

Chapter 30 of Title 54.1 of the Code of Virginia

Nursing

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Article 1. Board of Nursing.

§ 54.1-3000. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Advanced practice registered nurse" means a certified nurse midwife, certified registered nurse anesthetist, clinical nurse specialist, or nurse practitioner who is jointly licensed by the Boards of Medicine and Nursing pursuant to § [54.1-2957](#), has completed an advanced graduate-level education program in a specialty category of nursing, and has passed a national certifying examination for that specialty.

"Board" means the Board of Nursing.

"Certified nurse aide" means a person who meets the qualifications specified in this article and who is currently certified by the Board.

"Massage therapist" means a person who meets the qualifications specified in this chapter and who is currently licensed by the Board.

"Massage therapy" means the treatment of soft tissues for therapeutic purposes by the application of massage and bodywork techniques based on the manipulation or application of pressure to the muscular structure or soft tissues of the human body. The term "massage therapy" does not include the diagnosis or treatment of illness or disease or any service or procedure for which a license to practice medicine, nursing, midwifery, chiropractic, physical therapy, occupational therapy, acupuncture, athletic training, or podiatry is required by law or any service described in subdivision A 18 of § [54.1-3001](#).

"Massage therapy" shall not include manipulation of the spine or joints.

"Nurse practitioner" means an advanced practice registered nurse who is jointly licensed by the Boards of Medicine and Nursing pursuant to § [54.1-2957](#).

"Practical nurse" or "licensed practical nurse" means a person who is licensed or holds a multistate licensure privilege under the provisions of this chapter to practice practical nursing as defined in this section. Such a licensee shall be empowered to provide nursing services without compensation. The abbreviation "L.P.N." shall stand for such terms.

"Practical nursing" or "licensed practical nursing" means the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; in the prevention of illness or disease; or, subject to such regulations as the Board may promulgate, in the teaching of those who are or will be nurse aides. Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of

a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board.

"Practice of a nurse aide" or "nurse aide practice" means the performance of services requiring the education, training, and skills specified in this chapter for certification as a nurse aide. Such services are performed under the supervision of a dentist, physician, podiatrist, professional nurse, licensed practical nurse, or other licensed health care professional acting within the scope of the requirements of his profession.

"Professional nurse," "registered nurse" or "registered professional nurse" means a person who is licensed or holds a multistate licensure privilege under the provisions of this chapter to practice professional nursing as defined in this section. Such a licensee shall be empowered to provide professional services without compensation, to promote health and to teach health to individuals and groups. The abbreviation "R.N." shall stand for such terms.

"Professional nursing," "registered nursing" or "registered professional nursing" means the performance for compensation of any nursing acts in the observation, care and counsel of individuals or groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; in the delegation of selected nursing tasks and procedures to appropriately trained unlicensed persons as determined by the Board; or in the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Professional nursing, registered nursing and registered professional nursing require specialized education, judgment, and skill based upon knowledge and application of principles from the biological, physical, social, behavioral and nursing sciences.

Code 1950, § 54-326; 1970, c. 116, § 54-367.2; 1988, cc. 580, 765; 1989, cc. 7, 278; 1990, c. 104; 1996, c. [166](#); 1998, c. [458](#); 2004, c. [49](#); 2012, c. [213](#); 2016, cc. [83](#), [93](#), [324](#); 2021, Sp. Sess. I, c. [157](#); 2023, c. [183](#).

§ 54.1-3001. Exemptions.

A. This chapter shall not apply to the following:

1. The furnishing of nursing assistance in an emergency;
2. The practice of nursing, which is prescribed as part of a study program, by nursing students enrolled in nursing education programs approved by the Board or by graduates of approved nursing education programs for a period not to exceed ninety days following successful completion of the nursing education program pending the results of the licensing examination, provided proper application and fee for licensure have been submitted to the Board and unless the graduate fails the licensing examination within the 90-day period;
3. The practice of any legally qualified nurse of another state who is employed by the United States government while in the discharge of his official duties;

4. The practice of nursing by a nurse who holds a current unrestricted license in another state, the District of Columbia, a United States possession or territory, or who holds a current unrestricted license in Canada and whose training was obtained in a nursing school in Canada where English was the primary language, for a period of 30 days pending licensure in Virginia, if the nurse, upon employment, has furnished the employer satisfactory evidence of current licensure and submits proper application and fees to the Board for licensure before, or within 10 days after, employment. At the discretion of the Board, additional time may be allowed for nurses currently licensed in another state, the District of Columbia, a United States possession or territory, or Canada who are in the process of attaining the qualification for licensure in this Commonwealth;
5. The practice of nursing by any registered nurse who holds a current unrestricted license in another state, the District of Columbia, or a United States possession or territory, or a nurse who holds an equivalent credential in a foreign country, while enrolled in an advanced professional nursing program requiring clinical practice. This exemption extends only to clinical practice required by the curriculum;
6. The practice of nursing by any nurse who holds a current unrestricted license in another state, the District of Columbia, or a United States possession or territory and is employed to provide care to any private individual while such private individual is traveling through or temporarily staying, as defined in the Board's regulations, in the Commonwealth;
7. General care of the sick by nursing assistants, companions or domestic servants that does not constitute the practice of nursing as defined in this chapter;
8. The care of the sick when done solely in connection with the practice of religious beliefs by the adherents and which is not held out to the public to be licensed practical or professional nursing;
9. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administering glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;
10. The practice of nursing by any nurse who is a graduate of a foreign nursing school and has met the credential, language, and academic testing requirements of the Commission on Graduates of Foreign Nursing Schools for a period not to exceed ninety days from the date of approval of an application submitted to the Board when such nurse is working as a nonsupervisory staff nurse in a licensed nursing home or certified nursing facility. During such ninety-day period, such nurse shall take and pass the licensing examination to remain eligible to practice nursing in Virginia; no exemption granted under this subdivision shall be extended;
11. The practice of nursing by any nurse rendering free health care to an underserved population in Virginia who (i) does not regularly practice nursing in Virginia, (ii) holds a current valid license or certification to practice nursing in another state, territory, district or possession of the

United States, (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any nurse whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a nurse who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

12. Any person performing state or federally funded health care tasks directed by the consumer, which are typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks;

13. The practice of nursing by any nurse who holds a current unrestricted license from another state, the District of Columbia or a United States possession or territory, while such nurse is in the Commonwealth temporarily and is practicing nursing in a summer camp or in conjunction with clients who are participating in specified recreational or educational activities;

14. The practice of massage therapy that is an integral part of a program of study by a student enrolled in a massage therapy educational program under the direction of a licensed massage therapist. Any student enrolled in a massage therapy educational program shall be identified as a "Student Massage Therapist" and shall deliver massage therapy under the supervision of an appropriate clinical instructor recognized by the educational program;

15. The practice of massage therapy by a massage therapist licensed or certified in good standing in another state, the District of Columbia, or another country, while such massage therapist is volunteering at a sporting or recreational event or activity, is responding to a disaster or emergency declared by the appropriate authority, is travelling with an out-of-state athletic team or an athlete for the duration of the athletic tournament, game, or event in which the team or athlete is competing, or is engaged in educational seminars;

16. Any person providing services related to the domestic care of any family member or household member so long as that person does not offer, hold out, or claim to be a massage therapist;

17. Any health care professional licensed or certified under this title for which massage therapy is a component of his practice; or

18. Any individual who provides stroking of the hands, feet, or ears or the use of touch, words, and directed movement, including healing touch, therapeutic touch, mind-body centering, orthobionomy, traeger therapy, reflexology, polarity therapy, reiki, qigong, muscle activation techniques, or practices with the primary purpose of affecting energy systems of the human body.

B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in § [2.2-2001.4](#), while participating in a program established by the Department of Veterans Services pursuant to § [2.2-2001.4](#), may practice under the supervision of a licensed physician or podiatrist or the chief medical officer of an organization participating in such program. The chief medical officer of an organization participating in a program established pursuant to § [2.2-2001.4](#) may, in consultation with the chief nursing officer of such organization, designate a registered nurse licensed by the Board or practicing with a multistate licensure privilege to supervise military personnel participating in a program established pursuant to § [2.2-2001.4](#) in the practice of nursing.

Code 1950, § 54-362; 1970, c. 116; 1982, c. 598, § 54-367.36; 1988, c. 765; 1994, cc. [58](#), [103](#); 1996, c. [388](#); 1999, c. [570](#); 2001, cc. [244](#), [251](#); 2002, cc. [713](#), [740](#); 2008, c. [674](#); 2010, c. [245](#); 2012, cc. [117](#), [178](#); 2016, c. [324](#); 2018, cc. [69](#), [338](#).

§ 54.1-3002. Board of Nursing; membership; terms; meetings; quorum; administrative officer.

The Board of Nursing shall consist of 14 members as follows: eight registered nurses, at least two of whom are licensed advanced practice registered nurses; two licensed practical nurses; three citizen members; and one member who shall be a registered nurse or a licensed practical nurse. The terms of office of the Board shall be four years.

The Board shall meet at least annually and shall elect officers from its membership. It may hold such other meetings as may be necessary to perform its duties. A majority of the Board including one of its officers shall constitute a quorum for the conduct of business at any meeting. Special meetings of the Board shall be called by the administrative officer upon written request of two members.

The Board shall have an administrative officer who shall be a registered nurse.

Code 1950, §§ 54-327, 54-328, 54-336, 54-341, 54-342; 1960, c. 61; 1968, c. 337, § 54-367.12; 1970, c. 116, § 54-367.10; 1975, c. 106, §§ 54-367.3, 54-367.4; 1979, c. 5; 1980, c. 728; 1982, c. 598; 1986, c. 464; 1988, c. 765; 1993, c. 404; 2008, c. [34](#); 2016, c. [105](#); 2019, c. [169](#); 2023, c. [183](#).

§ 54.1-3003. Qualifications of members.

A. Each professional nurse appointed to the Board shall:

1. Be a citizen of the United States of America;

2. Be a resident of this Commonwealth;
3. Have been graduated from an educational program approved by a state board of nursing;
4. Be licensed in this Commonwealth as a registered nurse;
5. Have had at least five years' experience in nursing, nursing administration or teaching in a nursing education program; and
6. Have been actively engaged in professional nursing in this Commonwealth for at least three years preceding appointment or reappointment.

B. Each licensed practical nurse appointed to the Board shall:

1. Be a citizen of the United States of America;
2. Be a resident of this Commonwealth;
3. Have been graduated from a high school or the equivalent;
4. Have been graduated from a practical nursing program approved by a state board of nursing;
5. Be licensed in this Commonwealth as a practical nurse;
6. Have had at least five years' experience in nursing; and
7. Have been actively engaged in practical nursing in this Commonwealth for at least three years preceding appointment or reappointment.

Code 1950, § 54-333; 1970, c. 116; 1985, c. 305, § 54-367.9; 1988, c. 765.

§ 54.1-3004. Nominations.

Nominations may be made for each professional vacancy from lists of three names, submitted to the Governor by incorporated nurses associations. The Governor may notify such organizations of any professional vacancy other than by expiration. In no case shall the Governor be bound to make any appointment from among the nominees.

1986, c. 464, § 54-367.4:1; 1988, c. 765.

§ 54.1-3005. Specific powers and duties of Board.

In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:

1. To prescribe minimum standards and approve curricula for educational programs preparing persons for licensure, certification, or registration under this chapter;
2. To approve programs that meet the requirements of this chapter and of the Board;
3. To provide consultation service for educational programs as requested;
4. To provide for periodic surveys of educational or training programs;
5. To deny or withdraw approval from educational or training programs for failure to meet prescribed standards;
6. To provide consultation regarding nursing practice for institutions and agencies as requested and investigate illegal nursing practices;
7. To keep a record of all its proceedings;
8. To certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent with federal law and regulation. The Board shall require all schools to demonstrate their compliance with § [54.1-3006.2](#) upon application for approval or reapproval, during an on-site visit, or in response to a complaint or a report of noncompliance. The Board may impose a fee pursuant to § [54.1-2401](#) for any violation thereof. Such regulations may include standards for the authority of licensed practical nurses to teach nurse aides;
9. To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical nurse specialists;
10. To license and maintain a registry of all licensed massage therapists and to promulgate regulations governing the criteria for licensure as a massage therapist and the standards of professional conduct for licensed massage therapists;
11. To promulgate regulations for the delegation of certain nursing tasks and procedures not involving assessment, evaluation or nursing judgment to an appropriately trained unlicensed person by and under the supervision of a registered nurse, who retains responsibility and accountability for such delegation;
12. To develop and revise as may be necessary, in coordination with the Boards of Medicine and Education, guidelines for the training of employees of a school board in the administration of insulin and glucagon for the purpose of assisting with routine insulin injections and providing emergency treatment for life-threatening hypoglycemia. The first set of such guidelines shall be finalized by September 1, 1999, and shall be made available to local school boards for a fee not to exceed the costs of publication;
13. To enter into the Nurse Licensure Compact as set forth in this chapter and to promulgate regulations for its implementation;

14. To collect, store and make available nursing workforce information regarding the various categories of nurses certified, licensed or registered pursuant to § [54.1-3012.1](#);

15. To expedite application processing, to the extent possible, pursuant to § [54.1-119](#) for an applicant for licensure or certification by the Board upon submission of evidence that the applicant, who is licensed or certified in another state, is relocating to the Commonwealth pursuant to a spouse's official military orders;

16. To register medication aides and promulgate regulations governing the criteria for such registration and standards of conduct for medication aides;

17. To approve training programs for medication aides to include requirements for instructional personnel, curriculum, continuing education, and a competency evaluation;

18. To set guidelines for the collection of data by all approved nursing education programs and to compile this data in an annual report. The data shall include but not be limited to enrollment, graduation rate, attrition rate, and number of qualified applicants who are denied admission;

19. To develop, in consultation with the Board of Pharmacy, guidelines for the training of employees of child day programs as defined in § [22.1-289.02](#) and regulated by the Board of Education in the administration of prescription drugs as defined in the Drug Control Act (§ [54.1-3400](#) et seq.). Such training programs shall be taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist;

20. In order to protect the privacy and security of health professionals licensed, registered or certified under this chapter, to promulgate regulations permitting use on identification badges of first name and first letter only of last name and appropriate title when practicing in hospital emergency departments, in psychiatric and mental health units and programs, or in health care facility units offering treatment for patients in custody of state or local law-enforcement agencies;

21. To revise, as may be necessary, guidelines for seizure management, in coordination with the Board of Medicine, including the list of rescue medications for students with epilepsy and other seizure disorders in the public schools. The revised guidelines shall be finalized and made available to the Board of Education by August 1, 2010. The guidelines shall then be posted on the Department of Education's website; and

22. To promulgate, together with the Board of Medicine, regulations governing the licensure of advanced practice registered nurses pursuant to § [54.1-2957](#) and the licensure of licensed certified midwives pursuant to § [54.1-2957.04](#).

Code 1950, §§ 54-339, 54-343; 1970, c. 116; 1979, c. 5, § 54-367.11; 1982, c. 598; 1984, c. 734; 1988, c. 765; 1989, cc. 7, 278; 1990, c. 104; 1994, c. [778](#); 1996, c. [166](#); 1998, c. [458](#); 1999, cc. [570](#), [637](#); 2000, cc. [587](#), [701](#); 2004, c. [49](#); 2005, cc. [54](#), [610](#), [924](#); 2006, cc. [190](#), [686](#); 2009, c. [687](#); 2010, c. [188](#); 2012, cc. [213](#), [803](#), [835](#); 2016, cc. [83](#), [324](#); 2017, c. [105](#); 2019, c. [287](#); 2020, cc. [860](#), [861](#); 2021, Sp. Sess. I, cc. [200](#), [201](#); 2022, c. [677](#); 2023, c. [183](#).

§ 54.1-3005.1. Criminal history background checks.

The Board shall require each applicant for licensure as a practical nurse, registered nurse, or licensed massage therapist to submit fingerprints and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information regarding the applicant. The cost of fingerprinting and the criminal history record search shall be paid by the applicant.

The Central Criminal Records Exchange shall forward the results of the state and federal criminal history record search to the Board, which shall be a governmental entity. If an applicant is denied licensure because of information appearing on his criminal history record and the applicant disputes the information upon which the denial was based, the Central Criminal Records Exchange shall, upon written request, furnish to the applicant the procedures for obtaining a copy of the criminal history record from the Federal Bureau of Investigation and the Central Criminal Records Exchange. The information shall not be disseminated except as provided in this section.

2015, c. [307](#); 2016, c. [324](#).

§ 54.1-3006. Advisory committees.

The Board may appoint advisory committees consisting of three persons or more who are knowledgeable in the area of practice or education under consideration. Members of advisory committees shall not receive compensation, but shall receive reimbursement for travel and other actual and necessary expenses incurred in the performance of their duties.

Code 1950, §§ 54-339, 54-343; 1970, c. 116; 1979, c. 5, § 54-367.11; 1982, c. 598; 1984, c. 734; 1988, c. 765.

§ 54.1-3006.1. Public school nursing education programs.

The Board of Education and the Board of Nursing, or their representatives, shall, at least annually, develop and revise as necessary an interagency agreement relating to the regulation of public school nursing education programs. This memorandum of understanding shall establish a framework for cooperation in order to achieve consistency in the regulation of such programs. The duties and responsibilities of the Department of Education and the Board of Nursing for public school practical nursing and nurse aide education programs shall be set forth in the agreement. The agreement shall include, but need not be limited to, core curricula for the programs; administrative and clerical activities such as exchange of mailing labels, participation in site visits, reporting requirements, and information for newsletters; review and revision of the curricula materials; participation in inservice activities and state conferences; opportunity to participate in and comment on revisions of any relevant regulations; and communication procedures between the two state agencies and with the local school divisions. The Director shall rely on the Board of Nursing for advice on and implementation of the agreement.

1991, c. 629 .

§ 54.1-3006.2. Nurse aide education program.

All approved nurse aide education programs shall provide each student applying to or enrolled in such program with a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes which pose a barrier to such employment.

1999, c. [637](#).

§ 54.1-3007. Refusal, revocation or suspension, censure or probation.

The Board may refuse to admit a candidate to any examination, refuse to issue a license, certificate, or registration to any applicant and may suspend any license, certificate, registration, or multistate licensure privilege for a stated period or indefinitely, or revoke any license, certificate, registration, or multistate licensure privilege, or censure or reprimand any licensee, certificate holder, registrant, or multistate licensure privilege holder, or place him on probation for such time as it may designate for any of the following causes:

1. Fraud or deceit in procuring or attempting to procure a license, certificate, or registration;
2. Unprofessional conduct;
3. Willful or repeated violation of any of the provisions of this chapter;
4. Conviction of any felony or any misdemeanor involving moral turpitude;
5. Practicing in a manner contrary to the standards of ethics or in such a manner as to make his practice a danger to the health and welfare of patients or to the public;
6. Use of alcohol or drugs to the extent that such use renders him unsafe to practice, or any mental or physical illness rendering him unsafe to practice;
7. The denial, revocation, suspension or restriction of a license, certificate, registration, or multistate licensure privilege to practice in another state, the District of Columbia or a United States possession or territory; or
8. Abuse, negligent practice, or misappropriation of a patient's or resident's property.

Code 1950, § 54-353; 1970, c. 116; 1979, c. 5, § 54-367.32; 1982, c. 598; 1988, c. 765; 1989, c. 278; 2003, c. [249](#); 2005, cc. [610](#), [924](#).

§ 54.1-3008. Particular violations; prosecution.

A. It shall be a Class 1 misdemeanor for any person to:

1. Practice nursing under the authority of a license or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;
2. Practice nursing unless licensed to do so under the provisions of this chapter;
3. Knowingly employ an unlicensed person as a professional or practical nurse or knowingly permit an unlicensed person to represent himself as a professional or practical nurse;
4. Use in connection with his name any designation tending to imply that he is a professional nurse or a practical nurse unless duly licensed to practice under the provisions of this chapter;
5. Practice professional nursing or practical nursing during the time his license is suspended or revoked;
6. Conduct a nursing education program for the preparation of professional or practical nurses unless the program has been approved by the Board; or
7. Engage in the practice of massage therapy or hold himself out as practicing massage therapy unless he holds a license as a massage therapist issued by the Board.

B. The provisions of this section shall apply, mutatis mutandis, to persons holding a multistate licensure privilege to practice nursing.

Code 1950, § 54-359; 1970, c. 116; 1982, c. 598, § 54-367.35; 1988, c. 765; 1996, c. [166](#); 2004, c. [49](#); 2016, c. [324](#).

§ 54.1-3009. Repealed.

Repealed by Acts 2004, c. [64](#).

§ 54.1-3011. Renewal of licenses; lapsed licenses; reinstatement; penalties.

A. Every license issued under the provisions of this chapter shall be renewed biennially by such time as the Board may prescribe by regulation. The Board shall mail or send electronically a notice for renewal to every licensee, but the failure to receive such notice shall not excuse any licensee from the requirements for renewal. The person receiving such notice shall furnish the requested information and return the form to the Board with the renewal fee.

B. Any licensee who allows his license to lapse by failing to renew the license may be reinstated by the Board upon submission of satisfactory evidence that he is prepared to resume practice in a competent manner and upon payment of the fee.

C. Any person practicing nursing during the time his license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violations of this chapter.

D. When the Board of Health has issued an emergency order pursuant to § [32.1-13](#), the Board may waive (i) the requirement for submission of a fee for renewal of a license or (ii) the

requirement for submission of evidence satisfactory to the Board that a licensee whose license was allowed to lapse by failing to renew his license is prepared to resume practice in a competent manner for any person who held a valid, unrestricted, active license to practice nursing within the four-year period immediately prior to the application for renewal of such license.

Code 1950, § 54-352; 1956, c. 48; 1970, c. 116, § 54-367.25; 1974, c. 194; 1979, c. 5; 1982, c. 598; 1988, c. 765; 2018, c. [101](#); 2022, cc. [720](#), [753](#).

§ 54.1-3011.01. Restricted volunteer license for registered or practical nurses.

A. The Board may issue a restricted volunteer license to a registered or practical nurse who, within the past five years, held an unrestricted active license as a registered or practical nurse issued by the Board or another state, which was in good standing at the time the license expired or became inactive. Nurses holding a restricted volunteer license issued pursuant to this section shall only practice in public health or community free clinics that provide services to underserved populations.

B. An applicant for a restricted volunteer license shall submit an application on a form provided by the Board and attest that he will not receive remuneration directly or indirectly for providing nursing services.

C. A person holding a restricted volunteer license pursuant to this section shall not be required to complete continuing competency requirements for the first renewal of such license. For subsequent renewals, a nurse holding a restricted volunteer license shall be required to complete the continuing competency requirements required for renewal of an active license.

D. A restricted volunteer license issued pursuant to this section may be renewed biennially in accordance with the renewal schedule established in regulations promulgated by the Board.

E. The application and biennial renewal fee for restricted volunteer licenses pursuant to this section shall be one-half of the fee for an active license.

F. A nurse holding a restricted volunteer license issued pursuant to this section shall be subject to the provisions of this chapter and all regulations applicable to nurses practicing in the Commonwealth.

G. A restricted volunteer license shall only be valid in the Commonwealth and shall not confer any multistate licensure privilege.

2015, c. [522](#).

§ 54.1-3011.1. Additional fee required for licensure of certain practitioners.

In addition to the fees authorized for licensure and renewal by § [54.1-2400](#), the Board is authorized to charge a fee not to exceed one dollar for the licensure of every practical nurse and registered nurse to be deposited in the Nursing Scholarship and Loan Repayment Fund

established pursuant to § [54.1-3011.2](#). Such fees shall be used to fund scholarships established pursuant to subsection A of § [32.1-122.6:01](#).

1991, c. 669; 2000, cc. [240](#), [254](#).

§ 54.1-3011.2. Nursing Scholarship and Loan Repayment Fund.

A. There is hereby established the Nursing Scholarship and Loan Repayment Fund for the purpose of financing scholarships for (i) part-time and full-time students enrolled in or accepted for enrollment by nursing programs which will prepare such students, upon completion, for examination to be licensed by the Board as practical nurses or registered nurses and (ii) those registered nurses, licensed practical nurses, and certified nurse aides who agree to perform a period of nursing service in a Commonwealth long-term care facility pursuant to regulations promulgated by the Board of Health in cooperation with the Board.

B. The Fund shall be administered by the Board, in cooperation with the Director of the Department, and the scholarships shall be administered and awarded by the Board of Health pursuant to § [32.1-122.6:01](#). The Fund shall be maintained and administered separately from any other program or funds of the Board and the Department of Health Professions. No portion of the Fund shall be used for a purpose other than that described in this section and § [32.1-122.6:01](#). Any money remaining in the Fund at the end of a biennium, including amounts repaid by award recipients, and any interest thereon, shall not revert to the general fund or the funds of the Department of Health Professions, but shall remain in the Fund to be used only for the purposes of this section. In addition to any licensure fees that may be collected pursuant to § [54.1-3011.1](#), the Fund shall also include:

1. Any funds appropriated by the General Assembly for the purposes of the Fund; and
2. Any gifts, grants, or bequests received from any private person or organization.

Upon receiving the names of the scholarship and loan repayment program recipients from the Board of Health, the Board of Nursing shall be responsible for transmitting the funds to the appropriate institution to be credited to the account of the recipient.

1991, c. 669; 2000, cc. [240](#), [254](#); 2001, c. [188](#); 2002, c. [290](#).

§ 54.1-3012. Additional power of the Board.

In addition to other powers enumerated in this title, the Board may take those steps necessary to obtain recognition by the United States Secretary of Education as a reliable authority concerning the quality of education offered by educational institutions or programs in the area of practical nursing.

1986, c. 13, § 54-367.11:1; 1988, c. 765.

§ 54.1-3012.1. Nursing workforce information.

A. With such funds as are appropriated for this purpose, and consistent with the provisions of § [54.1-2506.1](#), the Board shall collect, store, and make available nursing workforce information regarding the various categories of nurses certified, licensed or registered under the provisions of this chapter. In addition to appropriated funds, the Board may also accept donations or grants from private sources in addition to any licensure or certification fee to any certified, licensed or registered nurse to carry out the provisions of this section. The information to be collected on nurses shall include, but not be limited to: (i) demographic data; (ii) level of education; (iii) employment status; (iv) employment setting such as in a hospital, physician's office, or nursing home; (v) geographic location of employment; (vi) type of nursing position or area of specialty; and (vii) number of hours worked per week. Such information shall be collected and updated biennially, and shall be published, in aggregate form and in a format accessible to the public, on the Department of Health Professions website. However, the Board may release information that identifies specific individuals for the purpose of determining shortage designations and to qualified personnel if pertinent to an investigation, research, or study, provided a written agreement between such qualified personnel and the Department, which ensures that any person to whom such identities are divulged shall preserve the confidentiality of such identities, is executed.

B. The Board shall promulgate regulations to implement the provisions of this section. Such regulations shall include: (i) the specific number and types of nursing workforce data elements to be collected; (ii) the process by which the information is collected, stored, and made available to interested parties; (iii) provisions to ensure the confidentiality of the data to be collected and to protect the identity of all individuals submitting information; and (iv) other provisions as determined by the Board.

2000, cc. [587](#), [701](#); 2002, c. [333](#); 2008, c. [373](#); 2009, c. [382](#).

§ 54.1-3013. Approval of nursing education program.

An institution desiring to conduct a nursing education program to prepare professional or practical nurses shall apply to the Board and submit evidence that:

1. It is prepared to meet the minimum standards prescribed by the Board for either a professional nursing curriculum or a practical nursing curriculum; and
2. It is prepared to meet such other standards as may be established by law or by the Board.

A survey of the institution and its entire nursing education program shall be made by the administrative officer or other authorized employee of the Board, who shall submit a written report of the survey to the Board. If, in the opinion of the Board, the requirements necessary for approval are met, it shall be approved as a nursing education program for professional or practical nurses.

New nursing education programs shall not be established or conducted unless approved by the Board.

Code 1950, §§ 54-355, 54-357; 1970, c. 116, §§ 54-367.27, 54-367.29; 1988, c. 765; 1989, c. 7; 2016, c. [83](#).

§ 54.1-3013.1. Nursing education programs to include child abuse recognition and intervention.

In the exercise of its authority to establish minimum standards for professional nursing curricula and practical nursing curricula, the Board of Nursing, on and after July 1, 2007, shall require that approved nursing education programs provide instruction in child abuse recognition and intervention.

2006, c. [528](#).

§ 54.1-3014. Survey of nursing education programs; discontinuance of program; due process requirements.

A. The Board shall, through its administrative officer or other authorized representative, survey all nursing education programs in the Commonwealth as necessary. Written reports of such surveys shall be submitted to the Board. If the Board determines that any approved nursing education program is not maintaining the required standards, notice in writing specifying the deficiencies shall be immediately given to the institution conducting the program.

B. Following an informal fact-finding proceeding held pursuant to § [2.2-4019](#), at which the Board places a program on conditional approval with terms and conditions that include a restriction on enrollment in a nursing education program:

1. The Board shall state in its order or decision letter the specific violations of law or regulation and the factual basis for each violation with sufficient specificity to inform the program of the basis for the decision so that the nursing education program may take corrective steps to address any identified violations.

2. A program subject to any term or condition set forth in an order or decision letter entered by the Board that constitutes a restriction on enrollment for a nursing education program shall have 30 days from the entry of the Board's order or decision letter to request a formal hearing pursuant to § [2.2-4020](#), and any term or condition restricting enrollment shall be stayed upon receipt of such request within 30 days from the Board's entry of its order or the decision letter. If a nursing education program does not request a formal hearing as provided in this section within 30 days of the entry of the Board's order or decision letter, the term or condition that constitutes a restriction on enrollment in a nursing education program shall be effective immediately.

3. Following a formal hearing held pursuant to § [2.2-4020](#), the order or decision letter of the Board shall identify the factual basis of any finding that the nursing education program's information presented at the formal hearing was insufficient to demonstrate compliance with the law or regulations of the Board.

4. If an order of the Board entered following a formal hearing held pursuant to § [2.2-4020](#) provides that the program is to continue on conditional approval with terms or conditions involving a restriction on enrollment, the program shall be advised of the right to appeal the order or decision letter to the appropriate circuit court in accordance with § [2.2-4026](#) and Part 2A of the Rules of the Supreme Court of Virginia.

5. Any restriction on enrollment shall be limited to one year.

Following the expiration of the restriction on enrollment, if the Board determines that the specific violations that led to the restriction on enrollment have not been remedied, it shall provide the nursing education program with written notice pursuant to § [2.2-4019](#) to appear for an informal fact-finding proceeding with an opportunity to present evidence of compliance before the Board.

C. A program that fails to correct these deficiencies to the satisfaction of the Board within a reasonable time shall be discontinued after a hearing in which such facts are established.

D. The Board shall provide to a nursing education program any written complaint or written summary of a verbal complaint related to the program when any administrative request for information is initiated or subpoena issued.

E. In addition to the program director, a nursing education program may designate one or more persons with whom the Board shall communicate for purposes of providing official notices, obtaining information, and responding to requests for information regarding the nursing education program; such persons need not be licensed nurses and need not maintain their primary place of business at the same address as the nursing education program.

Code 1950, § 54-358; 1970, c. 116, § 54-367.28; 1988, c. 765; 2012, c. [644](#).

§ 54.1-3015. Continuance of license of certified tuberculosis nurse.

Any person licensed as a certified tuberculosis nurse to perform duties as prescribed by the State Board of Examiners of Nurses, now known as the Board of Nursing, on July 1, 1970, shall continue to be so licensed unless his license is suspended or revoked in accordance with the provisions of this chapter.

1970, c. 116, § 54-367.30; 1982, c. 598; 1988, c. 765.

Article 2. Licensure of Registered Nurses.

§ 54.1-3016. Use of title "registered nurse" or "R.N."

Any person who holds a license or a multistate licensure privilege to practice professional nursing in Virginia shall have the right to use the title "registered nurse" and the abbreviation "R.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs or devices to indicate that the person using the same is a registered nurse.

1970, c. 116, § 54-367.17; 1988, c. 765; 2004, c. [49](#).

§ 54.1-3016.1. Correctional health assistants.

Licensed practical nurses, registered nurses, and advanced practice registered nurses may practice as correctional health assistants pursuant to § [54.1-2901](#).

1997, c. [720](#); 2023, c. [183](#).

§ 54.1-3017. Qualifications of applicant for registered nurse's license; examination; graduates of foreign nursing education programs.

A. An applicant for a license to practice professional nursing shall submit evidence satisfactory to the Board that such applicant:

1. Has completed an approved four-year high school course of study or the equivalent as determined by the appropriate educational agency;
2. Has received a diploma or degree from an approved professional nursing education program;
3. Has passed a written examination as required by the Board; and
4. Has committed no acts which are grounds for disciplinary action as set forth in this chapter.

B. The Board shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant for licensure as a registered nurse during his service as a member of any branch of the armed forces of the United States as evidence of the satisfaction of the educational requirements for licensure.

C. An applicant who graduated from a nursing education program in a foreign country shall be required to:

1. Have (i) graduated or be eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program or (ii) graduated from a foreign RN or LPN/VN prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency recognized by the Board to be comparable to a U.S. licensing board-approved RN or LPN/VN prelicensure education program; and
2. Have, if a graduate of a foreign RN or LPN/VN prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes reading, speaking, writing, and listening components.

The Board shall identify multiple approved entities to provide language examinations and multiple approved entities to evaluate and verify credentials earned from a nursing education

program in a foreign country. The Board shall make the list of approved entities publicly available on its website.

Code 1950, § 54-346; 1970, c. 116; 1979, c. 5, § 54-367.13; 1982, c. 598; 1988, c. 765; 2011, c. [390](#); 2023, c. [579](#).

§ 54.1-3017.1. Registered nurse provisional license.

The Board may issue a provisional license to an applicant for licensure as a registered nurse who has met the educational and examination requirements for licensure, in order to allow the applicant to obtain clinical experience, as specified by the Board in regulation. A person practicing under a provisional license shall only practice under the supervision of a licensed registered nurse, in accordance with regulations established by the Board.

2011, c. [712](#).

§ 54.1-3018. Registered nurse's license by endorsement.

A. The Board may issue a license by endorsement to an applicant to practice professional nursing if the applicant has been licensed as a professional or registered nurse under the laws of another state, the District of Columbia, or a United States possession or territory, and, in the opinion of the Board, the applicant meets the qualifications required of registered nurses in this Commonwealth.

B. The Board shall also endorse for licensure nurses who hold an unrestricted license in Canada and whose training was obtained in a nursing school in Canada where English was the primary language and who have passed the Canadian Registered Nurses Examination (CRNE).

Code 1950, § 54-350; 1970, c. 116; 1982, c. 598, § 54-367.14; 1988, c. 765; 2002, c. [713](#).

§ 54.1-3018.1. Repealed.

Repealed by Acts 2021, Sp. Sess. I, c. [157](#), cl. 2, effective July 1, 2021.

§ 54.1-3018.2. (Effective July 1, 2023) Pediatric sexual assault survivor services; requirements.

Any person licensed by the Board as a registered nurse who wishes to provide sexual assault survivor treatment services or sexual assault survivor transfer services, as defined in § [32.1-162.15:2](#), to pediatric survivors of sexual assault, as defined in § [32.1-162.15:2](#), shall comply with the provisions of Article 8 (§ [32.1-162.15:2](#) et seq.) of Chapter 5 of Title 32.1 applicable to pediatric medical care facilities.

2020, c. [725](#).

Article 3. Licensure of Practical Nurses.

§ 54.1-3019. Use of title "licensed practical nurse" or "L.P.N."

Any person who holds a license or a multistate licensure privilege to practice as a licensed practical nurse in Virginia shall have the right to use the title "Licensed practical nurse" and the abbreviation "L.P.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs or devices to indicate that the person using the same is a licensed practical nurse.

1970, c. 116, § 54-367.23; 1988, c. 765; 2004, c. [49](#).

§ 54.1-3020. Qualifications of applicant for practical nurse's license.

A. An applicant for a license to practice as a practical nurse shall furnish evidence satisfactory to the Board that the applicant:

1. Has completed two years of high school or its equivalent;
2. Has received a diploma from an approved practical nursing program;
3. Has passed a written examination as required by the Board; and
4. Has committed no acts which are grounds for disciplinary action as set forth in this chapter.

B. The Board shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant for licensure as a practical nurse during his service as a member of any branch of the armed forces of the United States as evidence of the satisfaction of the educational requirements for licensure.

Code 1950, § 54-348; 1970, c. 116; 1979, c. 5, § 54-367.19; 1982, c. 598; 1988, c. 765; 2011, c. [390](#).

§ 54.1-3021. Practical nurse's license by endorsement.

The Board may issue a license by endorsement to any applicant to practice as a licensed practical nurse if the applicant has been licensed as a practical nurse or a person entitled to perform similar services under laws of another state, the District of Columbia or a United States possession or territory and, in the opinion of the Board, the applicant meets the requirements for licensed practical nurses in this Commonwealth.

Code 1950, § 54-351; 1970, c. 116; 1982, c. 598, § 54-367.20; 1988, c. 765.

Article 4. Certification of Nurse Aides.

§ 54.1-3022. Use of the title "Certified Nurse Aide" or "C.N.A.".

No person shall use or assume the title "Certified Nurse Aide" or abbreviation "C.N.A." or any words, letters, signs, or devices to indicate that person is a certified nurse aide unless certified by the Board.

1989, c. 278 .

§ 54.1-3023. Application for certification by competency evaluation.

A. Every applicant for certification by competency evaluation shall pay the required application fee and shall submit written evidence that the applicant:

1. Has not committed any act or omission that would be grounds for discipline or denial of certification under this article; and
2. Has successfully completed an education or training program approved by the Board.

B. The Board shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant for certification as a nurse aide during his service as a member of any branch of the armed forces of the United States as evidence of the satisfaction of the educational requirements for certification.

1989, c. 278; 2011, c. [390](#).

§ 54.1-3024. Application for certification by endorsement.

Every applicant for certification by endorsement shall pay the required application fee, shall submit the information required by the Board in the manner and form specified by the Board, and shall submit written evidence that the applicant:

1. Is certified to practice as a nurse aide by another state or territory of the United States (with requirements that are essentially similar to the requirements for certification set out in this article) and that such certification is in good standing;
2. Has not committed any act or omission that would be grounds for discipline or denial of certification under this article;
3. Has no record of abuse, negligent practice, or misappropriation of a patient's or resident's property or any disciplinary action taken or pending in any other state or territory against such certification.

1989, c. 278 .

§ 54.1-3025. Certification by competency evaluation.

All applicants except those certified by endorsement shall be required to pass a clinical competency evaluation. Such evaluation shall be in written or oral form and shall include the following areas:

1. Basic nursing skills;
2. Personal care skills;
3. Recognition of mental health and social services needs;
4. Basic restorative services; and
5. Resident or patient rights.

1989, c. 278 .

§ 54.1-3025.1. Advanced certification; renewal.

A. The Board shall develop and promulgate regulations to establish a career advancement certification that will indicate enhanced competence in patient care tasks and enable certified nurse aides to expand the scope of the responsibilities and duties delegated to them. An advanced certificate shall be awarded upon successful completion of the required educational and training standards set by the Board. Each institution that desires to conduct programs to provide training for such advanced certificates shall be approved by the Board pursuant to § [54.1-3005](#).

B. An advanced certificate issued to a certified nurse aide shall be renewed biennially upon payment of any specified fee. The certified nurse aide shall submit proof of compliance with any requirements of law and regulation concerning competence as established by the Board.

2001, c. [448](#).

§ 54.1-3026. Renewal of certification.

Each certificate issued to practice as a nurse aide shall be renewed annually upon payment of any specified fee. The nurse aide shall submit proof of compliance with any requirements of law and regulation concerning continued employment or competence as a condition of such renewal. The Board shall establish requirements for the renewal of certifications consistent with federal law.

1989, c. 278; 2016, c. [87](#).

§ 54.1-3027. Exclusions.

This article shall not be construed to affect or apply to:

1. The gratuitous care of friends or family members;
2. A person for hire who does not represent himself as or hold himself out to the public as a certified nurse aide. However, a person for hire who is not a certified nurse aide in accordance with this article shall not hold himself out as a certified nurse aide or be employed as a certified nurse aide.

1989, c. 278 .

§ 54.1-3028. Registration of nurse aides prior to October 1, 1989.

The Board shall add to its registry of certified nurse aides any individual determined by the Board of Nursing as being qualified to be a nurse aide by reason of training in accordance with federal law prior to October 1, 1989. Such individuals shall meet any continuing requirements of the Board to retain certification.

1989, c. 278 .

§ 54.1-3028.1. Nurse aide education programs.

Nurse aide education programs designed to prepare nurse aides for certification shall be a minimum of 120 clock hours in length. The curriculum of such programs shall include communication and interpersonal skills, safety and emergency procedures, personal care skills, observational and reporting techniques, appropriate clinical care of the aged and disabled, skills for basic restorative services, clients' rights, legal aspects of practice as a certified nurse aide, occupational health and safety measures, culturally sensitive care, and appropriate management of conflict. The Board shall promulgate regulations to implement the provisions of this section.

1999, c. [783](#); 2016, cc. [109](#), [582](#).

Article 5. Licensure of Massage Therapists.

§ 54.1-3029. Qualifications for a licensed massage therapist.

A. In order to be licensed as a massage therapist, the applicant shall furnish evidence satisfactory to the Board that the applicant:

1. Is at least 18 years old;
2. Has successfully completed a massage therapy educational program that required a minimum of 500 hours of training. The massage therapy educational program shall be certified or approved by the State Council of Higher Education for Virginia or an agency in another state, the District of Columbia, or a United States territory that approves educational programs, notwithstanding the provisions of § [23.1-226](#);

3. Has passed the Licensing Examination of the Federation of State Massage Therapy Boards or an examination deemed acceptable to the Board of Nursing; and

4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of licensure as set forth in this chapter.

B. The Board may issue a provisional license to an applicant prior to passing the Licensing Examination of the Federation of State Massage Therapy Boards for such time and in such manner as prescribed by the Board. No more than one provisional license shall be issued to any applicant.

C. The Board may license without examination any applicant who is licensed as a massage therapist in another state, the District of Columbia, a United States possession or territory, or another country, and, in the opinion of the Board, meets the requirements for licensed massage therapists in the Commonwealth.

D. An applicant who completed a massage therapy educational program in a foreign country may apply for licensure as a massage therapist upon submission of evidence, satisfactory to the Board, that the applicant:

1. Is at least 18 years old;

2. Has successfully completed a massage therapy educational program in a foreign country that is comparable to a massage therapy educational program required for licensure by the Board as demonstrated by submission of evidence of comparability and equivalency provided by an agency that evaluates credentials for persons who have studied outside the United States;

3. Has passed a Board-approved English language proficiency examination; and

4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of licensure as set forth in this chapter.

The Board shall issue a license to an applicant who meets the requirements in this subsection upon submission by the applicant of evidence satisfactory to the Board that the applicant has completed an English version of the Licensing Examination of the Federation of State Massage Therapy Boards or a comparable examination deemed acceptable to the Board.

1996, c. [166](#); 1997, c. [599](#); 2004, c. [991](#); 2012, c. [764](#); 2016, c. [324](#); 2020, c. [727](#).

§ 54.1-3029.1. Advisory Board on Massage Therapy.

The Advisory Board on Massage Therapy shall assist the Board in carrying out the provisions of this chapter regarding the qualifications, examination, registration, regulation, and standards of professional conduct of massage therapists as described in § [54.1-3029](#). The Advisory Board shall also assist in such other matters relating to the practice of massage therapy as the Board may require.

The Advisory Board on Massage Therapy shall consist of five members to be appointed by the Governor for four-year terms as follows: three members shall be licensed massage therapists who have practiced in the Commonwealth for not less than three years prior to their appointment, one shall be an administrator or faculty member of a nationally accredited school of massage therapy, and one shall be a citizen member appointed from the Commonwealth at large.

The Advisory Board shall elect a chairman and vice-chairman from among its membership. The Advisory Board shall meet at least once a year and may hold additional meetings as necessary to perform its duties. A majority of the Board shall constitute a quorum for the conduct of business.

Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two successive terms.

2009, c. [534](#); 2016, c. [324](#).

Article 6.1. Nurse Licensure Compact.

§ 54.1-3040.1. Findings and declaration of purpose.

A. The party states find that:

1. The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;
2. Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
3. The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;
4. New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;
5. The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states; and
6. Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

B. The general purposes of this Compact are to:

1. Facilitate the states' responsibility to protect the public's health and safety;
2. Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

3. Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;
4. Promote compliance with the laws governing the practice of nursing in each jurisdiction;
5. Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
6. Decrease redundancies in the consideration and issuance of nurse licenses; and
7. Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

2016, c. [108](#).

§ 54.1-3040.2. Definitions.

As used in the Nurse Licensure Compact, unless the context requires a different meaning:

"Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action.

"Alternative program" means a nondisciplinary monitoring program approved by a licensing board.

"Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.

"Current significant investigative information" means:

1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
2. Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

"Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board.

"Home state" means the party state which is the nurse's primary state of residence.

"Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.

"Multistate license" means a license to practice as a registered or a licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.

"Multistate licensure privilege" means a legal authorization associated with a multistate license permitting the practice of nursing as either a registered nurse (RN) or LPN/VN in a remote state.

"Nurse" means RN or LPN/VN, as those terms are defined by each party state's practice laws.

"Party state" means any state that has adopted this Compact.

"Remote state" means a party state, other than the home state.

"Single-state license" means a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.

"State" means a state, territory, or possession of the United States and the District of Columbia.

"State practice laws" means a party state's laws, rules, and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" does not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

2016, c. [108](#).

§ 54.1-3040.3. General provisions and jurisdiction.

A. A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as a registered nurse (RN) or as a licensed practical/vocational nurse (LPN/VN), under a multistate licensure privilege, in each party state.

B. A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

C. Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:

1. Meets the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws;
2. Has (a) graduated or is eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program or (b) graduated from a foreign RN or LPN/VN prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;
3. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;
4. Has successfully passed an NCLEX-RN(R) or NCLEX-PN(R) Examination or recognized predecessor, as applicable;
5. Is eligible for or holds an active, unencumbered license;
6. Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;
7. Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;
8. Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
9. Is not currently enrolled in an alternative program;
10. Is subject to self-disclosure requirements regarding current participation in an alternative program; and
11. Has a valid United States social security number.

D. All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege, such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

E. A nurse practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege will subject a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.

F. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this Compact shall affect the requirements established by a party state for the issuance of a single-state license.

G. Any nurse holding a home state multistate license, on the effective date of this Compact, may retain and renew the multistate license issued by the nurse's then-current home state, provided that:

1. A nurse who changes primary state of residence after this Compact's effective date must meet all applicable requirements of subsection C to obtain a multistate license from a new home state.

2. A nurse who fails to satisfy the multistate licensure requirements in subsection C due to a disqualifying event occurring after this Compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators (Commission).

2016, c. [108](#).

§ 54.1-3040.4. Applications for licensure in a party state.

A. Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant, and whether the applicant is currently participating in an alternative program.

B. A nurse may hold a multistate license issued by the home state in only one party state at a time.

C. If a nurse changes primary state of residence by moving between two party states, the nurse must apply for licensure in the new home state, and the multistate license issued by the prior home state will be deactivated in accordance with applicable rules adopted by the Commission.

1. The nurse may apply for licensure in advance of a change in primary state of residence.

2. A multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.

D. If a nurse changes primary state of residence by moving from a party state to a non-party state, the multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

2016, c. [108](#).

§ 54.1-3040.5. Additional authorities invested in party state licensing boards.

A. In addition to the other powers conferred by state law, a licensing board shall have the authority to:

1. Take adverse action against a nurse's multistate licensure privilege to practice within that party state.

a. Only the home state shall have the power to take adverse action against a nurse's license issued by the home state.

b. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

2. Issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state.

3. Complete any pending investigations of a nurse who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

4. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.

5. Obtain and submit, for each nurse licensure applicant, fingerprint or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks, and use the results in making licensure decisions.

6. If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.

7. Take adverse action based on the factual findings of the remote state, provided that the licensing board follows its own procedures for taking such adverse action.

B. If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

C. Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse's participation in an alternative program.

2016, c. [108](#).

§ 54.1-3040.6. Coordinated licensure information system and exchange of information.

A. All party states shall participate in a coordinated licensure information system of all licensed registered nurses (RNs) and licensed practical/vocational nurses (LPNs/VNs). This system will include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

B. The Commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this Compact.

C. All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials), and nurse participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law.

D. Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.

E. Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

F. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

G. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

H. The Compact administrator of each party state shall furnish a uniform data set to the Compact administrator of each other party state, which shall include, at a minimum:

1. Identifying information;
2. Licensure data;
3. Information related to alternative program participation; and
4. Other information that may facilitate the administration of this Compact, as determined by Commission rules.

I. The Compact administrator of a party state shall provide all investigative documents and information requested by another party state.

2016, c. [108](#).

§ 54.1-3040.7. Establishment of the Interstate Commission of Nurse Licensure Compact Administrators.

A. The party states hereby create and establish a joint public entity known as the Interstate Commission of Nurse Licensure Compact Administrators (Commission).

1. The Commission is an instrumentality of the party states.
2. Venue is proper, and judicial proceedings by or against the Commission shall be brought solely and exclusively, in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, voting, and meetings.

1. Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this Compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the Administrator is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

2. Each administrator shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in § [54.1-3040.8](#).

5. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:

- a. Noncompliance of a party state with its obligations under this Compact;
- b. The employment, compensation, discipline, or other personnel matters, practices, or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
- c. Current, threatened, or reasonably anticipated litigation;
- d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;
- e. Accusing any person of a crime or formally censuring any person;
- f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- h. Disclosure of investigatory records compiled for law-enforcement purposes;
- i. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with this Compact; or

j. Matters specifically exempted from disclosure by federal or state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this Compact, including but not limited to:

1. Establishing the fiscal year of the Commission;

2. Providing reasonable standards and procedures:

a. For the establishment and meetings of other committees; and

b. Governing any general or specific delegation of any authority or function of the Commission;

3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;

4. Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the Commission;

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the Commission; and

6. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of this Compact after the payment or reserving of all of its debts and obligations.

D. The Commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the Commission.

E. The Commission shall maintain its financial records in accordance with the bylaws.

F. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

G. The Commission shall have the following powers:

1. To promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all party states;

2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected;

3. To purchase and maintain insurance and bonds;

4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a party state or nonprofit organizations;

5. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including but not limited to sharing administrative or staff expenses, office space, or other resources;

6. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

7. To accept any and all appropriate donations, grants, and gifts of money, equipment, supplies, materials, and services and to receive, utilize, and dispose of the same, provided that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;

8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, whether real, personal or mixed, provided that at all times the Commission shall avoid any appearance of impropriety;

9. To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, whether real, personal, or mixed;

10. To establish a budget and make expenditures;

11. To borrow money;

12. To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives and other such interested persons;
13. To provide and receive information from, and to cooperate with, law-enforcement agencies;
14. To adopt and use an official seal; and
15. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of nurse licensure and practice.

H. Financing of the Commission.

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
2. The Commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities, and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states.
3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any of the party states, except by, and with the authority of, such party state.
4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

I. Qualified immunity, defense, and indemnification.

1. The administrators, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties or responsibilities, provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.
2. The Commission shall defend any administrator, officer, executive director, employee, or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission

employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel and provided further that the actual or alleged act, error, or omission did not result from that person's intentional, willful, or wanton misconduct.

3. The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional, willful, or wanton misconduct of that person.

2016, c. [108](#).

§ 54.1-3040.8. Rulemaking.

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.

B. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

C. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:

1. On the website of the Commission; and
2. On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.

D. The notice of proposed rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and submit any written comments.

E. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

F. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.

G. The Commission shall publish the place, time, and date of the scheduled public hearing.

1. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.

2. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

H. If no one appears at the public hearing, the Commission may proceed with promulgation of the proposed rule.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or party state funds; or

3. Meet a deadline for the promulgation of an administrative rule that is required by federal law or rule.

L. The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Commission, prior to the end of

the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

2016, c. [108](#).

§ 54.1-3040.9. Oversight, dispute resolution, and enforcement.

A. Oversight.

1. Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent.
2. The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the Commission and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

B. Default, technical assistance and termination.

1. If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
 - a. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the Commission; and
 - b. Provide remedial training and specific technical assistance regarding the default.
2. If a state in default fails to cure the default, the defaulting state's membership in this Compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges, and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board and to each of the party states.
4. A state whose membership in this Compact has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or whose membership in this Compact has been terminated unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district in which the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

C. Dispute resolution.

1. Upon request by a party state, the Commission shall attempt to resolve disputes related to the Compact that arise among party states and between party and non-party states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

3. In the event the Commission cannot resolve disputes among party states arising under this Compact:

a. The party states may submit the issues in dispute to an arbitration panel, which will be comprised of individuals appointed by the Compact administrator in each of the affected party states and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.

b. The decision of a majority of the arbitrators shall be final and binding.

D. Enforcement.

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the U.S. District Court for the District of Columbia or the federal district in which the Commission has its principal offices against a party state that is in default to enforce compliance with the provisions of this Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

2016, c. [108](#).

§ 54.1-3040.10. Effective date, withdrawal, and amendment.

A. This Compact shall become effective and binding on the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six (26) states or December 31, 2018. All party states to this Compact that also were parties to the prior Nurse Licensure Compact (Prior Compact) superseded by this Compact shall be deemed to have withdrawn from said Prior Compact within six (6) months after the effective date of this Compact.

B. Each party state to this Compact shall continue to recognize a nurse's multistate licensure privilege to practice in that party state issued under the Prior Compact until such party state has withdrawn from the Prior Compact.

C. Any party state may withdraw from this Compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

D. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

E. Nothing contained in this Compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this Compact.

F. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

G. Representatives of non-party states to this Compact shall be invited to participate in the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all states.

2016, c. [108](#).

§ 54.1-3040.11. Construction and severability.

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence, or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this Compact shall be held to be contrary to the constitution of any party state, this Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

2016, c. [108](#).

Article 7. Medication Aides.

§ 54.1-3041. Registration required.

A medication aide who administers drugs that would otherwise be self-administered to residents in an assisted living facility licensed by the Department of Social Services shall be registered by the Board.

2005, cc. [610](#), [924](#).

§ 54.1-3042. Application for registration by competency evaluation.

A. Every applicant for registration as a medication aide by competency evaluation shall pay the required application fee and shall submit written evidence that the applicant:

1. Has not committed any act that would be grounds for discipline or denial of registration under this article;
2. Has successfully completed a staff training program in direct care approved by the Department of Social Services or an approved nurse aide education program;
3. Has successfully completed an education or training program approved by the Board that shall include one of the following:
 - a. A medication aide education or training program approved by the Board that shall be 68 hours combined classroom instruction and clinical skills practice curriculum; or
 - b. A nursing education program preparing for registered nurse or practical nurse licensure; and
4. Has successfully completed a competency evaluation consisting of both a clinical evaluation of minimal competency and a written examination as specified by the Board.

B. The Board shall (i) make the written examination available in both electronic and non-electronic format, (ii) provide sufficient locations for the administration of any written examination required for registration under this section, to ensure adequate access to the written examination for all applicants, (iii) establish a procedure pursuant to which an examination shall be offered at or near the location of an education or training course, upon the request of five or more applicants, provided that the security of the examination and the integrity of the administration of the examination are ensured and that any additional costs are born by the requesting applicants, and (iv) provide written notice to applicants of the results of any competency examination completed by the applicants within seven days of completion of the examination.

C. Any applicant under this section who has provided to the Board evidence of successful completion of the education or training course required for registration may act as a medication aide on a provisional basis for no more than 120 days before successfully completing any

required competency evaluation. However, upon notification of failure to successfully complete the written examination after three attempts, an applicant shall immediately cease acting as a medication aide.

D. Any applicant under this section who shall apply by endorsement from any state or the District of Columbia that requires registration of medication aides who has met the requirements of registration in such jurisdiction may be deemed eligible to sit for the competency evaluation required pursuant to this section, subject to approval of the Board.

2005, cc. [610](#), [924](#); 2009, cc. [133](#), [837](#).

§ 54.1-3043. Continuing training required.

Every applicant for registration as a medication aide shall complete ongoing training related to the administration of medications as required by the Board.

2005, cc. [610](#), [924](#).