

Consideration of Proposed Amendments to 22 Tex. Admin. Code Chapter 216, relating to *Continuing Competency*

Background: At its April 2018 meeting, the Board charged the Nursing Practice Advisory Committee (Committee) to review and make recommendations regarding Board Rule 216, Continuing Competency. This charge stemmed from a request by the Texas Nurses Association (TNA) to allow additional topics to be acceptable as Continuing Nursing Education (CNE) for nurses to use to demonstrate continued competency during licensure renewal. Though TNA only requested a change to one section of the rule, the Board charged the Committee to review the entire chapter of rules to gain insight on and evaluate currency of the continuing competency requirements.

The Committee met May 7, 2018, to address the new charge. Prior to the meeting, the Committee examined the evidence-based research compiled by TNA that was the basis for their request that the Board accept additional topics for CNE. In preparation for the meeting, the Committee also reviewed a document drafted by Board staff containing proposed revisions to Chapter 216. During the meeting, Board staff and the Committee reviewed the proposed amendments to Chapter 216 section by section and engaged in discussion about several sections.

A TNA staff liaison to the task force that drove the request for this charge provided a history of the request for the changes to Board Rule 216. The Committee agreed that courses that focus on changes in attitude, self-therapy, and self-awareness that are based on evidence with a demonstrated direct or indirect impact on patient outcomes should be acceptable for continuing competency by the Board.

Several non-substantive amendments were proposed to the Committee concerning grammar, syntax, and text placement for clarity and consistency. The Committee agreed with the proposed non-substantive revisions.

Further, the Committee was in agreement that the continuing competency requirement concerning older adult and geriatric care should be made more broad to allow for nurses to find courses that meet the requirements. At present, the requirements of §216.3(h), relating to CNE requirements concerning older adult and geriatric care, are very prescriptive and may be burdensome for nurses to comply with. The Committee requested staff make certain modifications to this section of the rule and then provide the updated revisions to them to review electronically.

Board staff made further edits to the proposed rule text amendments after the meeting and shared the revisions with the Committee electronically. No objections were voiced and positive comments were received indicating agreement with the changes. Attachment "A" contains the proposed amendments to Board Rule 216 approved by the Committee.

Board Action: Move to approve the proposed amendments to 22 Texas Administrative Code Chapter 216, relating to *Continuing Competency*, with authority for the General Counsel to make editorial changes as necessary to clarify rule and Board intent and to comply with the formatting requirements of the *Texas Register*. If no negative comments and no request for a public hearing are received, move to adopt the amendments to 22 Texas Administrative Code Chapter 216, relating to *Continuing Competency*, as proposed.

§ 216.1. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

(1) Academic course—A specific set of learning experiences offered in an accredited school, college or university. ~~[Academic credit will convert on the following basis: One academic quarter hour = 10 contact hours; one academic semester hour = 15 contact hours.]~~

(2) Advanced Practice Registered Nurse (APRN)—A registered nurse who:

(A) has completed a graduate-level advanced practice nursing education program that prepares him or [f]her for one of the four APRN roles;

(B) has passed a national certification examination recognized by the Board that measures APRN role and population focused competencies;

(C) maintains continued competence as evidenced by re-certification/certification maintenance in the role and population focus area of licensure through the national certification program;

(D) practices by building on the competencies of registered nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, and greater role autonomy, as permitted by state law;

(E) is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis, and management of patient problems, including the use and prescription of pharmacologic and non-pharmacologic interventions in compliance with state law;

(F) has clinical experience of sufficient depth and breadth to reflect the intended practice; and

(G) has been granted a license to practice as an APRN in one of the four APRN roles and at least one population focus area recognized by the Board.

(3) Approved—Recognized as having met established standards and predetermined criteria of the:

(A) credentialing agencies recognized by the Board (applies to providers and programs); and

(B) certifying bodies accredited by a national certification accreditation agency [~~body~~] recognized by the Board.

(4) Area of Practice—Any activity, assignment, or task in which the nurse utilized nursing knowledge, judgment, or skills during the licensing period [~~license renewal cycle~~]. If a nurse does not have a current area of practice, the nurse may refer to his or her [~~last area of practice or~~] most recent area of practice.

(5) Audit—A random sample of licensees selected [~~taken~~] to verify satisfactory completion of the Board's requirements for continuing competency during a biennial licensing [~~license renewal~~] period.

(6) Authorship—Development and publication of a manuscript related to nursing and health care that is published in a nursing or health-related textbook or journal.

(7) Board—The Texas Board of Nursing.

(8) [(7)] Certification—National nursing [Nursing] certification from an approved certifying body accredited by a national accreditation agency [~~body~~] recognized by the Board.

~~[(8) Classroom instruction—Workshops, seminars, institutes, conferences or short term courses which the individual attends which may be acceptable for continuing education credit.]~~

~~[(9) Clinical learning experiences—Faculty planned and guided learning experiences designed to assist students to meet the course objectives and to apply nursing knowledge and skills in the direct care of patients/clients. This includes laboratories, acute care facilities, extended care facilities, and other community resources.]~~

(9) [(40)] Competency—The application of knowledge and the interpersonal, decision-making[,], and psychomotor skills expected for the nurse's practice role, within the context of public health, safety, and welfare.

(10) [(44)] Contact hour—a measure of time, determined by Board recognized credentialing agencies and providers of continuing education, awarded to participants for successful completion of continuing education offerings [~~Sixty consecutive minutes of participation in a learning activity~~].

(11) [(42)] Continuing Nursing Education (CNE)—Programs and activities beyond the basic scholastic preparation which are designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of nursing practice, thus improving health care to the public.

(12) ~~[(13)]~~ Continuing education offering ~~[program]~~—An organized educational program or activity, ~~e.g., self-paced (online), classroom,~~ approved through an external review process based on a predetermined set of criteria. The review is conducted by an organization(s) recognized by the Board to approve programs and providers.

(13) ~~[(14)]~~ Credentialing agency—An organization recognized by the Board as having met nationally predetermined criteria to approve programs and providers of CNE.

(14) Licensing period—Period of time in which nursing licensure status is current; determined by the licensee's birth month and year, usually beginning on the first day of the month after the birth month and ending on the last day of the birth month. The specific time frame for initial licensure and for the immediate licensing period following renewal of a delinquent license or license reactivation may vary from six months to 29 months, as determined by Board policies; subsequent licensing periods will be two years in length.

(15) Prescriptive authority—Authorization granted to an APRN who meets the requirements to prescribe or order a drug or device, as set forth in Chapter 222 of this title (relating to Advanced Practice Registered Nurses with Prescriptive Authority).

(16) Program development and/or presentation—Formulation of the purpose statement, objectives and associated content and/or presentation of an approved CNE activity.

(17) Program number—A unique number assigned to a continuing education offering ~~[program]~~ upon approval which shall identify it regardless of the number of times it is presented.

(18) Provider—An individual, partnership, organization, agency or institution approved by an organization recognized by the Board which offers continuing education programs and activities.

(19) Provider number—A unique number assigned to the provider of continuing education upon approval by the credentialing agency or organization.

(20) Shall, will, and must—Mandatory requirements.

(21) Targeted continuing education—Continuing education offerings beyond the basic scholastic preparation which are designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of nursing practice that are directed by statute and Board rules at specific levels of licensure and/or areas of practice.

§ 216.2. Purpose.

The purpose of continuing competency is to ensure that nurses stay abreast of current industry practices, enhance their professional competence, learn about new technology and treatment regimens, and update their clinical skills. Continuing education in nursing includes programs and activities beyond the basic scholastic preparation which are designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of nursing practice, thus improving health care to the public. National nursing [~~Nursing~~] certification is another method of demonstrating continuing competence. Pursuant to authority set forth in the Occupations Code §§301.152, 301.303, 301.304, 301.305, 301.306, and 301.307, the Board requires participation in continuing competency activities for license renewal. The procedures set forth in these rules provide guidance to fulfilling the continuing competency requirements. The Board encourages nurses to choose continuing education offerings [~~courses~~] that relate to their work setting and area of practice or to attain, maintain, or renew an approved national nursing certification in their practice area, which benefits the public welfare.

§ 216.3. Continuing Competency Requirements.

(a) A nurse must meet either the requirements of this subsection or subsection (b) of this section. A nurse may choose to complete 20 contact hours of continuing nursing education (CNE) in the nurse's area of practice within the [~~two years immediately preceding~~] licensing period, as defined in this chapter [~~renewal of registration in his or her area of practice~~]. These contact hours shall be obtained by participation in programs approved by a credentialing agency or provider recognized by the Board. A list of these agencies/providers [~~organizations~~] may be obtained from the Board's office or website [~~web site~~].

(b) A nurse must meet either the requirements of this subsection or subsection (a) of this section. A nurse may choose to demonstrate the achievement, maintenance, or renewal of a Board [~~an~~] approved national nursing certification in the nurse's area of practice within the licensing period, as defined in this chapter. A list of approved national nursing certifications [~~criteria~~] may be obtained from the Board's office or website [~~web site~~].

(c) Requirements for the APRN. A nurse licensed [~~The licensee authorized~~] by the Board as an APRN is required to complete [~~obtain~~] 20 contact hours of continuing education or achieve [~~attain~~], maintain, or renew the national nursing certification recognized by the Board as meeting the certification requirement for the APRN's role and population focus area of licensure within the licensing period, as defined in this chapter [~~previous two years of licensure. National certification as discussed in this section will only meet the requirement for licensure renewal.~~].

(1) The required 20 contact hours are not in addition to the requirements of subsection (a) or (b) of this section.

(2) The 20 contact hours of continuing education must be appropriate to the advanced practice role and population focus area [~~specialty area and role~~] recognized by the Board.

(3) The APRN who holds prescriptive authority must complete, in addition to the requirements of this subsection, at least five additional contact hours of continuing education in pharmacotherapeutics. [~~In every licensure cycle after January 1, 2015, the~~] The APRN who holds prescriptive authority and prescribes controlled substances must complete, in addition to the requirements of this subsection, at least three more additional contact hours of continuing education related to prescribing controlled substances.

(4) Category I Continuing Medical Education (CME) contact hours will meet requirements as described in this chapter, unless otherwise prohibited.

(d) Forensic Evidence Collection.

(1) Pursuant to the Health and Safety Code §323.004 and §323.0045, a nurse licensed in Texas or holding a privilege to practice in Texas, including an APRN, who performs a forensic examination on a sexual assault survivor must have basic forensic evidence collection training or the equivalent education prior to performing the examination. This requirement may be met through the completion of CNE that meets the requirements of this subsection. This is a one-time requirement. An APRN may use continuing medical education in forensic evidence collection that is approved by the Texas Medical Board to satisfy this requirement.

(2) A nurse licensed in Texas or holding a privilege to practice in Texas, including an APRN, who is employed in an emergency room (ER) setting must complete a minimum of two contact hours of CNE relating to forensic evidence collection that meets the requirements of this subsection within two years of the initial date of the nurse's employment in an ER setting. This is a one-time requirement.

(A) This requirement applies to nurses who work in an ER setting that is:

(i) the nurse's home unit;

(ii) an ER unit to which the nurse "floats" or schedules shifts; or

(iii) a nurse employed under contractual, temporary, per diem, agency, traveling, or other employment relationship whose duties include working in an ER.

(B) A nurse shall be considered to have met the requirements of paragraphs (1) and (2) of this subsection if the nurse:

(i) completed CNE during the time period of February 19, 2006^[7] through September 1, 2013; and

(ii) the CNE met the requirements of the Board's rules related to forensic evidence collection that were in effect from February 19, 2006^[7] through September 1, 2013.

(C) Completion of at least two contact hours of CNE that meets the requirements of this subsection may simultaneously satisfy the requirements of paragraphs (1) and (2) of this subsection.

(3) A nurse who would otherwise be exempt from CNE requirements for issuance of the initial Texas license and for the immediate licensing period following initial Texas licensure ~~[during the nurse's initial licensure or first renewal periods]~~ under §216.8(b) or (c) of this chapter (relating to Relicensure Process) shall comply with the requirements of this section. In compliance with §216.7(b) of this chapter (relating to Responsibilities of Individual Licensee), each licensee is responsible for maintaining records of CNE completion ~~[attendance]~~. Record ~~[Validation]~~ of course completion in forensic evidence collection should be retained by the nurse indefinitely, even if a nurse changes employment.

(4) Continuing education completed under this subsection shall include information relevant to forensic evidence collection and age or population-specific nursing interventions that may be required by other laws and/or are necessary in order to assure evidence collection that meets requirements under the Government Code §420.031 regarding use of an Attorney General- ~~[a service-]~~ approved evidence collection kit and protocol. Content may also include, but is not limited to, documentation, history-taking skills, use of sexual assault kit, survivor symptoms, and emotional and psychological support interventions for victims.

(5) The hours of continuing education completed under this subsection shall ~~[will]~~ count towards completion of the 20 contact hours of CNE required in subsection (a) of this section. Certification related to forensic evidence collection that is approved by the Board may be used to fulfill the requirements of this subsection.

(e) A nurse who holds or is seeking to hold a valid Volunteer Retired (VR) Nurse Authorization ~~[volunteer retired (VR) nurse authorization]~~ in compliance with the Occupations Code §112.051 and §301.261(e) and §217.9~~(e)~~^(d) of this title (relating to Inactive and Retired Status):

(1) Must, if licensed by the Board as a LVN and/or RN, have completed at least 10 contact hours of CNE in his or her area of practice ~~[as defined in this chapter]~~ within the two years immediately preceding application for, or renewal of, VR status ~~[during the previous biennium, unless the nurse also holds valid recognition as an APRN or is a Volunteer Retired Registered Nurse (VR-RN) with advanced practice authorization in a given role and specialty in the State of Texas].~~

(2) Must, if licensed by the Board as an APRN, have completed at least 20 contact hours of continuing education [CE] in his or her area of practice within the two years immediately preceding application for, or renewal of, VR status ~~[as defined in this chapter if authorized by the Board in a specific advanced practice role and specialty]~~. The 20 hours of continuing education [CE] must meet the same criteria as APRN continuing education [CE] defined under subsection (c) of this section. A ~~n~~ nurse [APRN] authorized as a VR-RN/APRN ~~[with APRN authorization]~~ may not hold prescriptive authority. This does not preclude a registered nurse from placing his or ~~[h]er APRN license [authorization]~~ on inactive status and applying for authorization only as a VR-RN.

(3) Is exempt from fulfilling targeted continuing education [CE] requirements, ~~[except as required for volunteer retired APRNs].~~

(f) Tick-Borne Diseases. An APRN~~[,]~~ whose practice includes the treatment of tick-borne diseases~~[,]~~ is encouraged to participate in continuing education relating to the treatment of tick-borne diseases. The continuing education course(s) should contain information relevant to treatment of the disease within the APRN's role and population focus area of licensure ~~[applicable to the APRN]~~ and may represent a spectrum of relevant medical clinical treatment relating to tick-borne disease. Completion of CME ~~[continuing medical education]~~ in the treatment of tick-borne disease that meets the requirements of this subsection shall count towards completion of the 20 contact hours of continuing education required for APRNs in subsection (c) of this section ~~[be credited as continuing education under this chapter]~~.

(g) Nursing Jurisprudence and Nursing Ethics. Each nurse, including an APRN, is required to complete at least two contact hours of CNE ~~[, as defined in this chapter,]~~ relating to nursing jurisprudence and nursing ethics before the end of every third~~[,]~~ two-year licensing period, applicable to licensing periods that began on or after January 1, 2014. The CNE course(s) shall contain information related to the Texas Nursing Practice Act, the Board's rules, including §217.11 of this title (relating to Standards of Nursing Practice), the Board's position statements, principles of nursing ethics, and professional boundaries. The hours of CNE completed ~~[continuing education required]~~ under this subsection shall count towards completion of the 20 contact hours

of CNE required in subsection (a) of this section. Certification and/or CME may not be used to fulfill the CNE requirements of this subsection.

(h) Older Adult or Geriatric Care. A nurse, including an APRN, whose practice includes older adult or geriatric populations is required to complete ~~[shall complete]~~ at least two contact hours of CNE relating to older adult or geriatric populations or maintain certification in an area of practice relating to older adult or geriatric populations before the end of every licensing period, applicable to licensing periods that began on or ~~[, as defined in this chapter, in every licensure cycle]~~ after January 1, 2014. The CNE course(s) may contain information related to elder abuse, age-related memory changes and disease processes, including chronic conditions, end of life issues, health maintenance, and health promotion. The hours of CNE completed under this subsection shall count towards completion of the 20 contact hours of CNE required in subsection (a) of this section. Certification related to older adult or geriatric populations that is approved by the Board may be used to fulfill the CNE requirements of this subsection.

~~[(1) The minimum two contact hours of CE required by this subsection shall include information relating to elder abuse, age related memory changes and disease processes, including chronic conditions, and end of life issues. The minimum two contact hours of CE may include information related to health maintenance and health promotion of the older adult or geriatric populations.~~

~~(2) Certification related to the older adult or geriatric populations that is approved by the Board may also be used to fulfill the CE requirements of this subsection. Further, the hours of continuing education completed under this subsection shall count towards completion of the 20 contact hours of CE required in subsection (a) of this section.]~~

§ 216.4. Criteria for Acceptable Continuing Education Offerings ~~[Activity]~~.

Continuing education offerings ~~[Education programs]~~ must be approved by a credentialing agency or provider ~~[or an affiliated entity of one of these agencies]~~ recognized by the Board. Proof of successful completion shall contain the name of the provider; the program title, date, and location; number of contact hours; provider number; and name of the credentialing agency.

§ 216.5. Additional Methods for Meeting Continuing Competency Requirements ~~[Criteria for Specific Continuing Education Programs]~~.

(a) Academic Courses. A licensee may receive CNE credit for attendance and completion of an academic course that meets the following criteria: ~~[In addition to those programs reviewed by a Board approved entity, a licensee may attend an academic course that meets the following criteria:]~~

(1) The course shall be within the framework of a curriculum that leads to an academic degree in nursing or any academic course directly relevant to the licensee's area of nursing practice; and [-]

(2) [~~Participants,~~] Upon [~~upon~~] audit by the Board, the licensee must submit to the Board [~~shall be able to present~~] an official transcript indicating completion of the course with a grade of "C" or better, or a "Pass" on a Pass/Fail grading system.

(3) Contact hours may be obtained by this means for academic courses that were completed within the licensing period. CNE credit for academic courses will convert on the following basis: one academic quarter hour = 10 contact hours; one academic semester hour = 15 contact hours.

(b) Program Development and/or Presentation. A licensee may receive CNE credit for development [~~Development~~] and/or presentation of a program that is approved by one of the credentialing agencies or providers recognized [~~approved~~] by the Board.

(1) Upon audit by the Board, the licensee must submit to the Board on one page: the title of the program, program objectives, brief outline of content, name of credentialing agency that approved the program for contact hours, provider number, program number [~~assigned to the program~~], dates and locations of the presentation, and number of contact hours.

(2) Contact hours for program development and/or presentation [~~a presentation~~] shall equal the number of contact hours awarded by a credentialing agency or provider recognized [~~approved~~] by the Board for the offering. Contact hours may be obtained by this means by the nurse(s) who developed and/or presented the qualifying program per licensing [~~renewal~~] period; [-
Only] only distinct activities may be used to obtain contact hours by this means for a licensing [~~renewal~~] period.

(c) Authorship. A licensee may receive CNE credit for development and publication of a manuscript related to nursing and health care that is published in a nursing or health-related textbook or journal.

(1) Upon audit by the Board, the licensee must submit to the Board a letter from the publisher indicating acceptance of the manuscript for publication or a copy of the published work.

(2) One contact hour per distinct publication may be obtained by this means per licensing [~~renewal~~] period.

§ 216.6. Activities that are not Acceptable as Continuing Education.

The following activities do not meet continuing education requirements for licensure renewal.

(1) Basic Life Support (BLS) or cardiopulmonary resuscitation (CPR) courses.

(2) In service programs. Programs sponsored by the employing agency to provide specific information about the work setting and orientation or other programs which address the institution's philosophy; policies and procedures; on-the-job training; ~~[and basic CPR;]~~ and equipment demonstration ~~[are not acceptable for CNE credit].~~

(3) Nursing refresher courses. Programs designed to up[-]date knowledge of ~~[or]~~ current nursing theory and clinical practice, which consist of a didactic and clinical component, to ensure entry level competencies into nursing practice ~~[are not accepted for CNE credit].~~

(4) Orientation programs. A program designed to introduce employees to the philosophy, goals, policies, procedures, role expectations, and physical facilities of a specific work place ~~[are not acceptable for CNE credit].~~

(5) Courses which focus upon self-improvement, changes in attitude, self-therapy, and self-awareness that do not delineate the impact on nursing practice or improved patient outcomes, ~~weight loss, and yoga~~.

(6) Economic courses for financial gain, e.g., investments, retirement, preparing resumes, and techniques for job interview.

(7) Courses which focus on personal appearance in nursing.

(8) Liberal art courses in music, art, philosophy, and others when unrelated to patient/client care.

(9) Courses designed for lay people.

(10) Self-directed study—An educational activity wherein the learner takes the initiative and the responsibility for assessing, planning, implementing, and evaluating the activity including, but not limited to, academic courses that are audited, ~~[or]~~ that are not directly relevant to a licensee's area of nursing practice, or that are prerequisite courses such as mathematics, physiology, biology, government, or other similar courses ~~[are not acceptable].~~

(11) Continuing Medical Education (CME), unless completed by an APRN in the APRN's role and population focus area of licensure and otherwise accepted in this chapter.

§ 216.7. Responsibilities of Individual Licensee.

(a) The licensee shall be responsible [~~It shall be the licensee's responsibility~~] to select and participate in continuing competency activities that will meet the requirements and criteria listed in this chapter.

(b) The licensee shall be responsible to maintain [~~for maintaining~~] a record of CNE activities. These records shall document attendance as evidenced by original certificates of completion [~~attendance~~], contact hour certificates, or official academic transcripts. [~~and copies~~] Copies of these shall be submitted to the Board upon audit.

(c) The licensee shall be responsible to maintain these [~~These~~] records [~~shall be maintained by the licensee~~] for a minimum of three consecutive licensing [~~renewal~~] periods or six years, unless otherwise specified in this chapter.

§ 216.8. Relicensure Process.

(a) Renewal of license.

(1) Upon renewal of the license, the licensee shall sign a statement attesting that the CNE contact hours or approved national nursing certification requirement[s] has [~~have~~] been met.

(2) The contact hours must have been completed within the licensing period and by the time of [~~biennium immediately preceding the~~] application for license renewal. Contact [~~CNE contact~~] hours from a previous licensing [~~renewal~~] period will not be accepted. Additional contact hours earned may not be used for subsequent licensure renewals [~~periods~~].

(b) Persons licensed by examination. A candidate licensed by examination shall be exempt from the CNE contact hours or approved national nursing certification requirement for issuance of the initial Texas license and for the immediate licensing [~~renewal~~] period following initial Texas licensure with the exception of targeted continuing competency requirements under §216.3(d) of this chapter (relating to Continuing Competency Requirements).

(c) Persons licensed by endorsement. An applicant licensed by endorsement shall be exempt from the CNE contact hours or approved national nursing certification requirement for [~~the~~] issuance of the initial Texas license and for the immediate licensing [~~renewal~~] period following initial Texas licensure with the exception of targeted continuing competency requirements under §216.3(d) of this chapter (relating to Continuing Competency Requirements).

(d) Delinquent license.

(1) A license that has been delinquent for less than four years may be renewed by the licensee submitting proof [~~showing evidence~~] of having completed 20 contact hours of acceptable CNE or a current [~~an~~] approved national nursing certification in his or her prior area of practice within the two years immediately preceding [~~the~~] application for relicensure and by meeting all other Board requirements. A licensee shall be exempt from the continuing competency [~~education~~] requirements for the immediate licensing [~~renewal~~] period following renewal of the delinquent license with the exception of targeted continuing competency requirements under §216.3(d) of this chapter (relating to Continuing Competency Requirements).

(2) A license that has been delinquent for four or more years may be renewed upon completion of requirements listed in §217.6 of this title (relating to Failure to Renew License).

(e) Reactivation of a license.

(1) A license that has been inactive for less than four years may be reactivated by the licensee submitting proof [~~verification~~] of having completed [~~at least~~] 20 contact hours of acceptable CNE [~~continuing education~~] or a current approved national nursing certification in his or her [~~their current or~~] prior area of practice within the [~~past~~] two years immediately preceding [~~prior to~~] application for reactivation and by meeting all other Board requirements. A licensee shall be exempt from the continuing competency requirements for the immediate licensing period following reactivation of the license with the exception of targeted continuing competency requirements under §216.3(d) of this chapter (relating to Continuing Competency Requirements).

(2) A license that has been inactive for four or more years may be reactivated upon completion of requirements listed in §217.9 of this title (relating to Inactive and Retired Status).

(f) Reinstatement of a license. A licensee whose license has been revoked and subsequently applies for reinstatement must show evidence that the continuing competency requirements and other Board requirements have been met prior to reinstatement of the license by the Board.

§ 216.9. Audit Process.

The Board shall select a random sample of licensees 90 days prior to each renewal month. Notification [~~Audit forms~~] shall be sent to selected licensees to substantiate compliance with the continuing competency requirements.

(1) [~~Within 30 days following notification of audit, these selected~~] Selected licensees shall submit the following, as outlined in the notification [~~an audit form and~~]:

(A) documentation as specified in §216.4 and §216.5 of this chapter (relating to Criteria for Acceptable Continuing Education Offerings [Activity] and Additional Methods for Meeting Continuing Competency Requirements [Criteria for Specific Continuing Education Programs]) and any additional documentation the Board deems necessary to verify compliance with the continuing competency [education] requirements for the period of licensure being audited; or

(B) a copy of the current approved national nursing certification and any additional documentation the Board deems necessary to verify compliance with the continuing competency requirements for the period of licensure being audited.

(2) Failure to notify the Board of a current mailing address and email address will not absolve the licensee from audit requirements.

(3) Pursuant to this section, an audit shall be automatic for a licensee who has been found noncompliant in an immediately preceding audit.

(4) Failure to complete the audit satisfactorily or falsification of records shall constitute unprofessional conduct and provide grounds for disciplinary action.

§ 216.10. Appeals.

(a) Any individual who wishes to appeal a determination of non[-]compliance with the continuing competency requirements shall ~~must~~ submit a letter of appeal within 20 days of notification of the audit results.

(b) The Board or its designee shall conduct a review in which the appellant may appear in person to present reasons why the audit decision should be set aside or modified.

(c) The decision of the Board after the appeal shall be considered final and binding.

§ 216.11. Consequences of Non[-]Compliance.

Failure to comply with the Board's continuing competency requirements will result in the denial of license renewal.