of study
23 preparing the graduate in one (1) of the four (4) recognized APRN roles (NP,
24 CRNA, CNM, CNS) by a national organization recognized by the Board. The
25 certification process measures the theoretical and clinical content denoted in
26 the advanced scope of practice, and is developed in accordance with generally

1 accepted standards of validation and reliability. These national organizations
2 include:

3 (1) For NP designation:

4 (A) the American Academy of Nurse Practitioners;

5 (B) the American Nurses Credentialing Center;

6 (C) the National Certification Corporation;

7 (D) the Pediatric Nursing Certification Board;

8 (E) the American Association of Critical Care Nurses;

9 or

10 (F) the Oncology Nursing Certification Corporation.

11 (2) For CNM designation: the American Midwifery
12 Certification Board.

13 (3) For CRNA designation: the National Board of
14 Certification and Recertification for Nurse Anesthetists.

15 (4) For CNS designation:

16 (A) the American Nurses Credentialing Center;

17 (B) the American Association of Critical Care Nurses;

18 or

19 (C) the Oncology Nursing Certification Corporation.

20 (f) *Certified Registered Nurse Anesthetist (CRNA)* means a
21 registered professional nurse who has successfully completed graduate
22 educational preparation from a nurse anesthetist program, is currently
23 certified by the National Board of Certification and Recertification for Nurse
24 Anesthetists, and is licensed by the Board.

25 (g) *Nurse Practitioner (NP)* means a registered professional nurse
26 who has successfully completed graduate educational preparation from a
27 nurse practitioner program, is licensed to practice by the Board, and is

1 currently certified by a nationally recognized certifying agent of the
2 appropriate advanced nursing practice organization. For example, the
3 certifying agent of:

- 4 (1) the American Academy of Nurse Practitioners;
- 5 (2) the American Nurses Credentialing Center;
- 6 (3) the National Certification Corporation;
- 7 (4) the Pediatric Nursing Certification Board;
- 8 (5) the American Association of Critical Care Nurses; or
- 9 (6) the Oncology Nursing Certification Corporation.

10 (h) *Certified Nurse-Midwife (CNM)* means a registered professional
11 nurse who has successfully completed graduate educational preparation from
12 a nurse-midwifery program and is currently certified by a nationally
13 recognized certifying agent of the appropriate advanced nursing practice
14 organization. For example, the certifying agent of the American Midwifery
15 Certification Board, and is licensed to practice by the Board.

16 (i) *Clinical Nurse Specialist (CNS)* means a registered nurse who
17 has graduated from a program of graduate study with supervised clinical
18 practice in an area of specialty, is licensed to practice by the Board, and is
19 certified by the nationally recognized certifying agent in the appropriate
20 specialty. For example; the certifying agent of

- 21 (1) the American Nurses Credentialing Center;
- 22 (2) the American Association of Critical Care Nurses; or
- 23 (3) the Oncology Nursing Certification Corporation.

24 (j) *Consultation* means conferring with another health care provider
25 for the purpose of obtaining information or advice.

26 (k) *Diagnosis* means identification of actual or potential health
27 problems and the need for intervention based on analysis of data collected.

1 Diagnosis depends upon the synthesis of information obtained during the
2 interview, physical exam and/or diagnostic tests.

3 (l) *Intervention* means measures to promote health, protect against
4 disease, treat illness in its earliest stages, manage acute and chronic illness,
5 and treat disability. Interventions may include, but are not limited to, ordering
6 diagnostic studies, performing direct nursing care, prescribing pharmacologic,
7 non-pharmacologic, or other therapies and consultation with or referral to
8 other health care providers.

9 (m) *Inactive status* means the status of the licensed APRN who
10 voluntarily chooses not to engage in APRN practice during the succeeding
11 year and chooses not to renew his/her license at the time of renewal. The
12 APRN *shall not* be required to pay the renewal fee as long as he/she remains
13 inactive. This status must be officially requested in writing by the licensee
14 prior to the expiration of his/her license. Should the APRN wish to resume
15 his/her APRN practice at some future time, he/she *shall* notify the Board and
16 become reinstated by meeting such requirements as the Board may prescribe.

17 (n) *Lapsed license* means the termination of an individual's APRN
18 license to practice due to the license holder's failure to renew his/her license
19 within a specified period of time, and is therefore unauthorized to practice.

20 (o) *License* means a current document permitting the practice of
21 nursing as an APRN.

22 (p) *Practitioner* means an APRN, as defined in 10 GCA, Chapter 12,
23 Article 3, who is authorized to prescribe, order or administer drugs in
24 connection with medical treatment to the extent provided by the rules and
25 regulations of the practitioner's respective Board.

1 (q) *Prescription* means an order for drugs, treatment, diagnostic
2 studies or devices written, signed, or transmitted by word of mouth or
3 telephone by those licensed to prescribe or a practitioner of the healing arts.

4 (r) *Prescriptive and Dispensing Authority* means the legal
5 permission to prescribe deliver, distribute and dispense pharmacologic and
6 non-pharmacologic agents in compliance with Board rules and applicable
7 federal and Guam laws. Pharmacologic agents include legend and schedule II
8 through V controlled substances.

9 **§ 5.3. Titles and Abbreviations.**

10 (a) Individuals are licensed or granted privilege to practice as
11 APRNs in the roles of nurse practitioner (NP), certified registered nurse
12 anesthetist (CRNA), certified nurse-midwife (CNM), and clinical nurse
13 specialist (CNS) in the population focus of family/individual across the
14 lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-
15 related or psychiatric/mental health, and others regulated by national
16 certification.

17 (b) Each APRN *shall* use the designation "APRN" followed by role
18 title, as a minimum, for purposes of identification and documentation. The
19 APRN may only identify as a doctor, or use the abbreviation "Dr." in a
20 healthcare context, upon earning a doctorate degree from an accredited
21 institution of higher education in a relevant discipline, such as Doctor of
22 Nursing Practice (DNP); Doctor of Nurse Anesthesia Practice (DNAP);
23 Doctor of Philosophy in Nursing (PhD); or another related doctorate degree
24 in a healthcare discipline.

25 (c) When providing nursing care, the APRN *shall* provide clear
26 identification that indicates his or her APRN designation.

1 **§ 5.4. Scope of Practice for the Advanced Practice Registered Nurse**
2 **(APRN).**

3 The scope of practice of a licensed APRN is as provided in this Section.

4 (a) The APRN is prepared and qualified to assume primary
5 responsibility and accountability for the care of patients.

6 (b) APRN practice is grounded in nursing process and incorporates
7 the use of independent judgment. Practice includes interdisciplinary
8 consultation with other health care professionals in the assessment and
9 management of wellness and health conditions.

10 (c) The APRN functions within a scope of practice following the
11 standards of care defined by the applicable national certifying body. An
12 APRN may choose to limit the area of practice within the approved national
13 certification.

14 (d) An APRN *shall* obtain instruction, supervision, and consultation
15 as necessary before implementing new or unfamiliar techniques or practices
16 within the scope of national certification.

17 (e) Performing within the scope of the APRN's knowledge,
18 experience and practice, the licensed APRN may perform the following:

19 (1) examine patients and establish diagnoses by patient
20 history, physical examination, and other methods of assessment;

21 (2) admit, manage, and discharge patients to and from health
22 care facilities;

23 (3) order, collect, perform, and interpret diagnostic tests;

24 (4) manage health care by identifying, developing,
25 implementing, and evaluating a plan of care and treatment for patients;

26 (5) prescribe therapies and medical equipment;

1 (6) prescribe medications when granted prescriptive authority
2 under this Chapter;

3 (7) refer patients to other health care practitioners, services, or
4 facilities; and

5 (8) perform procedures, provide care services, or provide
6 duties that are within the APRN's scope of practice according to their
7 national certification.

8 (f) Supervision of Support Staff. The APRN may delegate to
9 employees or support staff activities relating to advanced practice registered
10 nursing carried out by custom and usage when the activities are under the
11 control and direct supervision of the APRN. The APRN is legally liable for
12 properly delegated activities, and the employee or support staff to which the
13 APRN has delegated activities is considered the APRN's agent when
14 performing such activities.

15 (g) Global Signature Authority of an Advanced Practice Registered
16 Nurse (APRN). When a provision of law or administrative rule requires a
17 signature, certification, stamp, verification, affidavit or endorsement by a
18 physician, that requirement may be fulfilled by an advanced practice
19 registered nurse. This Section may not be construed to expand the scope of
20 practice of an advanced practice registered nurse.

21 **§ 5.5. Licensure.**

22 (a) Application for Initial Licensure.

23 (1) An applicant for licensure as an APRN in Guam *shall*
24 submit to the Board the required nonrefundable fees, verification of
25 licensure or eligibility for licensure as an RN in this jurisdiction, and a
26 completed notarized application that provides the following
27 information:

1 (A) Graduation from an APRN graduate or post-
2 graduate program as evidenced by official transcript (including
3 electronic versions) received directly from an APRN program
4 accredited by the Accreditation Commission for Education in
5 Nursing (ACNE), the Commission on Collegiate Nursing
6 Education (CCNE), or the National League for Nursing
7 Commission for Nursing Education Accreditation (CNEA), or its
8 successor organization, as acceptable by the Board.

9 (B) The official transcript *shall* verify the date of
10 graduation; credential conferred; number of clinical hours
11 completed; completion of three (3) separate graduate level
12 courses in advanced physiology and pathophysiology, advanced
13 health assessment, advanced pharmacology, which includes
14 pharmacodynamics, pharmacokinetics and
15 pharmacotherapeutics of all broad categories of agents; role and
16 population focus of the education program; and evidence of
17 meeting the standards of nursing education.

18 (2) In order to be licensed in Guam, all APRN applicants must
19 be currently licensed as an RN or hold a privilege to practice as an RN
20 in Guam.

21 (3) In order to be licensed in Guam, all APRN applicants must
22 take and pass the appropriate APRN national certification examination
23 in the APRN role and population focus congruent with educational
24 preparation.

25 (4) The Board *shall* determine whether a certification program
26 can be used as a requirement for licensure of APRNs based upon the
27 following standards:

1 (A) the program is national in the scope of its
2 credentialing;

3 (B) educational requirements are consistent with the
4 requirements of the advanced practice role and population focus;
5 and

6 (C) certification programs are accredited by CCNE or
7 its successor organization, as acceptable by the Board.

8 (b) Application for Licensure by Endorsement.

9 An applicant for licensure by endorsement as an APRN in Guam *shall*
10 submit to the Board the required nonrefundable fees, verification of eligibility
11 for a license or privilege to practice as an RN in this jurisdiction, and a
12 completed, notarized application that provides the following information:

13 (1) Graduation from an APRN graduate or post-graduate
14 program, as evidenced by an official transcript (including electronic
15 versions) received directly from an APRN program accredited by the
16 Accreditation Commission for Education in Nursing (ACNE), the
17 Commission on Collegiate Nursing Education (CCNE), or the National
18 League for Nursing Commission for Nursing Education Accreditation
19 (CNEA), or its successor organization, as acceptable by the Board.

20 (2) The official transcript *shall* verify the date of graduation;
21 credential conferred; number of clinical hours completed; completion
22 of three (3) separate graduate level courses in advanced physiology and
23 pathophysiology, advanced health assessment, advanced
24 pharmacology, which includes pharmacodynamics, pharmacokinetics
25 and pharmacotherapeutics of all broad categories of agents; role and
26 population focus of the education program; and evidence of meeting
27 the standards of nursing education.

1 (3) Current certification by a national certifying body in the
2 APRN role and population focus appropriate to educational
3 preparation. Primary source of verification of certification is required.

4 (4) If the applicant has not been in clinical practice for more
5 than the past two (2) years, and is not a recent graduate within two (2)
6 years, the applicant *shall* provide evidence of satisfactory completion
7 of sixty (60) contact hours, forty-five (45) in pharmacotherapeutics and
8 fifteen (15) in the clinical management of patients, within the two (2)
9 years prior to applying for approval to practice.

10 (5) If the applicant has not been in clinical practice for more
11 than the past five (5) years, the applicant *shall* provide evidence of
12 satisfactory completion of, at minimum, forty-five (45) contact hours
13 of advanced pharmacology and forty-five (45) contact hours in a
14 subject or subjects related to the role and population focus of
15 certification. Upon completion of the coursework, the APRN *shall*
16 engage in a supervised clinical component by a qualified preceptor in
17 the appropriate advanced practice role and population focus. The
18 APRN *shall* complete hours according to the following schedule:

19 (A) three hundred (300) hours if the applicant has
20 practiced less than nine hundred sixty (960) hours in the last five
21 (5) years;

22 (B) six hundred (600) hours if the applicant has
23 practiced less than nine hundred sixty (960) hours in the last five
24 (5) years, but has practiced at least nine hundred sixty (960)
25 hours in the last six (6) years.

26 (C) one thousand (1000) hours if the applicant has not
27 practiced at least nine hundred sixty (960) hours in the last six

1 (6) years, but has practiced nine hundred sixty (960) hours in the
2 last seven (7) to ten (10) years; or

3 (6) If the nurse has not practiced in the advanced practice
4 nursing role and population focus for ten (10) or more years he or she
5 will be ineligible for renewal in Guam.

6 (7) Qualified preceptor must meet the following
7 requirements:

8 (A) holds an active license or privilege to practice as an
9 APRN or physician that is not encumbered and practices in a
10 comparable practice focus; and

11 (B) functions as a supervisor and teacher and evaluates
12 the individual's performance in the clinical setting.

13 (8) At the end of the supervised period, the supervisor *shall*
14 provide a written evaluation of the applicant on a company letterhead.
15 The evaluation will verify whether or not the applicant has successfully
16 completed the required hours. If the supervision period was successful,
17 the letter must state that the applicant's knowledge and skills are at a
18 safe and appropriate level to practice as an APRN.

19 (c) Application for License Renewal.

20 An applicant for license renewal as an APRN *shall* submit to the Board
21 the proof of payment of required fee for license renewal, and a completed,
22 notarized license renewal application including:

23 (1) detailed explanation and supporting documentation for
24 each affirmative answer to questions regarding the applicant's
25 background; and

1 (2) evidence of current certification(s), or recertification as
2 applicable, by a national professional certification organization that
3 meets the requirements of § 5.2(e) of this Article.

4 (3) Renewal of licensure is subject to the following:

5 (A) License as an APRN *shall* be renewed biennially at
6 the same time the license to practice as a registered nurse in
7 Guam is renewed.

8 (B) Failure to receive renewal notice does not relieve
9 anyone of the responsibility of renewing his/her own APRN
10 license.

11 (C) At any point that such national certification expires
12 it is the responsibility of the APRN to submit a renewed
13 certification to the board.

14 (4) If the applicant has not been in clinical practice for more
15 than the past two (2) years, the applicant *shall* provide evidence of
16 satisfactory completion of sixty (60) contact hours, forty-five (45) in
17 pharmacotherapeutics and fifteen (15) in the clinical management of
18 patients, within the two (2) years prior to applying for approval to
19 practice.

20 (5) If the applicant has not been in clinical practice for more
21 than the past five (5) years, the applicant *shall* provide evidence of
22 satisfactory completion of, at minimum, forty-five (45) contact hours
23 of advanced pharmacology and forty-five (45) contact hours in a
24 subject or subjects related to the role and population focus of
25 certification. Upon completion of the coursework, the APRN *shall*
26 engage in a supervised clinical component by a qualified preceptor in

1 the appropriate advanced practice role and population focus. The
2 APRN *shall* complete hours according to the following schedule:

3 (A) three hundred (300) hours if the applicant has
4 practiced less than nine hundred sixty (960) hours in the last five
5 (5) years;

6 (B) six hundred (600) hours if the applicant has
7 practiced less than nine hundred sixty (960) hours in the last five
8 (5) years, but has practiced at least nine hundred sixty (960)
9 hours in the last six (6) years; or

10 (C) one thousand (1000) hours if the applicant has not
11 practiced at least nine hundred sixty (960) hours in the last six
12 (6) years, but has practiced nine hundred sixty (960) hours in the
13 last seven (7) to ten (10) years.

14 (6) If the nurse has not practiced in the advanced practice
15 nursing role and population focus for ten (10) or more years he or she
16 will be ineligible for renewal in Guam.

17 (7) Qualified preceptor must meet the following
18 requirements:

19 (A) holds an active license or privilege to practice as an
20 APRN or physician that is not encumbered and practices in a
21 comparable practice focus; and

22 (B) functions as a supervisor and teacher and evaluates
23 the individual's performance in the clinical setting.

24 (8) At the end of the supervised period, the supervisor *shall*
25 provide a written evaluation of the applicant on a company letterhead.
26 The evaluation will verify whether or not the applicant has successfully
27 completed the required hours. If the supervision period was successful,

1 the letter must state that the applicant's knowledge and skills are at a
2 safe and appropriate level to practice as an APRN.

3 (d) Quality Assurance/Documentation and Audit.

4 The Board may conduct a random audit of nurses to verify
5 current APRN certification or continuing education. Upon request of
6 the Board, licensees *shall* submit documentation of compliance.

7 (e) Lapsed License.

8 (1) A license is lapsed if it was not renewed or placed in an
9 inactive status by the expiration date.

10 (2) Any licensee whose license has lapsed may apply for
11 reinstatement.

12 (3) Any person engaged in advanced practice during the time
13 his or her license has lapsed *shall* be considered an illegal APRN and
14 *shall* be subject to applicable penalties for violation of the Nurse
15 Practice Act.

16 (f) Reinstatement of License.

17 When seeking reinstatement of APRN licensure, a licensee is
18 subject to the licensing requirements provided by 10 GCA §§ 12311,
19 12313, 12315, in addition to the following:

20 (1) A licensee applying for reinstatement of an APRN license
21 following disciplinary action *shall* be in compliance with all Board
22 licensure requirements, as well as any specified requirements set forth
23 in the Board's discipline order.

24 (2) A licensee applying for reinstatement of an APRN license
25 following suspension or revocation *shall*:

26 (A) petition the Board for a hearing;

1 (B) present evidence that she/he is currently licensed to
2 practice nursing in Guam; and

3 (C) present evidence, as required by the Board, that she/he
4 is competent to practice as a practitioner in Guam.

5 (3) A licensee applying for reinstatement of a lapsed APRN
6 license *shall*:

7 (A) submit the required application and reinstatement
8 fee;

9 (B) be currently licensed as a registered nurse in Guam;
10 and

11 (C) meet the requirements for renewal of license.

12 (4) Reinstatement of Inactive License.

13 The APRN may request in writing to be placed on inactive
14 status. In this status, the licensee may not function in an APRN
15 capacity until such license is reactivated. To be placed on
16 inactive status, the APRN, prior to the expiration date of his/her
17 license, *shall* submit a written request to be placed on inactive
18 status. A licensee applying for reinstatement of an inactive
19 license *shall*:

20 (A) submit the required application for reinstatement and
21 the fee;

22 (B) be currently licensed as a registered nurse in Guam;

23 (C) be currently certified as an APRN by a nationally
24 recognized certifying agent of the appropriate advanced practice
25 organization; and

26 (D) meet the requirements for renewal of license.

27 (g) Temporary APRN License.

1 (1) A temporary APRN license may be issued by the Board to
2 the APRN who holds a current national certification to practice as an
3 Advanced Practice Registered Nurse upon submission of the following:

4 (A) an application to meet the temporary license
5 requirement to practice as a registered professional nurse;

6 (B) documentation as required by these rules and
7 regulations for license as an APRN; and

8 (C) the non-refundable initial licensure fee and the
9 temporary APRN licensure fee.

10 (2) The temporary APRN license is valid for a period of three
11 (3) months upon issuance. The temporary APRN license becomes null
12 and void upon issuance of a current license, upon expiration, or upon
13 withdrawal by board action. The temporary license is not renewable.

14 (3) An APRN's license *shall* be automatically suspended
15 upon the occurrence of any of the following:

16 (A) failure of the APRN to attain recertification from
17 the national certifying body. The APRN may not practice as or
18 use the title of certified or licensed APRN until she/he has
19 submitted to the Board a copy of current national certification.
20 The license must be returned immediately to the Board; or

21 (B) the revocation of the APRN's national certification
22 for any reason. The APRN *shall* notify the Board immediately in
23 writing and *shall not* practice as or use the title of certified or
24 licensed APRN until she/he has submitted to the Board a copy of
25 a current national certification. The license must be returned
26 immediately to the Board.

1 (4) It is the responsibility of the APRN to maintain and submit
2 a current national certification to the Board.

3 **§ 5.6. APRN Education.**

4 (a) Required Criteria for APRN Education Programs.

5 The Guam Board of Nurse Examiners *shall* determine whether an
6 APRN education program meets the qualifications for the establishment of a
7 program based upon the following standards:

8 (1) An APRN program *shall* appoint the following personnel:

9 (A) An APRN program administrator, whose
10 qualifications *shall* include:

11 (i) a current, active APRN license or privilege to
12 practice that is not encumbered in the state where the
13 program is approved and/or accredited;

14 (ii) a doctoral degree in a health-related field;

15 (iii) at least two (2) years of clinical experience as
16 an APRN; and

17 (iv) a current national APRN certification.

18 (B) A lead faculty member, educated and nationally
19 certified in the same role and population foci and licensed as an
20 APRN, who *shall* coordinate the educational component,
21 including curriculum development, for the role and population
22 foci in the APRN program.

23 (C) Nursing faculty, to teach any APRN nursing course
24 that includes a clinical learning experience, whose qualifications
25 *shall* include:

1 (i) a current, active APRN license or privilege to
2 practice that is not encumbered in the state where the
3 program is approved and/or accredited;

4 (ii) a minimum of a master's degree in nursing or
5 health-related field in the clinical specialty;

6 (iii) two (2) years of APRN clinical experience;
7 and

8 (iv) current knowledge, competence and
9 certification as an APRN in the role and population foci
10 consistent with teaching responsibilities.

11 (D) Adjunct clinical faculty, employed solely to
12 supervise clinical nursing experiences of students, who *shall*
13 meet all the faculty qualifications for the program level they are
14 teaching.

15 (E) Interdisciplinary faculty, to teach non-clinical
16 nursing courses, who *shall* have advanced preparation
17 appropriate to these areas of content.

18 (F) Clinical preceptors, who *shall* have demonstrated
19 competencies related to the area of assigned clinical teaching
20 responsibilities, will serve as a role model and educator to the
21 student. Clinical preceptors may be used to enhance faculty-
22 directed clinical learning experiences but not to replace them.
23 Clinical preceptors will be approved by faculty and *shall* meet
24 the following requirements:

25 (i) hold an active license or privilege to practice
26 that is not encumbered as an APRN or physician and
27 practices in a comparable practice focus; and

1 (ii) function as a supervisor and teacher and
2 evaluate the individual's performance in the clinical
3 setting.

4 (2) The curriculum of the APRN nursing education program
5 must prepare the graduate to practice in one (1) of the four (4) identified
6 APRN roles (NP, CRNA, CNM, CNS), and at least one (1) of the six
7 (6) population foci provided by 10 GCA § 12313(a)(2). The curriculum
8 *shall* include:

9 (A) Three (3) separate graduate level courses (the
10 APRN core) in:

11 (i) advanced physiology and pathophysiology,
12 including general principles that apply across the lifespan;

13 (ii) advanced health assessment, which includes
14 assessment of all human systems, advanced assessment
15 techniques, concepts and approaches; and

16 (iii) advanced pharmacology, which includes
17 pharmacodynamics, pharmacokinetics and
18 pharmacotherapeutics of all broad categories of agents.

19 (B) Diagnosis and management of diseases across
20 practice settings, including diseases representative of all systems.

21 (C) Preparation that provides a basic understanding of
22 the principles for decision making in the identified role.

23 (D) Preparation in the core competencies for the
24 identified APRN role.

25 (E) Role preparation in one (1) of the six (6) population
26 foci of practice.

1 (3) Additional required components of graduate or post-
2 graduate education programs preparing APRNs *shall* include the
3 following:

4 (A) Each student enrolled in an APRN program *shall*
5 have an RN license or privilege to practice that is not
6 encumbered in the state of clinical practice, unless exempted
7 from this licensure requirement by any law, rule, or regulation.

8 (B) Education programs offered by an accredited
9 college or university that offers a graduate degree with a
10 concentration in the advanced nursing practice role and at least
11 one (1) population focus; or post-masters certificate programs
12 offered by an accredited college or university which *shall* include
13 the following components:

14 (i) clinical supervision congruent with current
15 national professional organizations and nursing
16 accrediting body standards applicable to the APRN role
17 and population focus; and

18 (ii) curriculum that is congruent with national
19 standards for graduate level and advanced practice nursing
20 education and is consistent with nationally recognized
21 APRN roles and population foci, and includes, but is not
22 limited to:

23 (aa) graduate APRN program core courses;

24 and

25 (bb) an advanced practice nursing core,
26 including legal, ethical, and professional
27 responsibilities of the APRN.

1 (C) The curriculum *shall* be consistent with
2 competencies of the specific areas of practice.

3 (D) APRN programs preparing for two (2) population
4 foci or combined nurse practitioner/clinical nurse specialist *shall*
5 include content and clinical experience in both functional roles
6 and population foci.

7 (E) Each instructional track/major *shall* have a
8 minimum of five hundred (500) supervised clinical hours as
9 defined by the Board. The supervised experience is directly
10 related to the role and population foci, including
11 pharmacotherapeutic management of patients.

12 (F) There *shall* be provisions for the recognition of
13 prior learning and advanced placements in the curriculum for
14 individuals who hold a master's in nursing and are seeking
15 preparation in a different role and population focus. Post-
16 master's nursing students *shall* complete the requirements of the
17 master's APRN program through a formal graduate level
18 certificate in the desired role and population focus. Post-master's
19 students must meet the same APRN outcome competencies as
20 the master's level students.

21 (b) Determining Compliance with Standards.

22 The Board *shall* determine compliance with the APRN education
23 standards as set forth in this Section, and consistent with procedures for
24 determining approved schools of nursing under 10 GCA § 12321.

25 (c) Establishment of a New APRN Education Program.

26 Before establishing a new nursing education program, the APRN
27 program *shall* complete the process outlined below:

1 (1) Application to the professional accrediting body: the
2 Accreditation Commission for Education in Nursing (ACNE), the
3 Commission on Collegiate Nursing Education (CCNE), or the National
4 League for Nursing Commission for Nursing Education Accreditation
5 (CNEA).

6 (2) The proposed program *shall* provide the following
7 information to the Board:

8 (A) results of a needs assessment, including
9 identification of potential students and employment
10 opportunities for program graduates;

11 (B) identification of sufficient financial and other
12 resources;

13 (C) governing institution approval and support;

14 (D) community support;

15 (E) type of educational program proposed;

16 (F) clinical opportunities and availability of resources;

17 (G) availability of qualified faculty;

18 (H) a pool of available students; and

19 (I) a proposed timeline for initiating and expanding the
20 program.

21 **§ 5.7. Prescriptive Authority.**

22 (a) Requirements for Prescribing, Ordering, Dispensing and
23 Furnishing Authority.

24 (1) An APRN licensed by the Board may prescribe, order,
25 procure, administer, dispense and furnish over the counter, legend and
26 controlled substances pursuant to applicable state and federal laws, and
27 within the APRN's role and population focus.

1 (2) Written, verbal or electronic prescriptions and orders *shall*
2 comply with all applicable state and federal laws.

3 (3) All prescriptions *shall* include, but not be limited to, the
4 following information:

5 (A) name, title, address, and phone number of the APRN
6 who is prescribing;

7 (B) name of patient;

8 (C) date of prescription;

9 (D) full name of the drug, dosage, route, amount to be
10 dispensed, and directions for its use;

11 (E) number of refills;

12 (F) signature of prescriber on written prescription; and

13 (G) DEA number of the prescriber on all scheduled
14 drugs.

15 (i) The APRN *shall* comply with Federal Drug
16 Enforcement Administration (DEA) requirements related
17 to controlled substances.

18 (ii) The APRN *shall* immediately file any and all
19 of the nurse's DEA registrations and numbers with the
20 Board.

21 (4) The Board *shall* maintain current records of all APRNs
22 with DEA registration and numbers.

23 (b) Continuing Education Requirements for APRN Prescriptive
24 Authority and License Renewal.

25 The APRN must complete five (5) hours of pharmacotherapeutic
26 continuing education (for prescriptive authority) of the required thirty (30)

1 contact hours of continuing education required for the two (2)-year renewal
2 of APRN licensure. The continuing education required for licensure must:

3 (1) relate to the APRN's scope of certification and scope of
4 practice;

5 (2) be obtained from continuing education courses in which
6 the contact hour time is not less than fifty (50) minutes; and

7 (3) not include the same course taken more than once during
8 the renewal cycle.

9 Precepting an APRN student at an accredited university, at the
10 advanced health care professional level is an option that may be used at a
11 conversion rate of the maximum one hundred twenty (120) preceptor hours,
12 not-to-exceed twenty-five (25) non-pharmacology credits.

13 (c) Distribution of Samples.

14 (1) APRNs may receive, sign for, record, and distribute
15 samples to patients.

16 (2) Distribution of drug samples *shall* be in accordance with
17 state law and DEA laws, regulations and guidelines.

18 (d) Discipline.

19 (1) APRN discipline and proceedings is the same as stated in § 5.10 of this
20 Article.

21 (2) The Board may limit, restrict, deny, suspend, or revoke
22 APRN licensure, or prescriptive or dispensing authority.

23 (3) Additional grounds for discipline related to prescriptive or
24 dispensing authority include, but are not limited to:

25 (A) prescribing, dispensing, administering, or
26 distributing drugs in an unsafe manner or without adequate

1 instructions to patients according to acceptable and prevailing
2 standards;

3 (B) selling, purchasing, trading, or offering to sell,
4 purchase or trade drug samples;

5 (C) prescribing, dispensing, administering, or
6 distributing drugs for other than therapeutic or prophylactic
7 purposes; or

8 (D) prescribing or distributing drugs to individuals who
9 are not patients of the APRN, or who are not within that nurse's
10 role and population focus.

11 (e) Termination of Prescriptive Authority.

12 (1) Prescriptive authority may be terminated by the Board
13 when the prescriber:

14 (A) fails to maintain current active licensure as an RN
15 and or as an APRN;

16 (B) violates provisions of the Nurse Practice Act, 10
17 GCA, Chapter 12, Article 3; 25 GAR, Chapter 6; or the Guam
18 Pharmacy Practice Act, 10 GCA, Chapter 12, Article 6; 25 GAR,
19 Chapter 13; or

20 (C) violates Guam or federal laws, rules, or regulations
21 applicable to prescriptions.

22 (2) Lapsed Prescriptive Authority.

23 (A) The authority to prescribe is automatically
24 terminated if the APRN's license is not renewed or placed in an
25 inactive status by the expiration date.

1 (B) Any licensee whose prescriptive authority has
2 lapsed or been inactive over a twenty-four (24)-month period
3 must submit to the Board:

4 (i) a new application for prescriptive authority
5 and a current license as an APRN; and

6 (ii) pay the non-refundable reinstatement fee.

7 (3) Any person engaged in practicing within the scope of his
8 or her certificate of prescriptive authority during the time his or her
9 APRN license has lapsed *shall* be considered an illegal practitioner and
10 is subject to the penalties provided for violation of the Nurse Practice
11 Act.

12 (4) Inactive Status.

13 (A) A prescriptive authority will automatically be
14 considered lapsed and subject to the requirements of these rules
15 when a licensee places his or her APRN license in inactive status.

16 (B) While the prescriptive authority or APRN license is
17 inactive, the licensee *shall not* engage in any practice within the
18 scope of an APRN with prescriptive authority.

19 (C) If the APRN desires to resume practice in Guam, he
20 or she *shall* request a reinstatement/renewal application, which
21 *shall* be completed and submitted with a renewal fee or
22 reinstatement fee. Fees are nonrefundable.

23 (D) All licensure requirements for
24 reinstatement/renewal *shall* apply.

25 (E) If disciplinary proceedings on an inactive license
26 has been initiated, the license *shall not* be reinstated/renewed
27 until the proceedings have been completed.

1 **§ 5.8. Implementation.**

2 (a) All new graduates applying for APRN licensure must meet the
3 stipulated licensure requirements.

4 (b) An APRN applying for licensure by endorsement in another state
5 may be eligible for licensure if the applicant demonstrates that the following
6 criteria have been met:

7 (1) current, active practice in the advanced role and
8 population focus area;

9 (2) current active national certification or recertification, as
10 applicable, in the advanced role and population focus area;

11 (3) compliance with the APRN educational requirements of
12 the state in which the APRN is applying for licensure that were in effect
13 at the time the APRN completed his or her APRN education program;
14 and

15 (4) compliance with all other criteria set forth by the GBNE
16 in Guam, e.g. continuing education.

17 **§ 5.9. Name or Address Change.**

18 (a) A licensee whose name is legally changed *shall* be issued a
19 replacement license following submission of the current license, along with
20 an affidavit, copy of marriage license or court action, and the required
21 reissuance fee.

22 (b) A licensee whose address changes from the address appearing on
23 the current license *shall* immediately notify the Board of the change. The
24 Board *shall not* issue a new license, but *shall* make such changes in current
25 license files.

26 **§ 5.10. Disciplinary Provisions.**

1 (a) The Board may deny licensure or re-licensure, revoke or suspend
2 licensure, place on probation and censure or reprimand an APRN upon proof
3 that the license holder:

4 (1) has a license to practice nursing revoked or suspended or
5 has been otherwise disciplined;

6 (2) uses the title APRN, or any similar title, or acts as an
7 APRN without having obtained a license pursuant to these rules and
8 regulations;

9 (3) exceeds her/his authority as an APRN;

10 (4) represents herself/himself to the public as a physician;

11 (5) violates or cooperates in the violation of the laws or
12 regulations governing the practice of medicine, nursing, or APRNs;

13 (6) becomes unable to practice with reasonable skill and
14 safety as the result of physical or mental illness or the excessive use of
15 alcohol, drugs, narcotics, chemicals, or any other substance; or

16 (7) violates or attempts to violate or cooperates with others in
17 violating or attempting to violate any law, rule or regulation, territorial,
18 state, or federal, relating to the possession, use, dispensing,
19 administration, or distribution of drugs.

20 (b) Hearing.

21 (1) The provisions of the Administrative Adjudication Law, 5
22 GCA Chapter 9, *shall* govern proceedings on questions of violation of
23 these regulations.

24 (2) The Commission on Licensure to practice the Healing Arts
25 in Guam, as well as the APRN's employer, *shall* be notified promptly
26 of any complaint filed with the Board against an APRN. The

1 Commission on Licensure to practice the Health Arts in Guam and the
2 APRN's employer *shall* be informed of any action taken by the Board.

3 (3) The Board *shall* conduct all hearings prescribed herein and
4 *shall* take appropriate action.”

5 **Section 4. Severability.** If any provision of this Act or the application
6 thereof to any person or circumstances is held invalid, the invalidity *shall not* affect
7 other provisions or applications of this Act that can be given effect without the
8 invalid provision or application, and to this end the provisions of this Act are
9 severable.