

This is an amendment to 16.12.2 NMAC, Sections 9, 11 through 15 effective 5/21/2024.

**16.12.2.9 LICENSURE REQUIREMENTS FOR REGISTERED AND PRACTICAL NURSES:**

Licensure with the New Mexico board of nursing is mandatory and is the responsibility of the individual nurse, pursuant to the Nursing Practice Act. For states who are a part of the nurse licensure compact, licensure in New Mexico can only be issued to applicants who declare New Mexico as their primary state of residence.

**A.** Prerequisites for licensure of RNs and LPNs by examination in New Mexico.

**(1)** Completion of and eligible for graduation from a board approved course of study for the preparation of registered nurses or practical nurses, or an acceptable level of education as determined by the board or graduation from a program which is equivalent to an approved program of nursing in the United States:

**(a)** minimum acceptable level of education for LPN licensure by examination and for candidates enrolled in RN programs with LPN programs embedded include:

**(i)** minimum of 500 hours, 250 didactic, 250 (clinical and lab) which includes the minimum as follows; OB/Peds - 30 hours didactic/40 hours clinical; medical-surgical - 60 hours didactic/ 90 hours clinical; pharmacology - 45 hours didactic; and psych - 60 contact hours;

**(ii)** LPN transition course approved by the board.

**(b)** request to New Mexico board of nursing for LPN licensure examination by acceptable level of education from an approved program of nursing that does not offer a PN program [~~should~~] must include:

**(i)** transcripts with a minimum of 500 hours in nursing education and proof of successful completion of a board approved LPN transition course;

**(ii)** written communication from the director of the approved nursing program requesting permission for nursing students to test for LPN licensure.

**(c)** certification of eligibility for LPN licensure examination by students enrolled in a nursing program with a LPN track will need to include:

**(i)** transcripts with a minimum of 500 hours in nursing education and a board approved LPN transition course passed successfully on completion of board approved LPN transition course;

**(ii)** written communication from the director of the approved nursing program requesting permission for nursing students to test for LPN licensure.

**(2)** RN and PN graduates from non-U.S. nursing programs:

**(a)** shall have an evaluation of their nursing education credentials sent to the [~~New Mexico~~] board directly from a board recognized educational credentialing agency;

**(i)** the credentialing agency must be a member of a national credentialing organization and must be monitored by an external committee of credentialing experts and nursing educators;

**(ii)** the credentialing agency must demonstrate the ability to accurately analyze academic and licensure credentials in terms of U.S. comparability, with course-by-course analysis of nursing academic records;

**(iii)** the credentialing agency must manage the translation of original documents into English;

**(iv)** the credentialing agency will inform the board of nursing in the event of fraudulent documents;

**(v)** the credentials report must state the language of nursing instruction and language of textbooks for nursing education; and

**(vi)** the credentialing agency must only use original source documents in evaluating nursing education and must compare the foreign education to the U.S. education standards.

**(vii)** the executive director and the board reserve the right to not recognize [a] an educational credentialing agency that does not meet these requirements.

**(b)** Puerto Rico applicants who are graduates of a program accredited by a US national nursing accreditation organization registered nurse program are eligible to sit national council licensure examination for registered nurses (NCLEX-RN) exam;

**(c)** successful completion of [~~any one of the~~] a board approved English competency examinations with the following conditions:

(i) a minimum score of 540 (207 on computerized version) on the test of English as a foreign language (TOEFL) or test of English as a foreign language - internet based test (TOEFL IBT) minimal passing standard of 84 overall, with a minimum speaking score of 26, a minimum score of 725 on test of English for international communication test of English for international communication (TOEIC) or a minimum score of 6.5 overall with a 7.0 on the spoken portion on the academic version of international English language testing system international English language testing system (IELTS); OET Grade C+ for reading, writing, and listening, OET Grade B for speaking on the occupational English test (OET); a minimum score of 59 or higher and a CEFR score of B2 or higher on the Michigan English test (MET) score report;

(ii) completion of a nursing program given in English in another country;  
(iii) a passing score on a nursing licensure examination which is given in English.

(3) Completion of the required board of nursing application for licensure by examination according to instructions and including the required fee.

(4) Completion of NCLEX application for the testing service according to instructions.

(5) Graduates who have compact state addresses or who declare another compact state as their state of residence on their application will have their application for examination [~~and appropriate fees returned to them~~] denied.

(6) The board shall not approve an application for a license until the applicant provides the following information:

(a) demographics, including race, ethnicity and primary and other languages spoken;

(b) practice status, including but not limited to: active practices in New Mexico and other locations; practice type, practice settings, such as hospital, clinic or other clinical settings;

(c) education, training and primary and secondary specialties;

(d) average hours worked per week and the average number of weeks worked per year in the licensed profession;

(e) percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration in the licensed profession;

(f) practice plans for the next five years, including retiring from the health care profession, moving out of state or changing health care work hours.

**B.** Nationwide criminal background check. Applicants for licensure in New Mexico are subject to a state and national criminal background check at their cost.

(1) Applicants will follow the criminal background check process required by the New Mexico department of public safety or its agent.

(2) Applications for exam or endorsement will not be processed without results of a criminal background check.

(3) If the criminal background check reveals a felony or violation of the Nursing Practice Act, the applicant/licensee will be notified to submit copies of legal documents and other related information to be reviewed by the executive director, as delegated by the board, or the board [~~that will~~] to make the determination if the applicant is eligible for licensure or if disciplinary action will be taken.

**C.** Complete application for licensure by examination, certification of eligibility for graduation completed by nursing education program or official transcript, and an approved criminal background check must be received by the board office prior to being granted permission to take the national licensing examination (NCLEX). Certification of eligibility for graduation completed by nursing education program or official transcript, indicating date requirements for graduation from the nursing program were met and certificate or degree awarded must be received in the board office directly from the registrar's office.

**D.** Results of the examination shall be reported to the individual applicant within [~~four~~] two weeks following the applicant's examination date. Examination results shall be released to the applicant's nursing program and boards of nursing unless otherwise instructed, in writing, by applicant.

**E.** An initial license shall be valid until the last day of the applicants' birth month after the first anniversary of the initial license.

**F.** Applications containing fraudulent or misrepresented information could be the basis for denial or revocation of licensure.

**G.** If the licensure process is not completed, the application becomes null and void [~~six~~] 12 months after date of the application being received at the board.

**H.** Permits-to-practice may be issued for employment at a specific institution(s) in New Mexico. Permits-to-practice can be emailed, faxed or mailed directly to the New Mexico employing institution(s).

(1) To be eligible for a permit-to-practice, the applicant must:

(a) complete the application process to take the NCLEX within 12 weeks of graduation; the permit to practice for RN and PN graduates of U.S. schools may be issued for a period not to exceed six months from the receipt date of application; permits to practice may not be issued by the New Mexico board of nursing for employment at specific institution(s) in compact states; permits-to-practice will not be issued for applicants who declare residency in other compact states;

(b) RN and PN graduates from non-U.S. nursing programs may be issued a permit-to-practice in New Mexico for a period not to exceed six months from the date of application when requirements are met according to Paragraph (2) of Subsection A of 16.12.2.9 NMAC;

(c) assure that prospective New Mexico employer(s) submit a letter of intent to employ to the board office, on agency letterhead, indicating the name of a specific New Mexico employer and name and nursing license number of the RN who is responsible for assuring direct supervision by a registered nurse;

(d) have an approved criminal background check results.

(2) Permits-to-practice cannot be transferred or renewed.

(3) Written notification from employer must be made to the board office in case of lost or stolen permit-to-practice.

(4) Permits-to-practice shall be valid until the examination results are disseminated but shall not exceed the expiration date on the permit.

(a) Applicants who fail the first or any subsequent examination shall not practice nursing until such time as the applicant passes a nursing licensing examination.

(b) Any applicant who is eligible to write the professional examination but elects to write the practical examination on the basis of practical nursing education equivalency and fails the practical examination shall not be granted graduate nurse status when the applicant applies to write the professional registered nurse examination.

(c) Any applicant who fails to appear for the first examination for which applicant is eligible shall not practice nursing until such time as the applicant passes a licensing examination.

(5) Candidates who were not successful on the *national licensure examination* will receive the results as soon as they are available.

(6) Applicants who hold a graduate permit-to-practice and do not become licensed prior to the expiration date of the permit may not continue to practice as a graduate nurse or graduate practical nurse.

**I.** Direct supervision for graduate permit holders:

(1) at a minimum, the RN responsible for direct supervision must be in the facility or on the unit with the graduate;

(2) the RN is responsible for observing, directing and evaluating the performance of the graduate;

(3) the RN supervisor must not be engaged in other activities that would prevent them from providing direct supervision.

**J.** NCLEX attempt limits:

(1) Applicants educated in the United States may take the examination a maximum of five times within three years of graduation from basic nursing education.

(2) Applicants educated outside of the United States may take the examination a maximum of five times within three years of their initial New Mexico application for licensure through examination.

(a) Applicants educated outside of the United States may apply for initial licensure regardless of date of completion of basic nursing education [with] with verification of licensure as a nurse in the within the last four years.

(b) Applicants educated outside of the United States may apply for initial licensure within four years of completion of basic nursing education if there is no verification of licensure within the last four years.

(3) The applicant must wait 45 days to retest after failing the exam.

(4) Applicants for re-examination must meet all NCLEX requirements for retaking the examination.

(5) Education requirements must be met as specified and do not provide or allow for any test out options.

**K.** National council licensing examination:

(1) Applicants for licensure as registered nurses shall be required to pass the NCLEX-RN.  
(2) Applicants for licensure as licensed practical nurses shall be required to pass the NCLEX-PN.

(3) Applicants observed giving or receiving unauthorized assistance during the taking of the national licensing examination shall be referred to the board by a sworn complaint.

L. Expedited licensure for registered nurses and licensed practical nurses:

(1) An expedited license is a one-year provisional license that confers the same rights, privileges and responsibilities as regular licenses issued by a board. The board will issue an expedited license to a qualified applicant based on prior licensure in an eligible jurisdiction other than New Mexico upon an applicant's submission of a complete application containing all of the following:

- (a) a completed and signed application form;
- (b) proof of current licensure in an eligible jurisdiction;
- (c) proof of good standing for the license held by the applicant in an eligible jurisdiction;
- (d) submission of fingerprints and other information necessary for a state and national background check; and
- (e) payment of the required application fee.

(2) An expedited license application shall not be deemed complete until the applicant has submitted, and the board's staff is in receipt of, all of the materials required by Paragraph (1) of Subsection L of 16.12.2.9 NMAC including documentation from third parties.

(3) Upon submission of a complete application, the board's staff shall process the application and issue the expedited license to the applicant within 30 days unless the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978.

(4) If the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978:

- (a) the license may not be issued within 30 days of submission of the complete application;
- (b) the matter of the applicant's application shall be submitted to the board for consideration and action at its next available regular meeting; and
- (c) the board may vote to grant the application or refer the matter to its administrative prosecutor contemplating the ultimate denial of the application as provided by the board's rules.

(5) An expedited license is a single-state license not subject to the multistate compact: prior to renewal of license, the holder of the expedited license may apply to change the expedited license to a multistate license and must fulfill all the requirements of the nurse licensure compact, including completing another background check;

(6) Renewal of licenses:

- (a) a licensee holding an expedited license may apply for license renewal beginning 60 days prior to expiration of the expedited license, as provided by the board's rules;
- (b) upon renewal, an expedited license shall become a regular single-state license;
- (c) if the licensee holding an expedited license was not required by the licensee's original jurisdiction outside of New Mexico to pass the NCLEX for original licensure, the licensee shall be required to take and pass the NCLEX as a prerequisite to the renewal of the license. In such a case, the expedited license shall not be renewed unless the licensee passes the NCLEX.

(7) Eligible and ineligible jurisdictions:

- (a) the board will accept expedited license applications on the basis of prior licensure in any jurisdiction within the United States except the following: Puerto Rico, on the grounds that this jurisdiction does not participate in the coordinated licensure system.  
[~~(i) Michigan, on the grounds that this jurisdiction does not participate in the coordinated licensure system for the purposes of discipline; and~~  
~~(ii) Puerto Rico, on the grounds that this jurisdiction does not participate in the coordinated licensure system.~~]

(b) the board will accept expedited license applications on the basis of prior licensure in the following jurisdictions outside the United States: Canada.

M. Qualifications for licensure as a RN or LPN are pursuant to the Nursing Practice Act:

(1) LPN applicants initially licensed after July 1, 1969 must meet the educational requirements.

(2) Military personnel, licensed as LPNs by successful writing of the national licensing examination prior to July 1, 1977, may be licensed in New Mexico by endorsement providing their DD-214 shows the related civilian occupation to be "LPN".

(3) Continuing education (CE) is not required for initial licensure by endorsement. CE requirements must be met at the time of the first renewal. CE may be prorated to commensurate with the length of the renewal period.

(4) Disciplinary action taken or pending against a nursing license in another jurisdiction, or a conviction of a felony, may result in denial of a license.

N. An initial license shall be valid until the last day of the applicants' birth month after the first anniversary of the initial license.

O. If the licensure process is not completed within one year after date application received by the board, the application becomes null and void.

P. In case of a medical emergency (as defined in these rules), nurses currently licensed to practice as a RN or LPN in a jurisdiction of the United States may practice in New Mexico without making application for a New Mexico license for a period not to exceed 30 days.

Q. Requirements for relicensure and reactivation. Applicants for relicensure and reactivation must meet CE requirements as stated in these rules, pursuant to the Nursing Practice Act Section 61-3-24 NMSA 1978. The CE may be prorated to commensurate with the length of the renewal period.

(1) Licensed nurses shall be required to complete the renewal process by the end of their renewal month every two years.

(2) A renewal notice shall be sent electronic notification to the licensee at least six weeks prior to the end of the renewal month.

(a) Renewal of license may be accepted no more than 60 days prior to the expiration date of the license.

(b) The board shall not approve an application for a renewal of license until the applicant provides the following information:

(i) demographics, including race, ethnicity and primary and other languages spoken;

(ii) practice status, including but not limited to: active practices in New Mexico and other locations; practice type, practice settings, such as hospital, clinic or other clinical settings;

(iii) education, training and primary and secondary specialties;

(iv) average hours worked per week and the average number of weeks worked per year in the licensed profession;

(v) percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration in the licensed profession;

(vi) practice plans for the next five years, including retiring from the health care profession, moving out of state or changing health care work hours.

(c) Failure to receive notice of pending renewal shall not relieve the licensee of the responsibility of renewing the license by the expiration date.

(d) If the license is not renewed by the end of the renewal month, licensee does not hold a valid license and shall not practice nursing in New Mexico until the lapsed licensed has been reactivated.

(e) A reactivation fee will be charged when license has lapsed.

(f) Exception: if renewing, nurses who are mobilized for active duty are not required to renew their license while on active duty, other than training, during a military action. A copy of the mobilization orders must be submitted to the board office prior to expiration of the license. The license extension shall end one month after deployment is concluded. No reactivation fee will be charged when the license is renewed.

(3) 30 hours of approved CE must be accrued within the 24 months immediately preceding expiration of license. CE may be prorated to commensurate with the length of the renewal period.

(a) Certified nurse practitioners must submit a copy of valid APRN national certification.

(b) Certified registered nurse anesthetists must submit a copy of the recertification card issued by NBCRNA for renewal of the CRNA license.

(c) Clinical nurse specialist must submit a copy of valid APRN national certification.

(d) Exception: if renewing, nurses mobilized for military action are not required to meet the CE requirements while on active duty, other than training, during a military action. A copy of the mobilization order must be submitted along with the renewal application.

(4) Individuals who reside out-of-state who do not hold primary residence in a nurse licensure compact state, but wish to maintain a current, valid New Mexico license, must meet the same requirements for licensure as licensees residing within the state who have declared New Mexico as their primary residence.

(5) Penalty: failure of licensee to meet the CE requirement for licensure shall result in the license not being renewed, reinstated, or reactivated. When the CE requirement has been met, an application for licensure may be submitted for consideration.

(6) Licenses can be verified on the board website or www.nursys.com.

(7) Individuals who are reactivating a license which has been lapsed for four or more years must complete a refresher course that includes both a didactic and clinical component designed to prepare a nurse who has been out of practice to re-enter into practice.

(a) Applicants will follow the criminal background check process required by the New Mexico department of public safety or its agent and have a new criminal background check result approved.

(b) A temporary license will be issued not to exceed six months unless the board of nursing approves an extension to allow the individual to complete the refresher course clinical component. If documentation is not received by the board verifying successful completion of the refresher course prior to the temporary license expiration date, the individual will not be allowed to practice nursing.

(c) Advanced practice nurses who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their specific advanced practice knowledge, skills and expertise. A temporary license will be issued not to exceed one year unless board of nursing approves an extension.

R. Reactivation/reinstatement of a lapsed license must meet the requirements for re-licensure, to include a background check if lapsed for over 90 days, pursuant to the Nursing Practice Act and these rules. A reactivated or reinstated license shall be valid up to two years.

S. Inactive status. Licensee may request [~~her/his~~] their license be placed on inactive status during the renewal cycle only; however, the licensee may not function in a nursing capacity as a New Mexico licensed nurse until the license is reactivated.

T. The board will collect a standardized core essential data set as required in regulation for examinations and renewals which will be entered into the internal licensing database at the board of nursing. [16.12.2.9 NMAC - Rp, 16.12.2.10 NMAC, 12/13/2022, A; 5/21/2024]

#### **16.12.2.11 STANDARDS OF NURSING PRACTICE:**

A. The nurse shall maintain individual competence in nursing practice, recognizing, and accepting responsibility for individual actions and judgments.

(1) Competent nursing practice requires that the nurse have the knowledge and skills to practice nursing safely and properly in accordance with [~~his/her~~] their licensure status and to perform specific functions or procedures required in [~~his/her~~] their particular area of practice. Competent nursing practice also requires that the nurse have the knowledge to recognize and respond to any complication(s) which may result from the function or procedure the nurse performs.

(2) To maintain the requisite knowledge and skills, the nurse shall engage in CE specific to [~~his/her~~] their particular area of practice.

(3) The nurse shall use individual competence as a criterion in accepting assigned responsibilities.

(4) The nurse contributes to the formulation, interpretation, implementation and evaluation of the objectives and policies to nursing practice within [~~his/her~~] their employing setting.

B. The nurse shall assign/delegate to licensed and unlicensed persons only those nursing actions which that person is prepared, qualified or licensed or certified to perform.

(1) The nurse is accountable for assessing the situation and is responsible for the decision to delegate or make the assignment.

(2) The delegating nurse is accountable for each activity delegated, for supervising the delegated function or activity, and for assessing the outcome of the delegated function or activity.

(3) The nurse may not delegate the specific functions of nursing assessment, evaluation and nursing judgment to non-licensed persons.

(4) Registered nurses engaged in school nursing practice may delegate medication administration, including emergency medication, to adults affiliated with school operations.

C. The nurse shall have knowledge of the laws and rules governing nursing and function within the legal boundaries of nursing practice.

(1) The nurse must report incompetent and unprofessional conduct to the appropriate authorities.

(2) The nurse must report violations of the Nursing Practice Act and administrative rules of the board of nursing to the board of nursing.

D. The nurse acts to safeguard the patient [~~client~~] when [~~his~~] their care and safety are affected by incompetent, unethical, or illegal conduct of any person by reporting the conduct to the appropriate authorities.

E. The nurse shall recognize the dignity and rights of others regardless of social or economic status and personal attributes, shall conduct practice with respect for human dignity, unrestricted by considerations of age, race, religion, sex, sexual orientation, national origin, disability or nature of the patient/client's health problems.

F. The nurse safeguards the [~~individual's~~] patient's right to privacy by judiciously protecting information of a confidential nature, sharing only that information relevant to [~~his~~] their care.

G. The nurse shall identify herself/himself by name and licensure category and shall permit inspection of their license when requested.

H. Standards for professional registered nursing practice. Registered nurses practice in accordance with the definition of professional registered nursing in the NPA. Subsection J of Section 61-3-3 NMSA 1978.

(1) RNs may assume specific functions and perform specific procedures which are beyond basic nursing preparation for professional registered nursing Subsection J of Section 61-3-3 NMSA 1978 provided the knowledge and skills required to perform the function and procedure emanates from a recognized body of knowledge and practice of nursing, and the function or procedure is not prohibited by any law or statute:

(a) emerging functions and procedures that do not emanate from a nursing body of knowledge will require national certification from a recognized body to denote mastery and assess competency as the RN is recognized as being certified;

(b) certificates of course completion are not evidence of mastery nor evidence of competency.

(2) When assuming specific functions and performing specific procedures, which are beyond the nurse's basic educational preparation, the RN is responsible for obtaining the appropriate knowledge, skills and supervision to assure he/she can perform the function/procedure safely and competently:

(a) administration of medication for the purposes of [~~procedural~~] moderate sedation and analgesia requires particular attention;

(b) a nurse shall possess specialized nursing knowledge, judgment, skill and current clinical competence to manage the nursing care of the patient receiving [~~procedural~~] moderate sedation including:

(i) being currently trained with demonstrated proficiency in [~~ACLS or PALS;~~] age-appropriate advanced life support, including but not limited to: Advanced cardiac life support (ACLS), pediatric advanced life support (PALS), Neonatal resuscitation program (NRP);

(ii) knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition, oxygen delivery, respiratory physiology, transport and uptake and the use of an oxygen mask, bag-valve mask, oral airway, nasal airway adjunct, or the maintenance of a supraglottic airway, or endotracheal tube;

(iii) ability to recognize emergency situations and institute emergency procedures as appropriate to the patient condition and circumstance.

(c) To perform [~~procedural~~] moderate sedation a registered nurse:

(i) shall not have other responsibilities during or after the procedure that would compromise the nurse's ability to adequately monitor the patient during [~~procedural~~] moderate sedation/analgesia;

(ii) shall assess the physical setting for safe administration of medications for sedation and proceed only if the resources needed for reasonable anticipated emergencies are available;

(iii) shall ensure that a qualified airway specialist is [~~readily~~] immediately available during and after the procedure for respiratory emergencies. Immediately available meaning being present in the facility, in the vicinity of the care being administered, and not otherwise engaged in any other uninterrupted procedure or task.

(iv) a qualified airway specialist is trained in and maintains a current competency in endotracheal intubation, such as but not limited to a CRNA, anesthesiologist, emergency physician, paramedic, respiratory therapist or a registered nurse;

~~(iv)~~ (v) shall decline to administer medications classified as sedatives or other medication if the registered nurse assesses the administration of sedatives or other medication would be unsafe under the circumstances;

~~(v)~~ (vi) shall maintain adequate oxygenation and ventilation via an appropriate method.

(d) Administration of anesthetics is restricted to an anesthesia provider; pursuant to Section 61-3-6 NMSA 1978. However, RNs may maintain anesthetic medication drips on intubated and mechanically ventilated patients. RNs with education and competency may also administer anesthetic medications under the supervision of a qualified airway specialist, acting as a “provider’s third hand,” and assist with airway management when the provider is unable to free their hands or otherwise administer anesthetics during airway management. This restriction does not apply to surface or air transport RNs providing emergency airway care while in direct communication with their medical director or while following approved medical protocols.

(e) A RN may administer ketamine at a very-low dose only in the following situations:

(i) for providing moderate sedation for diagnostic or therapeutic procedures;

(ii) for analgesia or management of psychiatric disorders, and

(iii) for palliative (end of life) care. A very-low dose permitted under this rule, means a dose of ketamine that is a fraction of the anesthetic maintenance dose and will not exceed a moderate sedation level of consciousness for non-ventilated patients. Proper protocols, training and education of the RN must be in place to assure patient/client safety, rescue equipment is readily available, and the supervising provider is knowledgeable of the medications and can intervene if assistance is required.

**I.** Standards for licensed practical nursing practice. Licensed practical nurses practice in accordance with the definition of licensed practical nursing in the NPA Subsection G of Section 61-3-3 NMSA 1978.

**(1)** LPNs may assume specific functions and perform specific procedures which are beyond basic preparation for licensed practical nursing Subsection G of Section 61-3-3 NMSA 1978 provided the knowledge and skills required to perform the function and procedure emanates from the recognized body of knowledge and practice of nursing, and the functions or procedure is not prohibited by any law or statute. LPNs who perform procedures which are beyond basic preparation for practical nursing must only perform these procedures under the supervision/direction of a RN, MD, DO, dentist, or Physician Assistant (PA), so long as a supervising PA is serving as a collaborative or supervised physician extender.

**(2)** LPNs may perform intravenous therapy, including initiation of IV therapy, administration of intravenous fluids and medications, and may administer medications via the intraperitoneal route provided the LPN has the knowledge and skills to perform IV therapy safely and properly. LPNs may administer medications for minimum sedation/analgesia only. Administration of medications for moderate sedation, deep sedation, or palliative sedation, including the administration of any anesthetics, is not within the LPN scope of practice.

**(3)** When assuming specific functions and performing specific procedures which are beyond the LPN’s basic educational preparation, the LPN is responsible for obtaining the appropriate knowledge, skills and supervision to assure he/she can perform the function/procedure safely and competently.

**(4)** LPNs may perform selected aesthetic procedures, such as laser treatments, under the direct supervision of a qualified provider. However, LPNs may not provide aesthetic injections.

**J.** Educational program criteria. Educational programs preparing either RNs or LPNs to perform specific functions and procedures that are beyond basic educational preparations should:

**(1)** prepare the nurse to safely and properly perform the function and procedures;

**(2)** prepare the nurse to recognize and respond to any complication(s) which may result from the procedure, and;

**(3)** verify the nurse’s knowledge and the ability to perform the specific functions and procedures.

[16.12.2.11 NMAC - Rp, 16.12.2.12 NMAC 12/13/2022, A; 5/21/2024]

#### **16.12.2.12 ADVANCED PRACTICE REGISTERED NURSE (APRN) CERTIFIED NURSE PRACTITIONER (CNP):**

**A.** Requirements for licensure of nurse practitioners:

**(1)** Hold a current, unencumbered RN license from New Mexico or hold a compact multi-state RN license.



(2) Successfully complete a graduate level nursing program designed for the education and preparation of nurse practitioners as providers of primary, or acute, or chronic, or long-term, or end of life health care.

(a) The program must be offered through an accredited institution of higher education or through the armed services.

(b) If the applicant is initially licensed by any board of nursing including the New Mexico board of nursing after January 1, 2001 the program must be at the master's in nursing level or higher. Applicants who do not hold a master's level or higher degree from a nurse practitioner program and were initially licensed by any board before January 1, 2001, must provide verification of NP licensure.

(c) The educational documentation shall verify the date of graduation, credentials conferred and number of supervised clinical hours as a nurse practitioner in the education program.

(d) The educational documents must reflect successful completion of graduate degree courses.

(e) Additional population foci can be added with transcripts from an accredited institution and a current national nurse practitioner certification.

(f) Multiple national certifications will be maintained under a single APRN license.

(3) Provide evidence of successful accomplishment of national certification as a nurse practitioner. Only national certification based on competency examination will be accepted for the APRN licensure.

(4) It is the responsibility of the applicant to provide documented evidence of [his/her] their qualifications for licensure.

(5) Applicants who meet the minimum didactic and pharmacology requirements, but lack the required preceptorship, may be considered for licensure in New Mexico if the applicant provides satisfactory evidence of two years nurse practitioner experience in another jurisdiction.

(6) Nurse practitioners who will be requesting prescriptive authority must also comply with the requirements for prescriptive authority as outlined in these rules.

**B.** Procedure for licensure as a graduate nurse practitioner. The applicant seeking licensure as a nurse practitioner shall be responsible for providing proof of meeting the requirements for licensure.

(1) The applicant shall complete the New Mexico nurse practitioner licensure application and submit it along with all required documents in accordance with the instructions.

(2) Upon acceptance of the completed application and receipt of all required supporting documents, the file is reviewed for qualifications and compliance with the requirements.

(3) Applicants who do not meet the requirements for licensure may request or be requested to meet with the board or its designee.

(4) Nurse practitioners are not eligible to practice in New Mexico as a certified nurse practitioner until so licensed in accordance with the licensure procedures.

(5) The board may appoint nurse practitioners to the advanced practice committee. These nurse practitioners will provide advice regarding licensure and practice of nurse practitioners.

**C.** Graduate nurse practitioners (GNP) permit-to-practice may be issued, upon written request, provided all requirements have been met except national nursing certification.

(1) GNPs must practice under the direct supervision of a physician or New Mexico Certified Nurse Practitioner (NCP) or Certified Nurse Specialist (CNS) in the specialty.

(2) GNPs may prescribe medications only under the direct supervision of a licensed CNP, CNS or a physician, in compliance with these rules. GNPs must fulfill the requirements in this section to prescribe controlled substances.

(3) GNP permits will be issued to the employer.

(4) A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor and the name of the prescription supervisor, is required from each employer. Upon change in employment, the new employer must send the board a letter of intent to employ. The board will then issue a permit to practice at the new place of employment. The permit will be issued directly to the new employing agency.

(5) The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GNP permit.

(6) GNP permits cannot be transferred or renewed.

(7) GNP permits expire on the date specified on the permit. Permits shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice as a GNP. It is the responsibility of the GNP to request that the national certifying organization notify the board of nursing of the results of the examination.

**D.** An initial license to practice as a CNP shall be issued only after receipt by the board of proof of national certification. Such proof must be submitted to the board directly from the certifying agency prior to the expiration of the permit or temporary license.

**E.** Expedited licensure for CNP's:

**(1)** The board will issue an expedited license to a qualified applicant based on prior licensure in an eligible jurisdiction other than New Mexico upon an applicant's submission of a complete application containing all of the following:

- (a)** a completed and signed application form;
- (b)** proof of current licensure in an eligible jurisdiction;
- (c)** proof of good standing for the license held by the applicant in an eligible jurisdiction;
- (d)** submission of fingerprints and other information necessary for a state and national background check; and
- (e)** payment of the required application fee.

**(2)** An expedited license application shall not be deemed complete until the applicant has submitted, and the board's staff is in receipt of, all of the materials required by ~~subsection E-(1)~~ Paragraph (1) of Subsection E of 16.12.2.12 NMAC including documentation from third parties.

**(3)** Upon submission of a complete application, the board's staff shall process the application and issue the expedited license to the applicant within 30 days unless the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978.

**(4)** If the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978:

- (a)** the license may not be issued within 30 days of submission of the complete application;
- (b)** the matter of the applicant's application shall be submitted to the board for consideration and action at its next available regular meeting; and
- (c)** the board may vote to grant the application or refer the matter to its administrative prosecutor contemplating the ultimate denial of the application as provided by the board's rules.

**(5)** Renewal of expedited licenses:

- (a)** A licensee holding an expedited license may apply for license renewal beginning 60 days prior to expiration of the expedited license, as provided by the board's rules.
- (b)** Upon renewal, an expedited license shall become a regular single-state license.
- (c)** If the licensee holding an expedited license was not required by the licensee's original jurisdiction outside of New Mexico to pass the NCLEX for original licensure, the licensee shall be required to take and pass the NCLEX as a prerequisite to the renewal of the license. In such a case, the expedited license shall not be renewed unless the licensee passes the NCLEX.

**(6)** Eligible and ineligible jurisdictions:

- (a)** The board will accept expedited license applications on the basis of prior licensure in any jurisdiction within the United States except the following:
  - (i)** Michigan, on the grounds that this jurisdiction does not participate in the coordinated licensure system for the purposes of discipline; and
  - (ii)** Puerto Rico, on the grounds that this jurisdiction does not participate in the coordinated licensure system.
- (b)** The board will accept expedited license applications on the basis of prior licensure in the following jurisdictions outside the United States: Canada.

**F.** Qualifications for licensure as CNP are pursuant to the Nursing Practice Act:

- (1)** Refer to Subsection A of 16.12.2.12 NMAC for licensure requirements.
- (2)** Disciplinary action taken or pending against a nursing license in another jurisdiction, or a conviction of a felony, may result in denial of a license.

**G.** An initial nurse practitioner license shall be valid until the last day of the applicant's birth month after the first anniversary of the initial license. For nurses from compact states, an NM advanced practice license will be issued with the same expiration date as the RN compact license. A letter of authorization will be issued to NPs who have RN multi-state licensure privileges from another nurse licensure compact state. Official verification to practice is located on the board website.

**H.** If the licensure process is not completed, the application becomes null and void ~~six~~ twelve months after the date of application being received at the board.

**I.** Authorization to expand scope of practice or who need recertification.

(1) A letter of authorization will be issued for the CNPs who through additional formal education have expanded their practice into another area of NP practice or who need practice hours to recertify provided all requirements have been met except national certification.

(2) A letter of verification of intent to provide a preceptorship, on official letterhead including the name of the practice preceptor and the name of the prescription preceptor must be submitted to the board of nursing.

(3) Practice must be under the direct supervision of a physician or licensed New Mexico CNP or CNS in the specialty.

(4) Prescribing may be done only under the direct supervision of a licensed CNP or CNS or a physician in compliance with these rules.

(5) A letter of authorization will be issued to the preceptor.

(6) A letter of authorization cannot be transferred, renewed or a duplicate issued.

(7) A letter of authorization will expire on the date specified.

(a) A letter of authorization shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice in that area. It is the responsibility of the CNP to request that the national certifying organization notify the board of the results of the examination. A letter of authorization may be valid for a period not to exceed two years.

(b) A letter of authorization shall be valid for six months for those applicants recertifying.

(c) A letter of authorization shall be issued for the prescriptive authority preceptorship. This letter will only be valid for the duration of the preceptorship expansion of scope of practice or recertification required hours of practice.

**J.** Maintaining licensure as a nurse practitioner:

(1) National certification: NPs must maintain national certification. A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal. Nurse practitioners licensed by the NM board, after December 2, 1985 are required to be nationally certified in their specialty.

(2) Continuing education:

(a) A CNP with DEA registration at any time during their most recent renewal period shall obtain five contact hours in the management of non-cancer pain, in addition to submitting a valid national certification as an APRN.

(b) A CNP without DEA must submit a valid national certification as an APRN.

**K.** Reactivation: To reactivate or reinstate licensure as a nurse practitioner, the nurse must provide evidence of meeting the CE requirements.

(1) NPs licensed by the board after December 2, 1985 must also provide evidence of current national certification.

(2) CNPs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

**L.** Nurse practitioner practice:

(1) The CNP makes independent decisions regarding the health care needs of the client and also makes independent decisions in carrying out health care regimens.

(2) The CNP provides primary or acute, or chronic, or long-term, or end of life health care to meet the health care needs of individuals, families and communities in any health care setting.

(3) The CNP may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CNP provided the knowledge and skills required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions and performing specific procedures, which are beyond the CNP's advanced educational preparation and certification, the CNP is responsible for obtaining the appropriate knowledge, skills, and supervision to ensure he/she can perform the function/procedure safely and competently and recognize and respond to any complications that may arise.

(4) The CNP collaborates as necessary with other healthcare providers. Collaboration includes discussion of diagnosis and cooperation in managing and delivering healthcare.

**(5)** CNPs who have fulfilled requirements for prescriptive authority may prescribe and distribute dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act within their clinical specialty and practice setting.

**(a)** Requirements for prescriptive authority: In accordance with applicable state and federal laws, the CNP who fulfills the following requirements may prescribe and distribute dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act.

**(i)** Verifies 400 hours of work experience in which prescribing dangerous drugs has occurred within the two years immediately preceding the date of the application. Individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a licensed CNP, CNS or physician. The preceptorship must be completed within six months and a letter of authorization will be issued for the duration of the preceptorship.

**(ii)** In order to prescribe controlled substances, the CNP must provide the board of nursing with verification of current state-controlled substances registration and current DEA number, unless the CNP has met registration waiver criteria from the New Mexico board of pharmacy as provided under Subsection I of 16.19.20.8 NMAC. CNPs may not possess, prescribe or distribute controlled substances until they have both a current state-controlled substances registration and a current DEA registration.

**(iii)** Once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements.

**(b)** Formulary: It is the CNP's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed with each renewal; the only drugs to be included in the formulary are those relevant to the CNP's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNP. Licensees may be subject to disciplinary action by the board of nursing if non-compliant with the audit.

**(c)** Prescription records: written, verbal or electronic prescriptions and orders will comply with state board of pharmacy and federal requirements. All prescriptions will include the name, title, address, and phone number of the prescribing advanced practice registered nurse.

**(d)** Distributing: CNPs, who have fulfilled requirements for prescriptive authority as stated in these rules, and defined by the board of pharmacy may distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act, which have been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act Section 61-11-12 NMSA 1978 and the Drug, Device and Cosmetic Act for the benefit of the public good.

**(e)** Labeling: CNPs may label only those drugs which the CNP prescribes and distributes to patients under the CNP's care. The medication shall be properly labeled with the patient's name, date of issue, drug name and strength, instructions for use, drug expiration date, number dispensed and name, address, and telephone number of the CNP. Labeling may be handwritten, or a pre-printed fill-in label may be used. All information shall be properly documented in the patient record.

**(f)** CNPs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

**(g)** CNPs may prescribe, provide samples of, and dispense any dangerous drug to a patient where there is a valid practitioner-patient relationship as defined in 16.12.2.7 NMAC.

**(6)** Graduate nurse practitioner (GNP) practice:

**(a)** GNPs may not distribute medications.

**(b)** GNPs may practice or prescribe medications only under the direct supervision of a licensed CNP, CNS or physician in the specialty.

**(7)** To ~~insure~~ ensure competency and safe practice in specific regard to prescription writing practices in the state of NM:

**(a)** a list of current CNPs and their status with regard to prescription writing shall be distributed at least annually and upon request to the board of pharmacy;

**(b)** violation of these rules or disciplinary action taken by the board of nursing with regard to controlled substances shall be reported to the board of pharmacy;

**(c)** the board of nursing shall appoint qualified CNPs in each specialty to serve on the board of pharmacy disciplinary panel as requested by the board of pharmacy.

**M.** Supervision of psychologists in the prescribing of psychotropic medication by a certified nurse practitioner, pursuant to Section 61-3-23.5 NMSA 1978 and the Professional Psychologist Act (Section 61-9-1 et. seq. NMSA 1978).

(1) A CNP may provide supervision to a psychologists in the prescribing of psychotropic medication provided the CNP:

- (a) holds a valid, unencumbered NM license as a CNP;
- (b) holds a national certification as a psychiatric-mental health nurse practitioner.

An individual who holds a certification as a CNP conferred by a national nursing certification organization that is not an approved certification listed above may petition the board and request approval of the certification. The board shall review the petition and determine whether the certification and the petitioner's clinical practice experience sufficiently substantiate adequate education, didactic and clinical preparedness, and other factors that establish competency. The decision of the board is discretionary and shall not be subject to review or binding on any future petition.

(c) has a minimum of two years of experience prescribing as a psychiatric-mental health nurse practitioner

(d) is not currently participating in any board of nursing's alternative to discipline program, diversion program;

(e) is able to meet all requirements to serve as an independently licensed prescribing clinician as laid out in the Professional Psychologist Act (Section 61-9 NMSA 1978) and 16.22 NMAC; and

- (f) performing the supervision is within the scope of practice of the CNP.

(2) Reporting obligations to the New Mexico board of nursing by a CNP providing supervision to a psychologist in the prescribing of psychotropic medication:

(a) within 15 days of entering into the supervising relationship with each psychologist being supervised. The notification shall consist of:

- (i) the name and license number of the psychologist;
- (ii) the date of entry into the supervising relationship;
- (iii) the anticipated end of the supervising relationship.

(b) within 15 days of severing the supervisory relationship with a psychologist. The notification shall consist of:

- (i) the name and license number of the psychologist;
- (ii) the date of the end of the supervising relationship.

(3) A CNP who provides supervision to a psychologist in the prescribing of psychotropic medication must follow the Professional Psychologist Act (Section 61-9 NMSA 1978) and rules promulgated by the New Mexico board of psychologist examiners.

[16.12.2.12 NMAC - Rp, 16.12.2.13 NMAC, 12/13/2022, A; 5/21/2024]

#### **16.12.2.13 ADVANCED PRACTICE REGISTERED NURSE (APRN) CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA):**

**A.** Requirements for licensure as a CRNA:

(1) Hold a current, unencumbered RN license from New Mexico or hold a compact multi-state RN license.

(2) Successfully complete a formal program designed for the education and preparation of certified registered nurse anesthetist. The COA *council on accreditation of nurse anesthesia educational programs* must accredit the program.

(3) If the applicant is initially licensed by any board of nursing including the New Mexico board of nursing after January 1, 2001, the program must be at the master's level or higher. Applicants who do not hold a master's or higher degree from a nurse anesthetist program and were initially licensed by any board before January 2, 2001, must provide verification of CRNA licensure.

(4) Provide evidence of successful completion of a national certification examination as described by the NBCRNA.

(5) It is the responsibility of the applicant to provide documented evidence of ~~his/her~~ their qualification for licensure.

(6) Applicants who will be requesting prescriptive authority must also comply with the requirements for prescriptive authority as outlined in these rules.

**B.** Procedure for licensure as a graduate. The applicant seeking licensure as a certified registered nurse anesthetist shall be responsible for providing proof of meeting the requirements for licensure.

(1) The applicant shall complete the New Mexico certified registered nurse anesthetist licensure application and submit it along with all required documents, and fee in accordance with the instructions.

(2) Upon acceptance of the completed application and receipt of all required supporting documents, the file is reviewed for qualifications and compliance with the requirements.

(3) Applicants who do not meet the requirements for licensure may request or be requested to meet with the board or its designee.

(4) Certified registered nurse anesthetists are not eligible to practice in New Mexico as certified registered nurse anesthetist until so licensed in accordance with the licensure procedures.

(5) The board may appoint certified registered nurse anesthetists to the advanced practice committee. These nurse anesthetists will provide advice regarding licensure and practice of certified registered nurse anesthetists.

C. Graduate registered nurse anesthetist permit-to-practice may be issued, upon written request, provided all requirements have been met except NBCRNA certification.

(1) A permit may be issued following graduation from an approved school of nurse anesthesia to afford the applicant the opportunity for employment pending dissemination of the national qualifying examination results by NBCRNA.

(2) GRNAs must function in an interdependent role as a member of a health care team and practice at the direction of and in collaboration with a physician, CRNA, osteopathic physician, dentist or podiatrist.

(3) GRNAs may prescribe and administer medications only in collaboration with a CRNA, physician, osteopathic physician, dentist or podiatrist in compliance with these rules.

(4) GRNAs permits will be issued to the employer(s).

(5) A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor(s) and name of prescription supervisor(s), is required from each employer. Upon change in employment, the new employer must send the board a letter of intent to employ. The board will then issue a permit to practice for the new place of employment. The permit will be issued directly to the new employing agency.

(6) The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GRNA permit.

(7) GRNA permits cannot be transferred or renewed.

(8) GRNA permits expire on the date specified on the permit.

(a) Permits shall be valid for approximately 12 months subsequent to the date of graduation from the nurse anesthesia program.

(b) Written proof of application to write the national qualifying exam must be received in the board office within 12 weeks of graduation from the nurse anesthesia program.

(c) Verification that applicant wrote the national qualifying examination, must be received in the board office within three weeks subsequent to the date of the examination.

(d) Failure of applicant to write the scheduled qualifying examination or if the exam is failed, will render the applicant ineligible to practice anesthesia in New Mexico and the employer must immediately return the permit-to-permit to the board office. It is the responsibility of the GRNA to request that the national certifying organization notify the board of the results of the examination.

D. A license to practice as a CRNA shall be issued only after receipt by the board of proof of NBCRNA certification. Such proof must be submitted to the board by the certifying agency.

E. Expedited licensure for CRNA's:

(1) The board will issue an expedited license to a qualified applicant based on prior licensure in an eligible jurisdiction other than New Mexico upon an applicant's submission of a complete application containing all of the following:

(a) a completed and signed application form;

(b) proof of current licensure in an eligible jurisdiction;

(c) proof of good standing for the license held by the applicant in an eligible jurisdiction;

(d) submission of fingerprints and other information necessary for a state and national background check; and

(e) payment of the required application fee.

(2) An expedited license application shall not be deemed complete until the applicant has submitted, and the board's staff is in receipt of, all of the materials required by Paragraph (1) of Subsection E of 16.12.2.13 NMAC, including documentation from third parties.

**(3)** Upon submission of a complete application, the board's staff shall process the application and issue the expedited license to the applicant within 30 days unless the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978.

**(4)** If the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978:

**(a)** The license may not be issued within 30 days of submission of the complete application;

**(b)** The matter of the applicant's application shall be submitted to the board for consideration and action at its next available regular meeting; and

**(c)** The board may vote to grant the application or refer the matter to its administrative prosecutor contemplating the ultimate denial of the application as provided by the board's rules.

**(5)** Renewal of expedited licenses:

**(a)** A licensee holding an expedited license may apply for license renewal beginning 60 days prior to expiration of the expedited license, as provided by the board's rules.

**(b)** Upon renewal, an expedited license shall become a regular single-state license.

**(c)** If the licensee holding an expedited license was not required by the licensee's original jurisdiction outside of New Mexico to pass the NCLEX for original licensure, the licensee shall be required to take and pass the NCLEX as a prerequisite to the renewal of the license. In such a case, the expedited license shall not be renewed unless the licensee passes the NCLEX.

**(6)** Eligible and Ineligible Jurisdictions

**(a)** The board will accept expedited license applications on the basis of prior licensure in any jurisdiction within the United States except the following:

**(i)** Michigan, on the grounds that this jurisdiction does not participate in the coordinated licensure system for the purposes of discipline; and

**(ii)** Puerto Rico, on the grounds that this jurisdiction does not participate in the coordinated licensure system.

**(b)** The board will accept expedited license applications on the basis of prior licensure in the following jurisdictions outside the United States: Canada.

**F.** Qualifications for licensure as CRNA are pursuant to the Nursing Practice Act.

**(1)** Refer to Subsection A of 16.12.2.13 NMAC for licensure requirements.

**(2)** Disciplinary action taken or pending against a nursing license in another jurisdiction, or a conviction of a felony, may result in denial of a license.

**G.** An initial certified registered nurse anesthetist license shall be valid until the last day of the applicant's birth month after the first anniversary of the initial license. For nurses from compact states, a New Mexico advanced practice license will be issued with the same expiration date as the compact RN license. A letter of authorization will be issued to CRNAs who have RN multi-state licensure privileges from another nurse licensure compact states. Official verification of authorization to practice is available through the board website.

**H.** If the licensure process is not completed, the application becomes null and void six months after the date received at the board of nursing.

**I.** Maintaining licensure as a certified registered nurse anesthetist.

**(1)** National certification: CRNAs must maintain NBCRNA. A copy of the recertification card must be presented at the time of each subsequent renewal.

**(2)** Continuing education: recertification by NBCRNA is accepted for meeting mandatory CE requirement. CRNAs with DEA registration at any time during their most recent renewal period shall obtain five contact hours in the management of non-cancer pain.

**J.** Reactivation: to reactivate or reinstate licensure as a certified registered nurse anesthetist.

**(1)** The nurse must provide evidence of current recertification by the NBCRNA.

**(2)** CRNAs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge, skills and expertise. A temporary license will be issued not to exceed one year, unless board of nursing approves an extension.

**K.** Certified registered nurse anesthetist practice:

**(1)** The CRNA provides pre-operative, intra-operative and post-operative anesthesia care and related services, including ordering of diagnostic tests, in accordance with the current American [~~association of nurse anesthetists~~<sup>2</sup>] Association of nurse anesthesiology (AANA) guidelines for nurse anesthesia practice.

(2) The CRNA functions in an interdependent role as a member of a health care team in which the medical care of the patient is directed by a licensed physician, osteopathic physician, dentist, APRN or podiatrist licensed in New Mexico. This does not require that the physician "supervise" or be "present" during a procedure/anesthetic administered by the certified registered nurse anesthetist.

(3) The CRNA collaborates as necessary with the health care team members concerning the anesthesia care of the patient. Collaboration means the process in which each health care provider contributes their respective expertise. Collaboration includes systematic formal planning and evaluation between the health care professionals involved in the collaborative practice process.

~~[(3)]~~ (4) The CRNA may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CRNA provided the knowledge and skills required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions or performing specific procedures, which are beyond the CRNA's advanced educational preparation and certification, the CRNA is responsible for obtaining the appropriate knowledge, skills, and supervision to ensure he/she can perform the function/procedure safely and competently and recognize and respond to any complications that may arise.

~~[(4)] The CRNA collaborates as necessary with the licensed physician, osteopathic physician, dentist or podiatrist concerning the anesthesia care of the patient. Collaboration means the process in which each health care provider contributes his/her respective expertise. Collaboration includes systematic formal planning and evaluation between the health care professionals involved in the collaborative practice arrangement.]~~

(5) CRNAs who have fulfilled requirements for prescriptive authority may prescribe and administer therapeutic measures, including dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act within the specialty of anesthesia and practice setting.

(a) Requirements for prescriptive authority: in accordance with applicable state and federal laws, the CRNA who fulfills the following requirements may prescribe and administer dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act.

(i) Verifies 400 hours of work experience in which prescribing and administering dangerous drugs has occurred within the two years immediately preceding the date of the application. Individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a CRNA or physician. The preceptorship must be completed within six months and a letter of authorization will be issued for the duration of the preceptorship.

(ii) In order to prescribe controlled substances, the CRNA must provide the board of nursing with verification of current state-controlled substances registration and current drug enforcement administration (DEA) number, unless the CRNA has met registration waiver criteria from the New Mexico board of pharmacy (Subsection I of 16.19.20.8 NMAC). CRNAs may not possess or prescribe controlled substances until they have both a current state-controlled substances registration and a current DEA registration.

(iii) Once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements.

(b) Formulary: the formulary will include agents related to the administration of anesthesia and Advanced Cardiac Life Support (ACLS) protocol agents.

(i) All CRNAs must adhere to the current formulary approved by the board of nursing.

(ii) The initial formulary or a formulary with changes will be submitted to the board of medical examiners for a review.

(c) Prescription records: written, verbal or electronic prescriptions and order will comply with state board of pharmacy and federal requirements. All prescriptions will include the name, title, address and phone number of the prescribing advanced practice registered nurse.

(d) Prescribing and administering: CRNAs who have fulfilled requirements for prescriptive authority as stated in these rules as defined by the board of pharmacy may prescribe and administer to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act, which have been prepared, packaged or fabricated by a registered pharmacist or doses or drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act Section 61-11-22 NMSA 1978 and the New Mexico Drug, Device and Cosmetic Act for the benefit of the public good.

(e) Distributing: CRNAs who have fulfilled requirements for prescriptive authority as stated in these rules may *not* distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act.



(f) CRNAs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

(6) Graduate registered nurse anesthetist practice.

(a) GRNAs may NOT distribute medications.

(b) GRNAs may practice or prescribe/administer medications only in collaboration with a physician, osteopathic physician, dentist or podiatrist.

(7) To insure competency and safe practice in specific regard to prescription writing practices in the state of NM.

(a) A list of current CRNAs and their status with regard to prescription writing shall be distributed upon request to the board of pharmacy.

(b) Violation of these rules or disciplinary action taken by the board of nursing with regard to controlled substances shall be reported to the board of pharmacy.

(c) The board of nursing shall appoint as requested, qualified CRNAs to serve on the board of pharmacy disciplinary panel as requested by the board of pharmacy.

L. A CRNA business entity formed pursuant to the laws of the state of New Mexico is authorized to provide health care services in the state of New Mexico if the health care services are provided by persons who are duly licensed to engage in the practice of nursing pursuant to the provisions of the Nursing Practice Act.

[16.12.2.13 NMAC - Rp, 16.12.2.14 NMAC, 12/13/2022, A; 5/21/2024]

#### **16.12.2.14 ADVANCED PRACTICE REGISTERED NURSE (APRN) CLINICAL NURSE SPECIALIST (CNS):**

A. Requirements for licensure as a CNS:

(1) hold a current, unencumbered RN license from New Mexico or hold a compact multi-state RN license;

(2) successfully complete a clinical nurse specialist program at the master's or doctoral level in a defined clinical nursing specialty through an accredited institution of higher education; and

(a) the educational documents must reflect successful completion of graduate degree courses;

(b) additional population foci can be added with transcripts from an accredited institution and a current national certification.

(3) provide evidence of successful accomplishment of certification by a national nursing organization, consistent with the defined clinical nursing specialty, which meets criteria as listed below:

(a) successfully complete a national certifying examination in the applicant's area of specialty;

(b) is certified by a national nursing organization;

(4) it is the responsibility of the applicant to provide documented evidence of ~~his/her~~ their qualifications for licensure;

(5) any CNS requesting prescriptive authority must also comply with the regulations for prescriptive authority as outlined in these rules.

B. Procedure for licensure as a graduate CNS: applicant seeking licensure as a CNS shall be responsible for providing proof of meeting the requirements for licensure.

(1) The applicant shall complete the New Mexico CNS application and submit it along with all requested documents in accordance with the instructions.

(2) Upon acceptance of the completed application and receipt of all required supporting documents, the file is reviewed for qualifications and compliance with the requirements.

(3) Applicants who do not meet the requirements for licensure may request or be requested to meet with the board or their designee.

(4) CNSs are not eligible to practice in New Mexico as a CNS until so licensed by the New Mexico board in accordance with licensure procedures.

(5) The board may appoint CNSs to the advanced practice committee. These CNSs will provide advice regarding the licensure and practice of the CNS.

C. Graduate clinical nurse specialist (GCNS) permit to practice.

(1) GCNS permits may be issued upon written request, provided all requirements have been met except certification by a national nursing organization.

**(a)** GCNSs practice under the direct supervision of another CNS, CNP or physician in the specialty.

**(b)** GCNSs may prescribe medications only under the direct supervision of a licensed CNS, CNP or physician in compliance with these rules.

**(c)** GCNS permits will be issued to the employer.

**(d)** A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor and the name of the prescription supervisor is required from each employer. Upon change in employment, the new employer must send the board a letter of intent to employ. The board will then issue a permit to practice at the new place of employment. The permit will be issued directly to the new employing agency.

**(e)** The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GCNS permit.

**(f)** GCNS permits cannot be transferred or renewed.

**(g)** GCNS permits expire on the date specified on the permit. Permits shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice as a GCNS. It is the responsibility of the GCNS to request that the national certifying organization notify the board of the results of the examination.

**(2)** An initial license to practice as a CNS shall be issued only after receipt by the board of proof of certification by a national nursing organization. Such proof must be submitted to the board directly from the certifying agency prior to the expiration of the permit or temporary license.

**D.** Expedited licensure for CNS's:

**(1)** The board will issue an expedited license to a qualified applicant based on prior licensure in an eligible jurisdiction other than New Mexico upon an applicant's submission of a complete application containing all of the following:

**(a)** a completed and signed application form;

**(b)** proof of current licensure in an eligible jurisdiction;

**(c)** proof of good standing for the license held by the applicant in an eligible jurisdiction;

**(d)** submission of fingerprints and other information necessary for a state and national background check; and

**(e)** payment of the required application fee.

**(2)** An expedited license application shall not be deemed complete until the applicant has submitted, and the board's staff is in receipt of, all of the materials required by Paragraph (1) of Subsection D of 16.12.2.14 NMAC, including documentation from third parties.

**(3)** Upon submission of a complete application, the board's staff shall process the application and issue the expedited license to the applicant within 30 days unless the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978.

**(4)** If the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978:

**(a)** the license may not be issued within 30 days of submission of the complete application;

**(b)** the matter of the applicant's application shall be submitted to the board for consideration and action at its next available regular meeting; and

**(c)** the board may vote to grant the application or refer the matter to its administrative prosecutor contemplating the ultimate denial of the application as provided by the board's rules.

**(5)** Renewal of expedited licenses:

**(a)** A licensee holding an expedited license may apply for license renewal beginning 60 days prior to expiration of the expedited license, as provided by the board's rules.

**(b)** Upon renewal, an expedited license shall become a regular single-state license.

**(c)** If the licensee holding an expedited license was not required by the licensee's original jurisdiction outside of New Mexico to pass the NCLEX for original licensure, the licensee shall be required to take and pass the NCLEX as a prerequisite to the renewal of the license. In such a case, the expedited license shall not be renewed unless the licensee passes the NCLEX.

**(6)** Eligible and Ineligible Jurisdictions

**(a)** The board will accept expedited license applications on the basis of prior licensure in any jurisdiction within the United States except the following:

(i) Michigan, on the grounds that this jurisdiction does not participate in the coordinated licensure system for the purposes of discipline; and  
(ii) Puerto Rico, on the grounds that this jurisdiction does not participate in the coordinated licensure system.

(b) The board will accept expedited license applications on the basis of prior licensure in the following jurisdictions outside the United States: Canada.

E. Qualifications for licensure as a CNS are pursuant to the Nursing Practice Act.

(1) Refer to Subsection A of 16.12.2.14 NMAC for licensure requirements.

(2) Disciplinary action taken or pending against a nursing license in another jurisdiction, or a conviction of a felony, may result in denial of a license.

F. An initial clinical nurse specialist license shall be valid until the last day of the applicant's birth month after the first anniversary of the initial license. For nurses from compact states, a New Mexico advanced practice license will be issued with the same expiration date as the compact license. A letter of authorization will be issued to CNSs who have RN multi-state licensure privilege from another nurse licensure compact state. Official verification to practice is located on the board website.

G. If the licensure process is not completed, the application becomes null and void one year after the date of application being received at the board.

H. Authorization to expand scope of practice or who need recertification.

(1) A letter of authorization will be issued for the CNSs who through additional formal education have expanded their practice into another area of CNS practice or who need practice hours to recertify provided all requirements have been met except national certification.

(2) A letter of verification of intent to provide a preceptorship, on official letterhead including the name of the practice preceptor and the name of the prescription preceptor must be submitted to the board of nursing.

(3) Practice must be under the direct supervision of a New Mexico CNS or CNP or physician in the specialty.

(4) Prescribing may be done only under the direct supervision of a licensed CNP or CNS or a physician in compliance with these rules.

(5) A letter of authorization will be issued to the preceptor.

(6) A letter of authorization cannot be transferred, renewed or a duplicate issued.

(7) A letter of authorization will expire on the date specified.

(a) A letter of authorization shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice in that area. It is the responsibility of the CNS to request that the national certifying organization notify the board of the results of the examination. A letter of authorization may be valid for a period not to exceed two years.

(b) A letter of authorization will be valid for six months for those applicants recertifying.

(c) A letter of authorization shall be issued for the prescriptive authority preceptorship. This letter will only be valid for the duration of the preceptorship for expansion of scope of practice or recertification required hours of practice.

I. Maintaining licensure as a clinical nurse specialist.

(1) The CNS shall be nationally certified in the specialty by a nursing organization and maintain national certification. A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal.

(2) Continuing education:

(a) A CNS with DEA registration at any time during their most recent renewal period shall obtain five contact hours in the management of non-cancer pain, in addition to submitting a valid national certification as an APRN.

(b) A CNS without DEA must submit a valid national certification as an APRN.

(3) Reactivation:

(a) To reactivate or reinstate licensure as a CNS, the nurse must provide evidence of meeting the CE requirements: evidence of current national certification must also be provided.

(b) CNSs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge, skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

**J. Clinical nurse specialist practice.**

**(1)** The CNS is a nurse who through graduate level preparation has become an expert in a defined area of knowledge and practice in a selected clinical area of nursing.

**(2)** The CNS makes independent decisions in a specialized area of nursing practice, using knowledge about the health care needs of the individual, family and community. The CNS collaborates as necessary with other members of the health care team, when the needs are beyond the scope of practice of the CNS.

**(3)** The CNS may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CNS provided the knowledge and skills required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions or performing specific procedures, which are beyond the CNS's advanced educational preparation and certification, the CNS is responsible for obtaining the appropriate knowledge, skills and supervision to assure the CNS can perform the function/procedure safely and competently and recognize and respond to any complications that may arise.

**(4)** Carries out therapeutic regimens in the area of the specialty.

**(5)** The CNS who has fulfilled the requirements for prescriptive authority in the specialty area may prescribe and distribute therapeutic measures including dangerous drugs and controlled substances contained in Schedules II through V of the Controlled Substance Act within the scope of the specialty practice and setting.

**(a)** Requirements for prescriptive authority: In accordance with applicable state and federal laws, the CNS who fulfills the following requirements may prescribe and distribute dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act:

**(i)** verifies 400 hours of work experience in which prescribing dangerous drugs has occurred within the two years immediately preceding the date of application and provide a copy of a transcript documenting successful completion of the a three credit hour pharmacology course, a three credit hour assessment course and a three credit hour pathophysiology course included as part of a graduate level advanced practice nursing education program; 45 contact hours of advanced level pharmacology continuing education course may be substituted for the academic pharmacology; a certificate of completion must be provided that verifies continuing education; or

**(ii)** if 400 hours of work experience in which prescribing dangerous drugs cannot be verified, provide a copy of a transcript documenting successful completion of a three credit hour pharmacology course that is included as part of a graduate level advanced practice nursing education program within five years immediately prior to the date of application to the board; 45 contact hours of advanced level pharmacology continuing education course may be substituted for the academic pharmacology; a certificate of completion must be provided that verifies continuing education; the course must be related to the specialty and contain content in pharmacokinetics, pharmacodynamics, pharmacology of current/commonly used medications and application of drug therapy to the treatment of disease or the promotion of health; and

**(iii)** provide a copy of a transcript documenting successful completion of a three credit hour assessment course that is included as part of a graduate level advanced practice nursing education program; the course must be related to the specialty and include content supported by related clinical experience such that students gain knowledge and skills needed to perform comprehensive assessments to acquire data, make diagnoses of health status and formulate effective clinical management plans; and

**(iv)** provide a copy of a transcript documenting successful completion of a three credit hour pathophysiology course that is included as part of a graduate level advanced practice nursing education program; the course must be related to the specialty and include content in physiology and pathophysiology;

**(v)** provide a copy of a transcript documenting successful completion of a 400 hour university/college associated preceptor experience in the prescription of dangerous drugs within the two years immediately prior to the date of application to the board; or

**(vi)** after fulfilling ii, iii, and iv above, upon application to the board, a letter of authorization for a prescriptive authority preceptorship will be issued to complete a preceptorship, which must be completed within six months;

**(vii)** in order to prescribe controlled substances, the CNS must provide the board of nursing with verification of current state controlled substances registration and current DEA number, unless the CNS with prescriptive authority has met registration waiver criteria from the New Mexico board of pharmacy;

CNSs may not possess, prescribe or distribute controlled substances until they have both a current state controlled substances registration and a current DEA registration;

(viii) once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements.

(b) Formulary. It is the CNS's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed. The only drugs to be included in the formulary are those relevant to the CNS's area of specialty practice, scope of practice and clinical setting. The board of nursing reserves the right to audit the formulary. Licensees may be subject to disciplinary action by the board of nursing if non-compliant with the audit.

(c) Prescription records: written, verbal or electronic prescriptions and orders will comply with state board of pharmacy and federal requirements. All prescriptions will include the name, title, address and phone number of the prescribing advanced practice registered nurse.

(d) Distributing: CNSs who have fulfilled requirements for prescriptive authority as stated in these rules, may distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substance Act, which have been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act and the Drug, Device and Cosmetic Act for the benefit of the public good.

(e) Labeling: CNSs may label only those drugs which the CNS prescribes and distributes to patients under the CNS's care. The medication shall be properly labeled with the patient's name, date of issue, drug name and strength, instructions for use, drug expiration date, telephone number of the CNS. Labeling may be handwritten or a pre-printed fill-in label may be used. All information shall be properly documented in the patient record.

(f) CNSs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

(6) Graduate clinical nurse specialist (GCNS) practice.

(a) GCNSs may not distribute medications.

(b) GCNSs may practice or prescribe medications only under the direct supervision of a licensed CNS, CNP or physician in the specialty.

(7) To insure competency and safe practice in specific regard to prescription writing practices in the state of NM:

(a) a list of current CNSs and their status with regard to prescription writing shall be distributed upon request to the board of pharmacy;

(b) violation of these rules or disciplinary action taken by the board of nursing with regard to controlled substances shall be reported to the board of pharmacy;

(c) the board of nursing shall appoint qualified CNSs in each specialty to serve on the board of pharmacy disciplinary panel as requested by the board of pharmacy.

**K.** Supervision of psychologists in the prescribing of psychotropic medication by a clinical nurse specialist, pursuant to Section 61-3-23.5 NMSA 1978 and the Professional Psychologist Act (Section 61-9-1 et. seq. NMSA 1978).

(1) A CNS may provide supervision to a psychologists in the prescribing of psychotropic medication provided the CNS:

(a) holds a valid, unencumbered NM license as a CNS;

(b) holds a national certification as a psychiatric-mental health clinical nurse specialist. An individual who holds a certification as a CNS conferred by a national nursing certification organization that is not an approved certification listed above may petition the board and request approval of the certification. The board shall review the petition and determine whether the certification and the petitioner's clinical practice experience sufficiently substantiate adequate education, didactic and clinical preparedness, and other factors that establish competency. The decision of the board is discretionary and shall not be subject to review or binding on any future petition.

(c) has a minimum of two years of experience prescribing as a psychiatric-mental health clinical nurse specialist;

(d) is not currently participating in any board of nursing's alternative to discipline program, diversion program;

(e) is able to meet all requirements to serve as an independently licensed prescribing clinician as laid out in the Professional Psychologist Act (Section 61-9 NMSA 1978) and 16.22 NMAC; and

- (f) performing the supervision is within the scope of practice of the CNS.
- (2) Reporting obligations to the New Mexico board of nursing by a CNS providing supervision to a psychologist in the prescribing of psychotropic medication:
  - (a) within 15 days of entering into the supervising relationship with each psychologist being supervised. The notification shall consist of:
    - (i) the name and license number of the psychologist;
    - (ii) the date of entry into the supervising relationship;
    - (iii) the anticipated end of the supervising relationship.
  - (b) within 15 days of severing the supervisory relationship with a psychologist. The notification shall consist of:
    - (i) the name and license number of the psychologist
    - (ii) the date of the end of the supervising relationship.
- (3) A CNS who provides supervision to a psychologist in the prescribing of psychotropic medication must follow the Professional Psychologist Act (Section 61-9 NMSA 1978) and rules promulgated by the New Mexico board of psychologist examiners.

**L. Advanced practice committee.**

- (1) The board may appoint a minimum of a six member advisory committee to assist the board in regulating the advanced practice of nursing.
- (2) The committee shall assist and advise the board in the review of issues related to the advanced practice of nursing.
- (3) The committee shall be composed of representatives from each advanced practice area regulated by the board.

[16.12.2.14 NMAC - Rp, 16.12.2.15 NMAC, 12/13/2022, A; 5/21/2024]

**16.12.2.15 EXPEDITED LICENSURE FOR MILITARY SERVICE MEMBERS AND VETERANS:**

**A.** The board will issue an expedited license to an applicant who is a military service member or veteran based on prior licensure in a jurisdiction other than New Mexico upon the applicant's submission of a complete application containing all of the following:

- (1) a completed and signed application form;
- (2) proof of current licensure in another jurisdiction;
- (3) proof of good standing for the applicant's out of state license;
- (4) submission of fingerprints and other information necessary for a state and national background check; and
- (5) Submission of the following documentation:
  - (a) for military service member: a copy of military orders;
  - (b) for spouse of military service members: copy of military service member's military orders, and copy of marriage license;
  - (c) for spouses of deceased military service members: copy of decedent's DD 214 and copy of marriage license;
  - (d) for dependent children of military service members: a copy of military service member's orders listing dependent child, or a copy of military orders and one of the following: a copy of birth certificate, military service member's federal tax return or other governmental or judicial documentation establishing dependency;
  - (e) for veterans (retired or separated): a copy of DD 214 showing proof of honorable discharge.

**B.** An expedited license application shall not be deemed complete until the applicant has submitted, and the board's staff is in receipt of, all of the materials required by subsection A, including documentation from third parties.

**C.** Upon submission of a complete application, the board's staff shall process the application according to licensing protocol and issue the expedited license to the applicant within 30 days unless the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978.

**D.** If the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978:

- (1) the license may not be issued within 30 days of submission of the complete application;

(2) the matter of the applicant's application shall be submitted to the board for consideration and action at its next available regular meeting; and

(3) the board may vote to grant the application or refer the matter to its administrative prosecutor contemplating the ultimate denial of the application as provided by the board's rules.

E. Duration of expedited licenses:

(1) The first licensure period will be for up to one year from the issuance of the license, with the expiration being correlated to the last day of the applicant's birth month, according to licensing processes.

Continuing education will be prorated.

(2) The first renewal period will be for two years from the date of the first expiration date of the first licensure period.

(3) A licensee holding an expedited license may apply for license renewal in the manner provided by the board's rules. If the licensee holding an expedited license was not required by the licensee's original jurisdiction outside of New Mexico to pass the NCLEX, the licensee shall be required to take and pass the NCLEX as a prerequisite to the renewal of the expedited license.

(4) Upon renewal, an expedited license shall become a regular single state license.

(5) If the military expedited licensure holder requests a multistate RN or LPN license, all requirements of the nurse licensure compact must be met, including completion of another background check. The fee for a multistate license will not be waived.

F. Military service members and veterans shall not pay and the board shall not charge a licensing fee for the first three years for a license issued pursuant to this rule.

[16.12.2.15 NMAC - N, 12/13/2022 A; 5/21/2024]