

## RN INSTRUCTOR PACKET LPN EXPANDED ROLE CERTIFICATION

*NOTE: This packet includes the LPN IV therapy expanded role certification application. This packet must be reviewed and completed as applicable 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. LPN Expanded Role is only valid for the state of Mississippi
2. 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.
3. List each RN clinical preceptor for the scheduled LPN expanded role course on form PIVID. 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.
4. The RN instructor must use the Board approved curriculum and guidelines found at [www.msbn.ms.gov](http://www.msbn.ms.gov). Expanded Role LPN, Course Outline.
5. 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.
6. LPN Expanded Role Application is online [www.msbn.ms.gov](http://www.msbn.ms.gov).
7. Once certification has been approved by the Board, your expanded role certification status information will be added to the Board's online licensure verification system. Verification of your expanded role certification should be done online utilizing the Board's Nurse Licensure Status Check service. This certification will expire in conjunction with the LPN license (December 31<sup>st</sup> of odd-numbered year.)



Mississippi Board of Nursing  
713 Pear Orchard Road, Suite 300  
Ridgeland, MS 39157  
(601) 957-6300

**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:

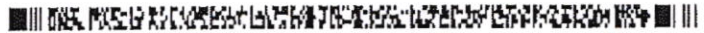
1. Form PIVHD – At least 14 days prior to beginning a course for approval;
2. Form PIVHD1 – Course transcript(s) notarized (for each LPN) after successful completion; and
3. Form PIVHD2 – Certification application(s) and fee (for each LPN)

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.



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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): IV Therapy      Hemodialysis

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: \_\_\_\_\_ Precepting Facility: \_\_\_\_\_  
 Name: \_\_\_\_\_ Precepting Facility: \_\_\_\_\_  
 Name: \_\_\_\_\_ Precepting 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:  Program completion date:   
mm/dd/yyyy 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