



**Clinical Nurse Specialist
Rules Writing Workshops
Nursing Care Quality Assurance Commission**

July 25, 2012 – Spokane
July 26, 2012 – Vancouver
July 27, 2012 – Kent
July 31, 12 - Richland

July 25, 2012: Spokane location

Attendees:

Rebecca Long, LONGin' for Quality Health
Elaine Alberti, Eastern State Hospital
Deborah Smith, Advanced Registered Nurse Practitioners United
Phyllis Eide, Washington State University

- Suggest using the consensus model definition for different advanced practice.
- Starting a Doctorate in Nurse Practitioner (DNP) track?
- Clinical nurse specialists diagnose and write orders and it is very frustrating. One specialty focus on specialty area, certified in that one specialty area. Didn't want to go the nurse practitioner route, but clinicals only focused in one area. Medicare and third parties are a problem because they will pay for clinical nurse specialist and recognize that role. In Washington Medicare doesn't recognize clinical nurse specialist. Want it to say global, but clinical nurse specialist only focus in one specialty area.
- Three different options, one is education.
- Some argue that they don't practice at same level.
- Can they recognize when it is out of scope of practice?
- Make it more organizational, instead of just nursing. Stay within areas where specialties are.
- Combination of preparation. Don't have designated role, but working at a higher level. Somewhat driven by the market.
- Working independently has to really understand standards of actual nursing. Always had others to make decision, make clinical decision, but always someone higher for liability issues. Keep standards of practice high enough with continuing education. As a registered nurse there was always someone there, but independently if need to know something else need to educate self. Certification for oncology is much easier. Wound Ostomy and Continence Nurses Society certifies they have varying levels of education. Some bachelor's prepared nurses. Groups that are nationally certified most are graduate prepared, bachelors were grandfathered in. Need to recognize those nurses.
- Pretty good consensus about education level of graduate. Can there be "grandfathering"?
- Can be daunting to go for three more years. The challenge would be to go back and finish a graduate degree and pick up physiology, physical assessment and

pharmacology. Could it say get these core classes within a time frame? That's the expected role that people will do.

- It would be cleaner to stay within current trends and require a graduate degree.
- We are working towards exams, but it is expensive to develop exams for certification.
- With consensus model there will be more clinical nurse specialists, but doing away with some of the specialty certification exams.
- I took exactly the same classes as practitioners but I want to take the clinical nurse specialist exam.
- Have to qualify for psych exam to keep certification.
- Individually make some different decisions. We are the best state to practice in.
- Masters level, and the three core classes; physiology, physical assessment and pharmacology.
- Oregon gave three years of time for those that didn't qualify at beginning of law, show justified to practice with a portfolio. If you didn't apply by three years, had to meet regular requirements as everyone else. Still gave transcripts, but may not have national certification if there wasn't certification when they graduated. Ninety percent of clinical nurse specialists don't need prescriptive authority. Separate application for prescriptive authority. Every state is different.
- Have a period of time to maintain your licensure. Clinicals are very expensive.
- Specialties have different clinicals, but classes are the same. When you start out, not clear what that means, tough to make decision about prescriptive authority. Don't want to take another six months to go that route when it is so expensive. Go back to the DNP program.
- They are calling themselves a clinical nurse specialist in wound care, but they only have two weeks experience in wound care.
- University of Phoenix is far more intense than going for another program. Doing online education was less political than in classroom. Learn how to have meetings and how to publish. My clinicals were based on my needs for my clients and they were far more rigorous than having to please an instructor. When I went through program it was very political to go to a classroom program.
- We are going up for 20/14s. Matches essentials and other national criteria.
- Education has to be state approved and National Association of Clinical Nurse Specialists.
- Look at national certification.
- Some schools have fantastic nursing programs, but aren't accredited? What standards are there?
- We started the baccalaureate program, but had to continually reassure that we were state approved.
- Looking to see if they are still accredited. Everyone learns well in a classroom. The first thing is accreditation.
- College should be accredited.
- Look at minimum continuing education.
- Continuing education is hard for certain specialties.
- Need to have recertification to maintain license.
- Some people just want that professionalism and to be certified. This will make it required and make the standards better and perhaps help with employment and salary as well.
- Look at exams to come.
- Develop an exam is very difficult. At one point American Nurses Credentialing Center had a generic clinical nurse specialist exam.

- Developing exams requires a lot of work.
- Would there be more licensure?
- Look at registered nurse licensures would be lost, but gain clinical nurse specialist license.
- Can't be advanced registered nurse practitioner without first being registered nurse, otherwise it is too hard to move from state to state.
- Levels are identical, just a different branch. When you work in hospitals you're the one doing the education, same level of advanced practice.
- Clinical nurse specialist would practice more in urban areas, more hospital settings. Don't see a clinical nurse specialist in a rural area.
- The specialties work right into the need. I made a place for myself because of a need.
- There would be so much more demand for nurse practitioner than for clinical nurse specialist.
- Is there a need for clinical nurse specialists with the nurse practitioner?
- In Washington State fired so many nurse managers, created need for nurse practitioner. Didn't have a place to go with the specialties. We don't license, so hard to track how many there are in the state.
- Need to look at what citizens need.
- International education roles?
- Are the programs equal to become a registered nurse?
- Do other countries have clinical nurse specialists or nurse practitioners?
- Clinical nurse specialist branches from nurse practitioner early on in some programs.
- ARNP united recommends 150 hours clinicals and the three areas physiology, physical assessment and pharmacology.
- If you build it they will come, if some clinical nurse specialists are able to obtain prescriptive auth. Then employers will be more willing to hire. A major employer of clinical nurse specialists is the Veterans Administration.
- Keep the current advanced registered nurse practitioner prescriptive authority requirements for clinical nurse specialist.
- Nurse practitioner prescriptive authority is optional as well.
- What if a clinical nurse specialist takes time off, or chooses to be inactive?
- Already have an advanced degree?
- 250 hours of supervised practice for every two years you haven't practiced. With 1,000 being the top amount. Supervised practice with clear license.
- If you allow your certification to lapse you have to go in and show your practice as a registered nurse, with so many hours.

July 26, 2012: Vancouver location

Attendees:

Stephen Patten, National Council of Clinical Nurse Specialists and Veterans Administration

Heather Schoonover, Peace Health and National Council of Clinical Nurse Specialists

Cathy Hancock, Peace Health St John

Dawn Doutwa, Washington State University and Society for Clinical Nurse Specialist Educator

Christy Burleson, Portland Veterans Administration Medical Center and Washington State University, Vancouver student

Joan Caley, MS, Registered Nurse, Clinical Nurse Specialist and Washington State University, Vancouver Faculty

- National Council of State Boards of Nursing definition is a good definition:
 - Person who is a registered nurse and is licensed to practice nursing in the state where services are performed in accordance with state nursing licensing law and regulations and holds a master or doctoral degree in a defined clinical area in nursing at an accredited institution.

Use this definition because there are not examinations in all clinical nurse specialist designations.

- The need is great in public health for a population approach when nurses are prepared at an advanced level.
- Consistent to have advanced practitioners practicing in acute care settings.
- There isn't a generalized understanding about population care nursing. Bringing community health population to focus on having advance practice nurses based out of acute care settings.
- Look at potential examination that would cover a wide variety of clinical nurse specialist specialties to be licensed under the consensus model.
- Allow nurses who have been prepared at an advanced level with a master's degree, have advanced knowledge and skills in a clinical specialty to present portfolio to show for licensure.
- Now there are nurses graduating from clinical nurse specialist programs and being denied examination for certification. There isn't always consistency for education, certification and licensing.
- Needs to be an equivalency like a portfolio in certification if an exam in their specialty is not available.
- Define the education as a graduate degree in nursing, it narrows the qualifications down.
- There are nurses being called a clinical nurse specialist when they do not meet the educational requirements, but they may have developed skills. I like the definition from the consensus. We should go with the consensus to create uniformity with other entities.
- They need at least a master's degree in nursing, with an emphasis on nursing science.
- The educational requirements for the aphs/certified aphs are similar they can request clinical nurse specialist certification if they had a nursing focus.
- For a clinical nurse specialist nursing degree there are a lot of places that don't call it clinical nurse specialist; so we should make the definition more broad as a nursing degree.
- From an educational point of view we don't license and we don't certify, but that is a good idea to keep it separate. Not all educators are clinical nurse specialists.

- If there is a public need, educators come in and educate, the certification says they can do what they said they can do, and licensing regulates. Educators can't change program and curriculum easily; if students start a program that will last six years, then certifiers change their requirements, the students won't get certified at the end of those 6 years. That has been a problem; we don't want to put people in harm's way, not only patients that don't have clinical nurses taking care of them, but the nurses that can't get licensed. The state should be saying who can and cannot be licensed.
- What descriptors should be in the portfolio?
- They should show knowledge of working at an advanced level.
- Some nurses may have the qualifications and knowledge, but don't have certification.
- They need to show competency and education.
- National Council of State Boards of Nursing holds the licensure to the role and the six populations, there are only three exams and three clinical nurse specialist populations don't have exams. Working to make exams and competencies.
- Are there core competencies for populations without exams, have them in the file for their portfolios?
- Only in some specialties have those core competencies, not all of them are nationally recognized.
- Clinical nurse specialist core competencies can be used for certification.
- The consensus uses populations and core competencies, not specialties.
- National Council of State Boards of Nursing says nurses need to be able to move from state to state. States are alienating nurses and lawsuits are being filed. States can't regulate people's right to practice away from them.
- The out of state issue, how to word that?
- Show portfolio before a certain date, after that date they have to have the certification requirements.
- Make it say as long as you keep your license and don't let it lapse. Allow out of state nurses have a certain amount of time to apply. After the date they have to meet the same requirements as everyone else.
- We're not dealing with 1,000s of nurses; I think there are 200 or less.
- People are confused and call themselves clinical nurse specialists without a master's degree.
- How can employers hire clinical nurse specialists when Washington State doesn't recognize the role?
- Originally clinical nurse specialist role was not intended to be regulated; it was an advanced nursing role.
- Registered nurse license was the requirement. The consensus wants title protection to know who they are and the requirements to be a clinical nurse specialist.
- Should certification be required?
- People that have graduated and been practicing at the advanced level before the examination was available. Now they aren't eligible for the exam because too much time has lapsed.
- You can't require the certification because why would they get certified if they can't get licensed. Now they are able to get licensed but aren't eligible for the exam anymore. Let them set up a portfolio as an alternative.
- Commission could set up a grid of options with time frames for requirements. When you went to school, how you've been practicing. Educate the public about what they need to do. It will help nurses figure out what they need to do to get licensed.

- When their exam becomes available, allow a certain amount of time to take the exam if they have the education requirements.
- The examinations are to protect the public.
- Otherwise there will be people that want to take the exams and can't.
- With the rubrics they can find ways to get certified based on their credentials.
- Make the requirements for initial licensure for people who are certified with master's degree and are certified.
- Canada has a great group of clinical nurse specialists and a database with all the outcomes that clinical nurse specialists create.
- Make the requirements for international nurses the same as out of state, if they can't do the portfolio, they aren't a clinical nurse specialist.
- Get licensed from basic level for clinical nurse specialist internationally. Canada is the one country that would be comparable. Other countries it is hard to tell what their requirements are.
- Many third world countries are working to get clinical nurse specialists to build their health care and populations' needs. HIV clinical nurse specialists, will have more difficult time meeting educational requirements, but have large amount of knowledge.
- We need clinical nurse specialists in our country because we have a lack of population focus and dealing with the vulnerable populations. We need the title protection to make sure clinical nurse specialists are doing the work that needs to be done in health care reform.
- There is an assumption that you can get educated at masters and doctoral level and transfer those skills from graduation, but they are not deeply population focused. The population focus of the clinical nurse specialist is what is needed. It is called for in the DNP and in the future of medicine. Assumption that they will have the deep knowledge and skills.
- Try to make it inclusive as possible to have the population focus under regulatory consensus.
- Have to have a community focus looking at the family as a whole. Looking at people in the community, not just the lifespan.
- There needs to be the words population and community somewhere in there.
- Renewal?
- The requirements need to be similar as other nurse practitioners. Practicing 960 hours of practice in five years, 40 hours of continuing education.
- Some of the hours have to be related to specialty.
- Hours can be volunteer hours.
- Make them as similar as possible as other advanced registered nurse practitioners.
- Upon renewal, don't do a portfolio again, and a certification exam is available, take the exam?
- Even exams that are available will have nurses that are never eligible because they have requirements for having graduated within the last two years. Or requirements were not required when initially taking education.
- Want validation of exam that you are a competent clinical nurse specialist. Have a third option, if you have a graduate degree and have been practicing.
- Certifiers are determining who can practice in the state, not the regulators.
- Have language that there is a high value on certification and if eligible to become certified, encouraged to get certified. If they can be certified they shall be certified.
- If people let their license lapse, that is their own problem.
- In Oregon seven out of 200 clinical nurse specialists have prescriptive authority.

- Requirement that if you want prescriptive authority you have to have clinical experience and education goes beyond the normal amount.
- Have a pharmacy subset for continuing education for prescriptive authority.
- When talking policies it is really important to be an informed voice.
- You have to know what you're talking about to be listened to as a credible person.
- The role of clinical nurse specialists has to develop relationships with operations.
- They may be consulting a group.
- Make prescriptive authority optional, not a lot of people going to do it.
- Approval of the education programs, issue with online programs. Are there many clinical nurse specialist online programs?
- There are several, but they still require clinical.
- The state has to give educators degree authorization in state.
- Need to be accredited by CPNA.

July 27, 2012: Kent location

Attendees:

Patrick Hetrick, Harrison Medical Center
Sally Watkins, Washington State Nurses Association
Daniel Greenwald, Washington Association of Nurse Anesthetists
Chris Peredney, Franciscan Health Services
Nancy Lawton, ARNPs United
Ann Podruchny, Multicare Health System
Cynthia May, Harrison Medical Center
Cynthia Smith, Harrison Medical Center
Louise Kaplan, Advanced Registered Nurse Practitioners United
Joya Pickett
McKenzie Williams, Swedish Medical Center
Nicole Roehrig, Swedish Medical Center
Andi Foley, FHS – St Francis
Karen Hays, Advanced Registered Nurse Practitioners Subcommittee
Sheena Jacob, University of Washington
Linda Robinson, Clinical Nurse Specialist

- California definition: Providing expert clinical practice, research, education, consultation and clinical leadership.
- Merges business side of nursing by learning leadership as well as clinical. Clinical nurse specialists train staff and help write policies and procedures.
- Current rule defines advanced registered nurse practitioner, but doesn't define each designation. Should we define clinical nurse specialist?
- Question is should the rule stand as it is?
- If other designations are not defined, why add what the clinical nurse specialist is in this section? If we add specific definition of clinical nurse specialist, then we would need to add other definitions. I would prefer not to add specific definitions. Have the same eligibility criteria as other advanced nurse practitioners.
- Agree with what is in the law just keep the same criteria for the clinical nurse specialist.
- Colorado dialogue focuses on defining advanced nurse practitioners and not the specific roles.
- Simply add clinical nurse specialist to the definition section and keep other criteria the same.
- Whatever certification you have defines what your scope of practice is.
- Master's prepared advanced practice registered nurse whose function is to improve outcomes within the clinical nurse specialist's three spheres of influence.
- I don't agree with the words "responsible and accountable for the diagnosis". That is not always the case; it depends on your scope of practice.
- Advanced registered nurse practitioners often care for populations, and "treatment" could mean at the system level, not always in direct care.
- Often clinical nurse specialists work with populations rather than in direct patient care.
- Physiology, physical assessment and pharmacology that are outlined in the consensus model.
- The issue will be people who were educated without physiology, physical assessment and pharmacology will not be eligible for certification.
- Another problem is that some universities didn't require clinical hours.

- When I wanted to get certified, I had to go back for hours in my scope of practice.
- How long ago did programs not require clinical hours?
- Two years ago some clinical nurse specialist programs didn't meet the national certification requirements.
- Most degrees require 500 hours during the educational period. For certification can you have proof of your practice instead of those 500 hours?
- No, the hours have to be in an educational setting.
- American Nurses Credentialing Center requires 500 hours.
- ANCN requires the same as well. Are your hours similar to what the national certification is looking for?
- That depends on where you are trying to get certification.
- National Association of Clinical Nurse Specialists has education requirements that they have decided were appropriate.
- Advanced Registered Nurse Practitioners United recommends the education requirement be a valid standard. Include the core competencies of physiology, physical assessment and pharmacology and 500 clinical hours. The certification exam requires the equivalent of at least one academic year and includes at least 500 hours of clinical. We recommend having a three year period of time to meet requirements for certification. It may take schools awhile to get the clinical in place. The standard for education should be the same for all advanced registered nurse practitioners.
- In my program the family nurse practitioner and clinical nurse specialists have the same classes, but differ on clinical. Both need 500 hours in the field within their scope of practice. The program I did, perioperative doesn't have an exam for certification.
- If nurses are already practicing as a clinical nurse specialist, they need to get certification to get licensing.
- Employers can change the title, but they would be doing the same work.
- That puts the individual at risk because they are employer dependent. To do their job, they must stay there. The state says they need to be certified to get license.
- Need to have specification that the master's or doctoral should be in nursing.
- The rules say a degree in nursing.
- Clinical nurse specialists are not practicing at an advanced level now. If clinical nurse specialists get written into the rules they will not have been practicing at an advanced level. There are some clinical nurse specialists that are called clinical nurse specialist who shouldn't be. The standards need to protect the public. We shouldn't be putting people in an advanced practice role that are not licensed to work in an advanced practice role.
- Health care organizations sometimes add to the confusing roles and titles.
- There are organizations that have clinical nurse specialists without the correct qualifications. It should be noted that a Masters in Nursing is different than the Masters of Science in Nursing.
- The education requirements for all categories need to have the three core classes of physiology, physical assessment, and pharmacology and 500 clinical hours.
- Many programs already have those requirements.
- Tuition assistance is offered by some employers.
- Should have a period of time for people that are practicing to get the requirements done.
- People who are in clinical nurse specialist roles currently, are not practicing in an advanced role. When the title is protected employers will have to change their title. Make sure the three core competencies, physiology, physical assessment and pharmacology

are being done before the clinical hours so they are incorporated throughout the clinical experience.

- If nurses are practicing in other states they are practicing at an advanced role.
- It is hard to recruit clinical nurse specialists to the state because the state doesn't define clinical nurse specialist. They have to recertify when they come to the state.
- Oregon has a portfolio option for certification. American Nurses Credentialing Center doesn't have exams available for all the areas.
- In the current rules, people coming from out of state, have to have advanced nursing education and have been practicing for 250 hours in direct patient care in the last two years.
- There isn't an equivalent to certification.
- There are nine domains for clinical nurse specialist, but there are not exams for all the domains. Maybe there should be a general core exam for clinical nurse specialist.
- Advanced registered nurse practitioner stands for something; it measures expertise and gives credibility in practice. We should hold onto the original standards of education, examination, certification and licensure.
- There needs to be certification eligibility. The state has always required certification for licensure.
- Examination proves you have the education to take an exam.
- Should there be allowances in the rule for people that haven't met requirements, but have been practicing? Who is there that have been practicing? People that have already done all the requirements, but can't get certification because they have been done with education so long. Maybe only 10-15 left who would not meet the criteria?
- It is hard to separate out who is really qualified to practice as a clinical nurse specialist.
- Advanced registered nurse practitioner surveys found most have a master's degree because people value education. To say people won't go back to get the education, the people who really want to be an advanced registered nurse practitioner will do it. The standard needs to be certification for licensure.
- Except there isn't a certification exam for every specialty.
- National Association of Clinical Nurse Specialists is trying to get American Nurses Credentialing Center to get a generalist clinical nurse specialist exam, but the process is going to take a while. What to do in the mean time? If they have hours and have education?
- Have a grace period and word it in a way that permits licensure once the test is available. They would need to get the certification once the exam is available.
- The problem is in order to take the exam you have to be within a certain amount of time from graduation of a program. Is there something that could be used to demonstrate evidence of meeting a certain level of expertise and safety?
- Who will decide that you qualify though?
- In the master's program, students don't start the graduate level clinical and the three core classes of physiology, physical assessment and pharmacology until they get a certificate and their registered nurse license.
- I recommend three years if the exam is available and three years once the exam becomes available. You can't use the term clinical nurse specialist until you take the exam. Until then, have to practice as a registered nurse.
- Advanced registered nurse practitioner has to complete 250 clinical hours and 45 hours continuing education every two years for renewal.

- Once the title is protected, you can't be an advanced registered nurse practitioner without certification; therefore you can't be a clinical nurse specialist without certification once the title is protected.
- The legislation needs to be aligned with the consensus model.
- How did nurse practitioners get licensure without certification exam?
- The specialties within nurse practitioner or advanced nurse practitioner are not as narrow as in the clinical nurse specialist.
- How do we maintain public safety without the certification examination?
- Are there requirements now for clinical nurse specialists?
- It depends on where you are. Other places there would be a portfolio and national certification. Portfolio review is done by National Council of State Boards of Nursing.
- In other states the requirement is if an exam is available they must take it within three years. If the exam is not available right away, once the exam becomes available they must take it within three years. This protects the public by having clear documentation that people are safe to practice in the state. All the states say you have to have a master's degree, have been practicing for a certain amount of time, and a reference from an immediate supervisor.
- If clinical nurse specialist moves to the advanced practice will it discourage people from moving here if they are already certified?
- Until an exam is available, they may have to move to a different state.
- If you are already practicing at an advanced level then move here and can't practice at that level, it is hard to tell what is advanced and what isn't. You don't recognize advanced practice when you are already doing it.
- Who will hire me with a clinical nurse specialist certification, but if I can't get licensed?
- Our responsibility is to set the standard. If our standards are more rigorous, then that is something to be proud of. Our standards must be met by people coming into the state. What about the people that are already practicing in state? Nurse practitioners in British Columbia set a more vigorous standard so no one could question their expertise. We don't want to let go of the standards we already have.
- Could we come up with another title for those that don't meet the advanced practice requirements? Just as an alternative for clinical nurse specialists that don't meet the requirements of the advanced registered nurse practitioner.
- Without the title marketability of your skills decreases.
- What is advanced practice versus advanced registered nurse?
- What is expected for continuing competencies?
- For renewal right now the requirements are 250 hours of direct patient care and 30 hours continuing education. If they have prescriptive authority there is an additional 15 hours of continuing education hours.
- The 250 hours of direct patient care, if that means caring for an individual it could be problematic.
- Have to do the competencies within the clinical nurse specialist role.
- What would be comparable to direct patient care for a clinical nurse specialist? 250 hours in clinical nurse specialist practice, relevant to their clinical nurse specialist role?
- Could just take "patient" out of the current rule wording.
- All I needed was a signature saying I had completed the 250 hours of direct care, so it isn't difficult to get.
- Some clinical nurse specialists are caring for groups of patients and providing care that way.

- A common role of the clinical nurse specialist is to do systems work. They make sure the system works and patients all get similar care. That could be considered to be direct care; it directly changes outcomes of patients.
- The purpose of the continuing competency is to prove people haven't retired and are still working with patients.
- Some clinical nurse specialists are just working with systems.
- Do I need to have hands on care of patients to be practicing at an advanced registered nurse practitioner level? We need to make the language more generic to fit clinical nurse specialists.
- You have to have clinical practice to maintain the national certification. There is also a practice requirement.
- What if you can't get hired? Then you can't maintain certification?
- Is the 250 clinical hours and 30 hours continuing education the same for clinical nurse specialists?
- Maybe not have the wording "direct clinical patient care", but have "clinical patient care".
- They still have to be practicing to remain certified.
- What if you take time off?
- Certification is needed to maintain credibility in the eyes of the public.
- There is a study for clinical competency that found there is a better chance to stay clinically competent with both continued work and continued education.
- Competencies can be volunteer work within the scope of your advanced registered nurse practitioner role.
- The 30 hours of continuing education would be required every two years in their scope of practice. An additional 15 hours of pharmacy if they want prescriptive authority, plus the 250 clinical hours.
- Do courses exist in every discipline? Does the advanced practice continuing education have to be within practice?
- Continuing education is approved by your certifying body.
- Does 30 hours seem reasonable? *General agreement*
- How does the current rule of prescriptive authority fit with the clinical nurse specialist?
- If they are coming from out of state, they must show that they have been independently practicing and using prescriptive authority in their practice. Sometimes the criteria are waived for initial license, but then they have to show they have done the continuing competencies at their renewal.
- We need to change the rule to make it state you have to have clinical application. Currently the rule doesn't say the 30 contact hours have to be clinically applied.
- To be an expert in pain management you have to take an examination, but there isn't an exam available.
- I encourage you to look at what Oregon does. We need to make everyone meet the same requirements.
- The state should endorse licenses from other states to make it easier to bring nurses in from other states.
- We should allow a certain amount of time to meet license requirements so nurses can continue practicing from another state.
- You have to be licensed to practice in the state.
- There is enough difference in state laws to make it hard to allow practice without a state license. The license has to be considered carefully to make sure it is comparable.
- Colorado grandfathered clinical nurse specialists into the advanced registered nurse practitioner. However, if they want to come into Washington certification wasn't required

in Colorado and they can't get licensed in Washington right away. I support a grace period for licensure.

- There could be hundreds of people who would be affected by this change. There would need to be a title change.
- Many people want advanced practice title for reimbursement, but they won't be reimbursed without being certified.
- Have some allowance in the rule that everyone has to petition the board with evidence for initial or endorsement of licensure? Similar to what the psych clinical nurse specialists did before.
- What will the impact be on care if all of a sudden people that are calling themselves clinical nurse specialists are no longer able to use that title?
- Many people respond more to a title than to pay.
- It is hard to recruit clinical nurse specialists if they can't be licensed.
- Maybe have a provisional advanced registered nurse practitioner? For a period of time until they can meet the requirements.
- I would hesitate to have anything with "provisional" in it.
- What does the magnet status say?
- If the national certification is not required for clinical nurse specialist, what happens to the other three designations?
- We have to keep them to the same standards as the current advanced registered nurse practitioners. Advanced registered nurse practitioners want to keep the credibility that they have already worked hard to establish.

Transcribed by: Kelsey Chambers, Nursing Quality Care Assurance Commission Intern