



MISSISSIPPI BOARD OF NURSING
73 Pear Orchard Road, Suite 300
Ridgeland, MS 39157
(601) 957-6300

RN INSTRUCTOR PACKET
LPN EXPANDED ROLE CERTIFICATION

NOTE: This packet is for LPN Expanded Role courses for IV therapy and/or hemodialysis certification. This packet must be reviewed and completed by the RN faculty/member or instructor as indicated below. This packet is NOT intended for LPN graduates who have completed an integrated IV therapy curriculum at an approved nursing program.

INSTRUCTIONS

1. Enter data into form; use dropdown boxes to make selection where applicable. Print completed form sign, date, notarize and submit to the address above. Incomplete applications and/or forms will be returned.
2. LPN Expanded Role is only valid for the state of Mississippi.
3. Each RN instructor responsible for teaching theory content must submit a completed **form PIVHD and resume or curriculum vitae to the Mississippi Board of Nursing at least 14 days prior to the start date of the scheduled LPN expanded role course(s) (IV Therapy or Hemodialysis)**. Courses can be listed collectively for approval if the course schedule is known in advance. Form PIVHD does not need to be submitted each time a course is scheduled if the future dates are listed.
4. List each RN clinical preceptor for the scheduled LPN expanded role course on form PIVHD. RN clinical preceptors must hold an active unrestricted Mississippi license. It is the responsibility of the RN instructor to maintain documentation of verification of qualification for each RN preceptor. Do not send resumes or curriculum vitae for RN clinical preceptors to the Board office. To ensure quality control for our programs, the Mississippi Board of Nursing will conduct random audits to verify qualifications of RN clinical preceptors.
5. The RN instructor must use the Board approved curriculum and guidelines found at www.msbn.state.ms.us, Expanded Role LPN, Course Outline.
6. The RN instructor must complete and submit form PIVHD1 for each LPN after the LPN has successfully completed the course. The form must be signed and notarized. By signing the form, the RN Instructor certifies that the LPN has met admission requirements and has successfully completed all components of the course according to the Board approved curriculum and guidelines.
7. The LPN must complete and submit the application for Expanded Role Certification, form PIVHD2 and include the \$20.00 certification fee(s). The form must be notarized and signed.
8. Once certification has been approved, the expanded role certification status information will be accessible on the Board's online licensure verification system. The certification will expire in conjunction with the LPN license (December 31st of odd-numbered year). Per the Board's Rules and Regulations LPNs renewing LPN expanded role must complete at least ten (10) contact hours of continuing education and/or in-service education for each area of certification within the previous two (2) years prior to renewal.

The Board of Nursing does not provide course or clinical placement for LPNs interested in obtaining an expanded role.



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GUIDELINES

IV THERAPY and HEMODIALYSIS COURSE(S) LPN EXPANDED ROLE

Faculty Qualifications

1. Each Faculty member responsible for teaching theory content in the IV or Hemodialysis Therapy course must possess:
 - A current, active, unrestricted Mississippi license as a Registered Nurse; and
 - Current (within the past five (5) years) experience in hospital and/or nursing education.

2. Clinical faculty/preceptors for the IV Therapy or Hemodialysis course must:
 - Possess a current, active, unrestricted Mississippi license as a Registered Nurse;
 - Be recommended by the immediate supervisor; and
 - Have a current (within the past five (5) years) experience and continued competency in IV therapy or hemodialysis as applicable.

Clinical Facilities

A clinical affiliation **must** exist with a health care institution which can provide adequate numbers and types of clinical experiences for the student.

Laboratory Supplies/Equipment

Basic training equipment and supplies must be available to provide for adequate learning experience for each student.

Faculty Responsibilities

The RN instructor is responsible for submitting the following documentation to the Board office:

1. Form PIVHD – At least 14 days prior to beginning a course for approval;
2. Form PIVHD1 – Course transcript(s) notarized (for each LPN) after successful completion; and
3. Form PIVHD2 – Certification application(s) and fee (for each LPN)

The RN instructor is responsible for ensuring that each LPN expanded role candidate meets the following requirements prior to admission:

- A current, active, unrestricted license as a Licensed Practical Nurse;
- A graduate of a state-approved practical nurse educational program or an equivalent state approved program; and
- One (1) years of clinical experience as a LPN within the past three (3) years.

Curriculum

The Board-approved curriculum must be used for the IV Therapy or Hemodialysis Course.

- 1) The prescribing of any controlled substance in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. Section 73-15-29(1)(f),(k) and (l) and shall be grounds for disciplinary action.
 - 2) The prescribing, administering or distributing of any legend drug or other medication in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. Section 73-15-29(1) (f), (k) and (l), and shall be grounds for disciplinary action.
- L. Effective Date of Regulations.
The above rules and regulations pertaining to prescribing, administering and distributing of medication became effective July 1, 2002.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Part 2840 Chapter 3: Expanded Role for the Licensed Practical Nurse in IV Therapy

Rule 3.1 Certification, Renewal, Reinstatement, Discipline.

A. Initial certification.

Prior to board certification allowing the LPN to practice in the expanded role, the LPN must:

- 1) Be currently licensed as a LPN in Mississippi or hold a temporary permit to practice as a LPN in Mississippi, or a graduate of a state approved practical nursing program that included an IV integrated curriculum after the year 2008;
- 2) Submit a completed board application and pay the required nonrefundable fee to the board;
- 3) Submit an official transcript of graduation from a board-approved state practical nursing program with an integrated IV curriculum, or submit official written evidence of completion of a board-approved IV therapy curriculum program.
- 4) Licensed LPNs that have not graduated from an IV therapy integrated nursing program, must have one (1) year of clinical experience as a LPN within the past three (3) years if the approved IV certification educational program is completed after graduation from an approved practical nursing program.
- 5) Graduates of state approved practical nursing programs that included an IV integrated curriculum after the year 2008 must submit an application for the IV therapy expanded role within one (1) year of completion of the educational program. If the application is not received in the board's office within one year of completion of the licensed practical nurse educational program the applicant must complete a board-approved IV therapy certification educational program.

B. Renewal of certification.

Expanded role LPNs shall renew IV certification in conjunction with renewal of the LPN license and shall submit the following:

- 1) Renewal application and fee; and
- 2) Documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in service education in IV therapy within the previous two (2) year period.

- C. Reinstatement of lapsed certification.
Expanded role LPNs may reinstate a lapsed certification upon:
- 1) Documentation of a current, active LPN license; and
 - 2) Submission of the LPN expanded role reinstatement application and fee; and
 - 3) Submission of documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in IV therapy within the previous two (2) year period if lapsed for less than two (2) years; or
 - 4) Submission of evidence of successful completion of a board-approved IV therapy update if lapsed for more than two (2) years. This update must include both theory and clinical components.
- D. Fees are nonrefundable.
- E. Disciplinary action.
Any expanded role LPN who is in violation of the *Mississippi Nursing Practice Law and/or Rules and Regulations* shall be subject to disciplinary action by the board.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Rule 3.2 Advisory Committee.

The board may appoint an advisory committee consisting of at least one LPN educator and one expanded role LPN to advise the board on issues related to LPNs certified in the expanded role of IV therapy.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Rule 3.3 Scope of Practice.

- A. In addition to IV-related activities within the scope of any LPN, the LPN certified in IV therapy may perform the following advanced acts of IV therapy:
- 1) Initiate the administration of board-approved IV fluids and medications via a peripheral route;
 - (a) The peripheral route does not include midline or midclavicular catheters.
 - (b) Approved IV fluids and medications include electrolyte solutions with vitamins and/or potassium, IVPB antibiotics, IVPB anti-fungals H2 blockers and proton pump inhibitors (PPIs) provided such fluids and medications are appropriate for IV administration;
 - (c) IV fluids and medications must be commercially prepared or premixed and labeled by a RN or registered pharmacist;
 - 2) Maintain patency of a peripheral intermittent vascular access device using a nontherapeutic dose of a flush solution;
 - 3) Assist the RN in the administration of midline, midclavicular or central venous infusion of approved IV fluids by checking the flow rate and changing the site dressing.
- B. The LPN certified in IV therapy may NOT:
- 1) Initiate, regulate, add or administer medications to or discontinue a midline, midclavicular or central venous line;
 - 2) Administer or add the following to a peripheral venous line:
 - (a) IV push or bolus medications;

- (b) IV medications other than those in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)*;
 - (c) Parenteral nutritional agents other than vitamins;
 - (d) Blood, blood components, plasma, plasma expanders;
 - (e) Chemotherapeutic agents.
- 3) Perform any advanced acts of IV therapy listed in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)* with patients under two (2) years of age;
 - 4) Perform any advanced acts of IV therapy listed in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)* with pediatric patients age two (2) years and older unless:
 - (a) The patient is on a unit solely and specifically for pediatric patients; and
 - (b) The LPN certified in IV therapy is experienced and competent in the provision of care to pediatric patients; and
 - (c) A registered nurse is physically present on the pediatric patient care unit where IV therapy is being administered and is readily available to respond as needed.
- C. Advanced acts, as defined in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)* may be delegated to the LPN certified in IV therapy by a RN, licensed physician or licensed dentist.
 - D. Unless otherwise specified in these regulations, the LPN certified in IV therapy may perform advanced acts of IV therapy if the supervisor is physically on the premises where the patient is having nursing care provided. The physician or dentist may provide supervision in the medical or dental office. In all other settings, supervision and delegation must be by a registered nurse.
 - E. Advanced acts of IV therapy as listed in *Part 2840, Chapter 3, Rule 3.3 A.* may not be performed by the LPN in the home setting.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Rule 3.4 Minimum Program Requirements. The IV therapy program must utilize the board-approved standardized IV therapy curriculum or its equivalent as approved by the board.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Part 2840 Chapter 4: Expanded Role for the Licensed Practical Nurse in Hemodialysis

Rule 4.1 Certification, Renewal, Reinstatement, Discipline.

- A. Initial certification
 - Prior to board certification allowing the LPN to practice in the expanded role of hemodialysis, the LPN must:
 - 1) Be currently licensed as a LPN in Mississippi or hold a temporary permit to practice as a LPN in Mississippi; and
 - 2) Submit required application and fees; and
 - 3) Have graduated from an state approved practical nurse educational program or an equivalent state approved program; and
 - 4) Have one (1) year of clinical experience as a LPN within the past three (3) years;

- 5) Submit official evidence of completion of an educational program of study and clinical experience in hemodialysis approved by the board; and
 - 6) Be certified in the Expanded Role of IV Therapy. However, any licensed practical nurse certified in expanded role of hemodialysis on or before April 1, 2007, will not be required to be certified in expanded role of IV therapy, provided that said licensed practical nurse who is certified in expanded role of hemodialysis on or before April 1, 2007, is educated and competent in all applicable procedures, and that said education and competence is documented initially, and also documented on a continuing basis.
- B. Renewal of certification.
Expanded role LPNs shall renew hemodialysis certification in conjunction with renewal of the LPN license and shall submit the following:
- 1) Renewal application and fee; and
 - 2) Documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in hemodialysis within the previous two (2) year period.
- C. Reinstatement of lapsed certification.
Expanded role LPNs may reinstate lapsed hemodialysis certification upon:
- 1) Documentation of a current, active LPN license; and
 - 2) Submission of the LPN expanded role reinstatement application and fee; and
 - 3) Submission of documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in hemodialysis within the previous two (2) year period if lapsed for less than two (2) years; or
 - 4) Submission of evidence of successful completion of a board-approved hemodialysis update if lapsed for more than two (2) years. This update must include both theory and clinical components.
- D. Fees are nonrefundable.
- E. Disciplinary action.
Any expanded role LPN who is in violation of the Mississippi Nursing Practice Law and/or Rules and Regulations shall be subject to disciplinary action by the board.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Rule 4.2 Advisory Committee. The board may appoint an advisory committee consisting of at least one RN in hemodialysis and one LPN in the expanded role of hemodialysis to advise the board on issues related to LPNs certified in the expanded role of hemodialysis.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Rule 4.3 Scope of Practice.

- A. The LPN certified in hemodialysis may:
- 1) Initiate and discontinue hemodialysis via fistula needles in the peripheral fistula or graft;
 - 2) Inject intradermal lidocaine in preparation for dialysis and access;
 - 3) Initiate and discontinue hemodialysis via catheter;
 - 4) Administer heparin intravenously, including:

- (a) Draw up and administer heparin (1:1000 strength) for initial and continued administration; and
- (b) Loading and activating the constant infusion pump and/or intermittently injecting the prescribed dose.
- 5) Administer saline intravenously, including:
 - (a) Administration of a saline bolus during a hypotensive episode (this must be in accordance with an agency protocol and with RN supervision and consultation); and
 - (b) Administration and regulation of a normal saline solution for purpose of maintaining the fluid plan that is established by the RN.
- 6) Draw up and administer erythropoietins intravenously.
- 7) Draw up and administer synthetic vitamin Ds intravenously.
- 8) If dually certified in IV therapy the expanded role hemodialysis LPN may administer approved IV fluids and medications as indicated in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)*.
- B. The LPN certified in hemodialysis may function in this role and scope of practice only under the direct supervision of a registered nurse.
- C. The LPN certified in hemodialysis may function in this role only in hemodialysis facilities which are certified by the Mississippi State Department of Health, Division of Licensure and Certification, or its successor agency.
- D. The LPN certified in hemodialysis may NOT:
 - 1) Administer or add the following except as specified in 4.3a:
 - (a) IV medications; or
 - (b) Blood, blood components, plasma, plasma expanders; or
 - (c) Hypertonic solutions; or
 - 2) Determine or regulate the dosage of heparin; or
 - 3) Perform hemodialysis in the home setting.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Rule 4.4 Minimum Program Requirements. The Hemodialysis Education Program for Expanded Role LPNs must utilize the board-approved standardized curriculum or its equivalent as approved by the board.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Part 2840 Chapter 5: Registered Nurse First Assistant (RNFA)

Rule 5.1 Functions of RNFA. The RN may function in the role of Registered Nurse First Assistant (RNFA) according to the position statement adopted by the Association of Peri-operative Registered Nurses (AORN).

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Rule 5.2 Use of Title. The title RNFA shall only be used by persons prepared and educated according to the AORN's requirements for RNFAs.



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The RN Instructor must submit this form **prior to beginning a LPN IV therapy or hemodialysis course.

Type of LPN Expanded Role Course (select one):

Start Date(s) of Scheduled Course(s): *Multiple scheduled dates may be listed using the table below:*

1.	2.	3.
4.	5.	6.
7.	8.	9.

Healthcare Facility/Agency Affiliation

NAME:

Facility/Agency Name Box/Street City State County

Scheduled Course Location:

NAME:

Location Name Box/Street City State County

RN Instructor(s) Responsible for Theory Content:

1. Name: _____ **MS RN License #:** _____
 Address: _____
 Phone #: _____ Email: _____
 ➤ Attach memo/resume detailing dates and experience in hospital/nursing education.

2. Name: _____ **MS RN License #:** _____
 Address: _____
 Phone #: _____ Email: _____
 ➤ Attach memo/resume detailing dates and experience in hospital/nursing education.

RN Clinical Preceptor(s)

(Documentation of preceptor qualifications, as stated above, must be maintained by the RN instructor)

Name: _____ Preceptoring Facility: _____

Name: _____ Preceptoring Facility: _____

Name: _____ Preceptoring Facility: _____

**To list additional RN instructors or RN preceptors please attach additional sheet.*

I certify to the best of my knowledge, each RN Instructor and RN Clinical Preceptor meets the qualifications as outlined in the above guidelines.

Signature of RN Instructor Date (SEAL)

Signature of Notary Public My Commission Expires

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LPN EXPANDED ROLE COURSE TRANSCRIPT

To be completed by the RN Instructor. Please select the appropriate course below.

LPN's Name:

First

Middle

Maiden

Last

LPN LICENSE # OR TEMPORARY PERMIT NUMBER:

Program entry date:
mm/dd/yyyy

Program completion date:
mm/dd/yyyy

This is to certify that the above named LPN has met admission requirements and has successfully completed all theory and clinical components of the IV Therapy Course for LPNs/ Hemodialysis Course for LPNs.

RN Instructor's Signature _____

Printed Name _____

Position/Title _____

License Number _____

Agency _____

Agency Address _____

Agency Phone Number _____

Date _____

Signature of Notary Public

(SEAL)

My Commission Expires

NON-REFUNDABLE FEE
\$20.00

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OFFICE USE ONLY

LPN EXPANDED ROLE CERTIFICATION

Any statement made on this application which is false and known to be false by the applicant at the time of making such statement shall be deemed fraudulent and is grounds for disciplinary action.

INSTRUCTIONS: (SUBMIT AFTER COMPLETION OF THE LPN EXPANDED ROLE COURSE)

Type or print in black ink. The application must be completed, notarized and submitted to the Board of Nursing. Submit the \$20.00 certification fee with this application. Include your phone number, social security number and/or nursing licensed number on your payment.

I am applying for (select one): mm/dd/yyyy
DATE:

Mississippi License # or Compact #:

Primary State of Residence:

NAME:

First Middle Maiden Last

ADDRESS:

Box/Apt/Street City State Zip Code County

PHONE: (Home #)

(Alternate #):

EMAIL:

EMPLOYER:

NAME OF SUPERVISOR:

EMPLOYER ADDRESS:

Box/Street City State Zip Code County

Do you have one (1) year of clinical experience within the past three (3) years?
employment, employer name, and location

If yes, list dates of

Have you ever been convicted of, pled guilty or pled no contest to any charge(s), or are charges pending against you for a felony or misdemeanor, other than a minor traffic violation, in any state or jurisdiction?

Have you ever been arrest or convicted for driving under the influence of drugs and/or alcohol?

Have you ever been denied licensure/certification, had disciplinary action, or is action pending against you by a board of nursing or any other regulatory agency or certification organization in any state or jurisdiction?

Have you ever voluntarily entered into an agreement restricting or monitoring your practice as a nurse or health care provider?

Have you ever been placed on a state and/or federal abuse registry?

Have you within the last five years abused drugs/alcohol or been treated for dependency to alcohol or chemical substances?

Have you ever been disciplined by or administratively discharged by the military?

If you answered "YES" to any of the above questions, attach a detailed explanation and certified copies of all pertinent records, including but not limited to, any and all court records, expungement, fine payment, disciplinary report, etc., and/or records from another board of nursing and/or any state or jurisdiction. Allow additional time for "YES" answers to be reviewed.

LPN's Signature: _____ Date: _____

Signature of Notary Public: _____ My Commission Expires: _____

(SEAL)