



# Clinical Nurse Specialist Advisory Committee Meeting

## **SUPPLEMENTAL MATERIALS**

January 16, 2025

## Table of Contents

<b><u>2.0 General instructions for the format of a teleconference meeting</u></b>	<b>3</b>
<b><u>4.1 Review and vote on whether to approve previous meeting's minutes</u></b>	<b>5</b>
<b><u>5.0 Discussion and possible action: Report from the two CNSAC subcommittees: Public Engagement and Website; and Regulations.</u></b>	<b>11</b>
<b><u>6.0 Discussion and possible action: Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight.</u></b>	<b>13</b>
<b><u>7.0 Discussion and possible action: Explanation of the term Clinical Nurse Specialist (CNS) and explanation of the role and positions within healthcare systems</u></b>	<b>23</b>
<b><u>8.0 Discussion and possible action: Presentation from the California Association of Clinical Nurse Specialists (CACNS) on future priorities for CNSs, including national certification exams</u></b>	<b>29</b>



## Agenda Item 2.0

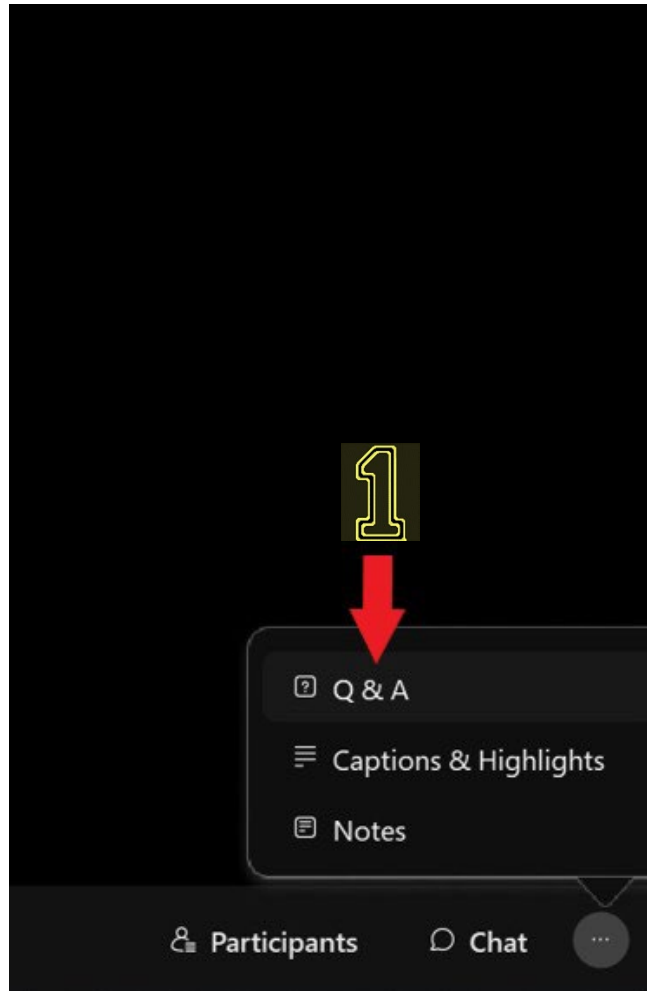
### **General instructions for the format of a teleconference meeting**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | January 16, 2025

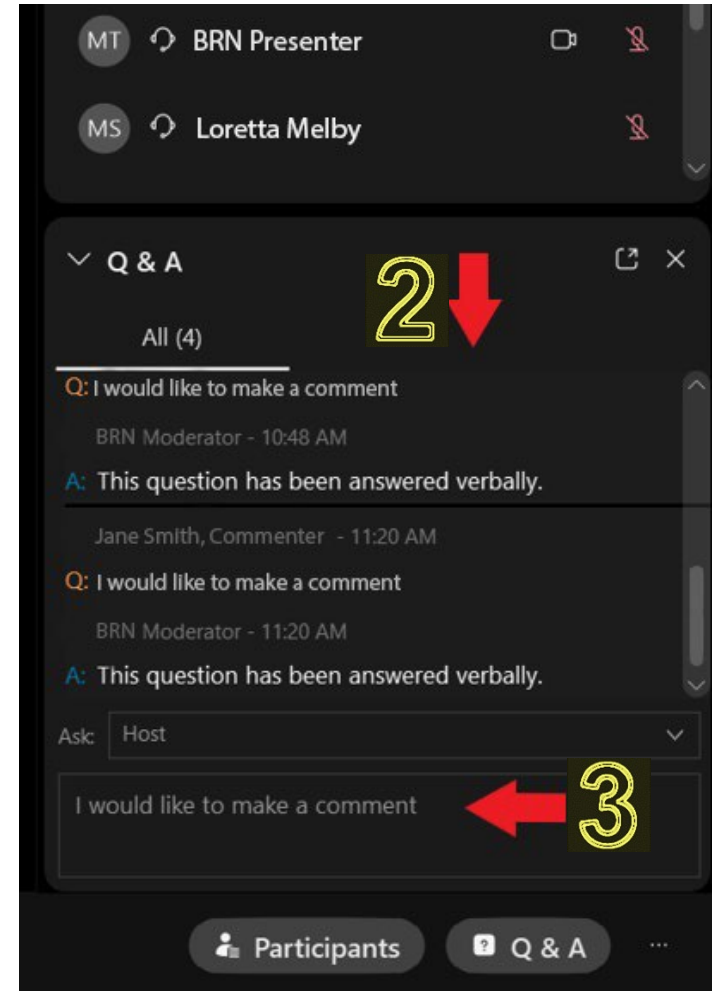
## Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

1. Click on the 'Q & A' button at the lower right of your WebEx session (you may need to click the three dots (...) to find this option).



2. The 'Q & A' panel will appear.



3. In the 'Q & A' panel, type "I would like to make a comment". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened (click the 'Unmute me' button), and you will have **two (2) minutes** to provide comment. Every effort is made to take comments in the order which they are requested.

**NOTE:** Please submit a new request for each agenda item on which you would like to comment.



## Agenda Item 4.1

**Review and vote on whether to approve previous meeting's minutes**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | January 16, 2025

**BOARD OF REGISTERED NURSING  
CLINICAL NURSE SPECIALIST ADVISORY COMMITTEE MEETING  
MEETING MINUTES**

**DATE:** August 15, 2024

**START TIME:** 1:00 pm

**LOCATION:** **NOTE:** In accordance with Government Code section 11123.5, the meeting was held via a teleconference platform and all committee members participated remotely with a member of the Board's staff present at the primary physical meeting location below:  
1747 North Market Blvd., Ste. 100  
Sacramento, CA 95834

1:00 pm

**1.0**

**Call to Order/Roll Call/Establishment of a Quorum**

Jessica Lightcap, Chair, called the meeting to order at 1:00 pm. Quorum established at 1:01 pm.

**Clinical Nurse Specialist Advisory Committee Members:** Jessica Lightcap, MSN, RN, AACNS-P – Chair  
Elissa Brown, MSN, RN, PMHCNS-BC – Vice Chair  
Shannon Buckley, MSN, RN, CNS (Absent)  
Kerri Krogen, MSN, RN, AACNS-AG

**BRN Staff Representatives:** Loretta Melby, RN, MSN, Executive Officer  
Harry Skaletzky, DCA Legal Affairs Division, Attorney

1:05 pm

**3.0**

**Public comment for items not on the agenda; items for future agendas.**

**Public Comment for Agenda Item 3.0:** No public comments in any location.

1:08 pm

**4.0**

**Review and vote on whether to approve previous meeting's minutes**

**4.1 January 18, 2024**

**Discussion:** Presented by Jessica Lightcap, Chair.

**Motion:** **Kerri Krogen:** Motioned to approve the January 18, 2024, meeting minutes.

**Second:** **Elissa Brown**

1:09 pm

**Public Comment for Agenda Item 4.1:** No public comments from any location.

<b>Vote:</b>	<b>JL</b>	<b>EB</b>	<b>SB</b>	<b>KK</b>	<b>VAC</b>
Vote	Y	Y	AB	Y	
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB					

**Motion Passed**

1:11 pm

**5.0 Discussion and possible action: Regarding meeting dates for 2025**

**Discussion:** Presented by Loretta Melby, Executive Officer, Board of Registered Nursing. She advised the members that the CRNAAC voted to accept the January 16 and August 14, 2025, meeting dates. She asked if any members have any conflicts to provide different dates.

All members said the dates worked for them.

**Motion:** **Elissa Brown:** Motioned to approve January 16 and August 17 as the meeting dates for 2025.

**Second:** **Kerri Krogen**

**Public Comment for Agenda Item 5.0:**

No public comments from any location.

<b>Vote:</b>	<b>JL</b>	<b>EB</b>	<b>SB</b>	<b>KK</b>	<b>VAC</b>
Vote	Y	Y	AB	Y	
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB					

**Motion Passed**

1:15 pm

**6.0 Discussion and possible action: Report from the two CNSAC subcommittees: Public Engagement and Website; and Regulations.**

**Discussion:** Presented by Jessica Lightcap, Chair.

**Loretta Melby:** Stated that if the subcommittee has draft regulatory language it can be brought as an agenda item to the CNSAC for consideration, then Nursing Practice Committee for review, and Board for consideration.

1:19 p.m.

**Public Comment for Agenda Item 6.0:**

No public comments from any location.

1:20 p.m.

**7.0 Information Only: Overview of the Clinical Nurse Specialist (CNS) role and history**

**Discussion:** Presented by Jessica Lightcap, Chair, and Elissa Brown.

1:27 p.m.

**Public Comment for  
Agenda Item 7.0:**

No public comments from any location.

1:28 p.m.

**8.0**

**Information Only: Presentation on the California Association of Clinical Nurse Specialists (CACNS) taskforce.**

**Discussion:** Presented by Jennie Matays, past president of CACNS, magnet program director of Kaiser Permanente, Roseville Medical Center, co-chair of CACNS Legislative Committee, critical care CNS.

**Loretta Melby:** Explained the discussion process between committee members, presenter, and public comment.

**Kerri Krogen:** Asked if there are any legislators supporting full practice authority.

**Elissa Brown:** Stated that they're looking throughout the state to find a legislator and have identified a few already. A fact sheet will be released soon.

**Jessica Lightcap:** Asked if the group is working with any other states on this.

**Jennie Matays:** Stated that they've been working with Maryland which has provided language to assist.

**Jessica Lightcap:** Asked where they could go to find more information on these topics.

**Jennie Matays:** Said CACNS's legislative and regulatory committee meets monthly and they're working on a fact sheet to provide to their lobbyist for approval and then find the legislators that are going to support them and back them. They hope to get this information on their website so the members and non-members that are interested in what's going on can see.

**Kerri Krogen:** Asked if there is a time frame they hope to have it in legislation.

**Jennie Matays:** Said there is no exact time frame but not in months – probably several years. She asked Elissa Brown if she had a more specific time frame. Jennie also said this is costly with hiring a lobbyist and they are doing fundraising at CACNS.

**Elissa Brown:** Stated that they hoped it would be one year, but it will be at least two to three years due to the time it takes for legislation. They are also looking to partner with organizations to share the expenses and lobby because they have a lot of the same things in mind and supported one another with legislation.

**Kerri Krogen:** Asked what type of expenses.



**Jennie Matays:** Said the main one is the lobbyist which is a monthly fee for consultation services.

**Elissa Brown:** Stated that they hope to go to Sacramento to identify people in different parts of the state, especially in Sacramento, for testimony and the travel that also needs a budget.

**Kerri Krogen:** Said she's new to this and asked what a lobbyist does.

**Jennie Matays:** Said a lot of nurses have no experience and said when she entered this process, she too did not have experience with legislation and regulation. Coming up with the fact sheet, making relationships with some legislators, who will back introducing a bill, mentors the association staff through all these issues.

**Loretta Melby:** Explained that this an advisory committee which is an agent of the government and Board and it makes recommendations to the Board based on their CNS expertise. The BRN's role and jurisdiction is to protect the public which is separate from promotion of the profession. Any group can reach out to the Board and if the topic is supported by law, then the Board can opine if it's within jurisdiction. The topic can be added to an agenda for a committee to work through it. If it isn't within the BRN's jurisdiction then it's deferred to the correct entity. If the BRN identifies a need for a legislative update, typically through the sunset process, then the BRN asks for changes. She stated that she appreciates the CNS background information discussed by this committee and discussed the federal authority for CNS practice at full authority to diagnose and treat which are similar to other advance practice role as she said there is confusion in California facilities about what a CNS is and does.

**Elissa Brown:** Stated that the CNS was around prior to the NP, and that she would like to know about working on the full practice authority, and the CNSAC and Board working on regulations, and which can go first.

**Loretta Melby:** Stated that they can be done simultaneously as the CNSAC can look at statutory authority while working on the regulations to develop full practice authority. She said BPC section 2832.2(b) has different language than all other advance practice nurses and the language gives the Board the authority to develop advance practice authorities and standards. She further explained that the CNS statute requires any regulatory language be presented to the Medical Board of California for their input and consideration. She told the members they may want to consider whether they want this language to remain in the statute since the CNS is the only advance practice nurse that must do this.

2:03 pm

**Public Comment for  
Agenda Item 8.0:**

**Mitchell Ellsworth:** She asked about full practice authority and if they had the opportunity to reach to the NPs and see if there is parallel work that could be shared or done. She understands the BRN cannot formally endorse the sponsor but could recognize the work of CACNS in the work they're doing towards full practice. She asked if a statement of support was done for the NP bill by the BRN in a public forum.

**Loretta Melby:** Explained that when a bill is brought before the Board, they take a vote and when AB 890 was discussed, the Board voted to support it. Those are the formal times the BRN can take a position. She said there's no official position of the Board about full practice authority.

2:12 pm

**9.0**

**Adjournment:** Jessica Lightcap, adjourned the meeting at 2:12 p.m.

**Submitted by:**

**Accepted by:**

---

**McCaulie Feusahrens**  
Chief of Licensing  
Licensing Division  
California Board of Registered Nursing

---

**Jessica Lightcap**  
Chair  
Clinical Nurse Specialist Advisory Committee

---

**Loretta Melby, MSN, RN**  
Executive Officer  
California Board of Registered Nursing



## Agenda Item 5.0

**Discussion and possible action: Report from the two CNSAC subcommittees:  
Public Engagement and Website and Regulations.**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | January 16, 2025

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

---

**AGENDA ITEM:** 5.0  
**DATE:** January 16, 2025

**ACTION REQUESTED:** Discussion and possible action: Report from the two CNSAC subcommittees: Public Engagement and Website and Regulations.

**REQUESTED BY:** Jessica Lightcap, MSN, RN, ACCNS-P  
Chair

**BACKGROUND:**

The two CNSAC subcommittees will provide updates on work conducted. The subcommittees and members are as follows:

- Public Engagement and Website: Shannon Buckley and Jessica Lightcap
- Regulations: Elissa Brown and Kerri Krogen

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 6.0

**Discussion and possible action: Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | January 16, 2025

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

---

**AGENDA ITEM:** 6.0  
**DATE:** January 16, 2025

**ACTION REQUESTED:** Discussion and possible action: Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight

**REQUESTED BY:** Jessica Lightcap, MSN, RN, ACCNS-P  
Chair

**BACKGROUND:**

The CNSAC members will discuss proposed regulations for CNSs. The initial draft regulatory text provided by the Regulations subcommittee is included in these materials after this AIS beginning on page 15.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** Marissa Clark  
Chief of Legislative Affairs  
California Board of registered Nursing  
[Marissa.Clark@dca.ca.gov](mailto:Marissa.Clark@dca.ca.gov)

- (a) “Clinical nurse specialist” means an advanced practice registered nurse who meets board education and certification requirements; has major components of expert direct care clinical practice, education, research, consultation, and clinical leadership in the practice; and possesses additional advanced practice educational preparation and skills in physical and mental health diagnosis, psychosocial assessment, and management of health-illness needs in primary care, and/or acute care, evaluation and management of complex and vulnerable patients and populations, educating and supporting interprofessional staff, and creating change and innovation in healthcare organizations
- (b) “Primary care” means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings.
- (c) “Clinically competent” means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified clinical nurse specialist providing healthcare in the same clinical nurse specialist category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care.
- (d) “Acute care” means restorative care provided by the clinical nurse specialist to patients with rapidly changing, unstable, chronic, complex acute and critical conditions in a variety of clinical practice settings.
- (e) “Category” means the population focused area of practice in which the certified clinical nurse specialist provides patient care.
- (f) “Advanced health assessment” means the knowledge of advanced processes of collecting and interpreting information regarding a patient’s health care status. Advanced health assessment provides the basis for differential diagnoses and treatment plans.
- (g) “Advanced pathophysiology” means the advanced knowledge and management of physiological disruptions that accompany a wide range of alterations in health.
- (h) “Advanced pharmacology” means the integration of the advanced knowledge of pharmacology, pharmacokinetics, and pharmacodynamics content across the lifespan and prepares the certified clinical nurse specialist to initiate appropriate pharmacotherapeutics safely and effectively in the management of acute and chronic health conditions.
- (i) “Clinical nurse specialist curriculum” means a curriculum that consists of the graduate core; advanced practice registered nursing core, and clinical nurse specialist role and population-focused courses. Preparation at the graduate level must have a significant focus on the clinical practice of providing direct care to individuals in a clinical field related to nursing.
- (j) “Graduate core” means the foundational curriculum content deemed essential for all students pursuing a graduate degree in nursing.
- (k) “Advanced practice registered nursing core” means the essential broad-based curriculum required for all clinical nurse specialist students in the areas of advanced health assessment, advanced pathophysiology, and advanced pharmacology.
- (l) “California based clinical nurse specialist education program” means a board approved academic program, physically located in California that offers a graduate degree in nursing or graduate level certificate in nursing to qualified students and is accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation.
- (m) “Clinical practice experience” means supervised direct patient care in the clinical setting, telehealth, or in simulation that provides for the acquisition and application of advanced practice nursing knowledge, skills, and competencies. Simulation experiences must be based on national or international standards as specified by organizations, or successor organizations, such as the Society of Simulation in Healthcare (SSH) Accreditation Standards or the International Nursing Association for Clinical Simulation (INACSL) Standards of Best Practice in Simulation, of which the SSH 2016

version and INACSL 2016 version are hereby incorporated by reference.

(n) "Direct supervision of students" means a clinical preceptor or a faculty member is physically present at the practice site or available by phone or other electronic means. The clinical preceptor or faculty member retains the responsibility for patient care while overseeing the student.

(o) "Lead clinical nurse specialist faculty educator" means the clinical nurse specialist faculty member of the clinical nurse specialist education program who has administrative responsibility for developing and implementing the curriculum in the clinical nurse specialist category.

(p) "Major curriculum change" means a substantive change in a clinical nurse specialist education program curriculum, structure, content, method of delivery, or clinical hours.

(q) "National Certification" means the certified clinical nurse specialist has passed an examination provided by a national certification organization accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties.

(r) "Clinical nurse specialist education program director" means the individual responsible for administration, implementation, and evaluation of the clinical nurse specialist education program and the achievement of the program outcomes in collaboration with program faculty.

(s) "Non-California based clinical nurse specialist education program" means an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree in nursing or graduate level certificate in nursing to qualified students and does not have a physical location in California. Preparation at the graduate level must be comprehensive and focus on the clinical practice of providing direct care to individuals.

(t) "Clinical field related to nursing" means a specialized field of clinical practice in one of the following categories of clinical nurse specialist specialty recognized by one of the member organizations of the National Commission on Certifying Agencies or the American Board of Nursing Specialties which include, but are not limited to, family or individual across the lifespan; adult; adult-gerontology; neonatal; pediatrics, women's health or gender-related; psychiatric-mental health; cardiology; critical care; hospice and palliative care; orthopaedic; oncology; or wound, ostomy, and continence.

## **§ 1497. Categories of Clinical nurse specialists.**

(a) Categories of clinical nurse specialists include:

(1) Family/individual across the lifespan;

(2) Adult-gerontology;

(3) Neonatal;

(4) Pediatrics,;

(5) Women's health/gender-related, including perinatal and maternal/child;

(6) Psychiatric-Mental Health across the lifespan;

(7) For the clinical specialist who graduated from their clinical nurse specialist program prior to January 1, 2026, and holds a certification in an advanced practice registered nurse specialty certification that is recognized by one of the member organizations of the National Commission on Certifying Agencies or the American Board of Nursing Specialties or successor agencies shall be eligible to apply for a clinical nurse specialist certificate by the board.

(b) A registered nurse who has been certified by the board as a clinical nurse specialist may use the title, "advanced practice registered nurse" or "certified clinical nurse specialist" and may place the letters APRN-CNS after his or her name or in combination with other letters or words that identify the category.

(c) A clinical nurse specialist may specialize in a clinical field related to nursing as part of the clinical nurse specialist population focus.

(d) A clinical nurse specialist may practice in any clinical practice setting or practice area regardless of category or certification by one of the member organizations of the National Commission on Certifying Agencies or the American Board of Nursing Specialties or successor agencies.



## **§ 1498. Requirements for Certification as a Clinical Nurse Specialist.**

(a) To obtain certification as a Clinical Nurse Specialist from the board, an applicant must hold a valid and active license as a registered nurse in California and possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing and one of the following:

- (1) Successful completion of a clinical nurse specialist education program approved by the Board;
  - (2) National certification as a clinical nurse specialist or advanced practice registered nurse in one or more categories listed in Section 1497(a) from a national certification organization accredited by the National Commission on Certifying Agencies or the American Board of Nursing Specialties or successor agency.
- (b) Graduates who have completed a clinical nurse specialist education program in a foreign country shall meet the requirements as set forth in this article. The applicant shall submit the required credential evaluation through a board-approved evaluation service evidencing education equivalent to a master's or doctoral degree in Nursing.

## **§ 1499. Evaluation of Credentials.**

(a) An application for evaluation of a registered nurse's qualifications to be certified as a clinical nurse specialist shall be filed with the board by submitting the Application for Clinical nurse specialist (CNS) Certification (Rev. 03/2019), which is hereby incorporated by reference. A temporary Clinical nurse specialist (CNS) certificate shall be obtained by submitting the Application for Temporary Clinical Nurse Specialist (CNS) Certificate (Rev. 03/2019), which is hereby incorporated by reference.

(b) The Application for Clinical Nurse Specialist (CNS) Certification, the Application for Temporary Clinical Nurse Specialist (CNS) Certificate shall include submission of the name of the graduate clinical nurse specialist education program or post-graduate clinical nurse specialist education program.

(c) The Application for Clinical Nurse Specialist (CNS) Certification shall include submission of an official sealed transcript with the date of graduation or post-graduate program completion, clinical nurse specialist category, credential conferred, and the specific courses taken to provide sufficient evidence the applicant has completed the required course work including the required number of supervised clinical practice hours.

(d) A graduate from a board-approved CNS education program shall be considered a graduate of a nationally accredited program if the program held national nursing accreditation at the time the graduate completed the program. The program graduate is eligible to apply for clinical nurse specialist certification with the board regardless of the program's national nursing accreditation status at the time of submission of the application to the Board.

(e) The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.

### **§ 1499.1. Requirements for Clinical Nurse Specialist Education Programs in California.**

(a) The California based clinical nurse specialist education program shall:

- (1) Provide evidence to the board that the clinical nurse specialist program is in an accredited academic institution located in California.

- (2) Be an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree in Nursing or graduate level certificate in Nursing to qualified students.
- (3) Provide the board with evidence of ongoing continuing clinical nurse specialist education program accreditation within 30 days of the program receiving this information from the national nursing accreditation body.
- (4) Notify the board of changes in the program's institutional and national nursing accreditation status within 30 days.
- (b) The board shall grant the clinical nurse specialist education program initial and continuing approval when the board receives the required accreditation evidence from the program.
- (c) The board may change the approval status for a board-approved clinical nurse specialist education program at any time if the board determines the program has not provided necessary compliance evidence to meet board regulations notwithstanding institutional and national nursing accreditation status and review schedules.

## **§ 1499.2. Requirements for Reporting Clinical Nurse Specialist Education Program Changes.**

- (a) A board-approved clinical nurse specialist education program shall notify the board within thirty (30) days of any of the following changes:
  - (1) A change of legal name or mailing address prior to making such changes. The program shall file its legal name and current mailing address with the board at its principal office and the notice shall provide both the old and the new name and address as applicable.
  - (2) A fiscal condition that adversely affects students enrolled in the nursing program.
  - (3) Substantive changes in the organizational structure affecting the nursing program.
- (b) An approved nursing program shall not make a substantive change without prior board notification. Substantive changes include, but are not limited to, the following:
  - (1) Change in location;
  - (2) Change in ownership;
  - (3) Addition of a new campus or location;
  - (4) Major curriculum change.
- (c) Minor curriculum changes shall be reported to the board during the program's next scheduled board review.

## **§ 1500. Clinical Nurse Specialist Education.**

- (a) The program of study preparing a clinical nurse specialist shall be approved by the board and be consistent with the clinical nurse specialist curriculum core competencies as specified by the current approved version of National Association of Clinical Nurse Specialists (NACNS), or successor agency, Core Competencies and the CNS Statement for Practice and Education, of which the 2019 version is hereby incorporated by reference or any specialty-specific core competencies as applicable such as, but not limited to, the American Association of Critical-Care Nurses (AACN) Scope and Standards for Acute Care Clinical Nurse Specialist Practice of which the 2014 version is hereby incorporated by reference.
- (b) The purpose of the clinical nurse specialist education program shall be to prepare a graduate clinical nurse specialist to provide competent care services in one or more of the categories. The clinical nurse specialist education program will have a significant portion of the education dedicated to providing direct care of individuals and populations of patients with a particular emphasis on care of complex and/or vulnerable populations. The clinical nurse specialist program may also focus on indirect care such as, but not limited to, educating and supporting interprofessional staff, creating change and innovation in healthcare organizations, program management, quality or process

improvement, and education.

(1) Written program materials shall reflect the mission, philosophy, purposes, and outcomes of the program and be available to students. Learning outcomes for the clinical nurse specialist education program shall be measurable and reflect assessment and evaluation of the theoretical knowledge and clinical competencies required of the graduate based on national standards.

(c) Administration and organization of the clinical nurse specialist education program shall:

(1) Be taught in a college or university accredited by a nursing organization that is recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree to qualified students.

(2) Prepare graduates for national certification as a certified clinical nurse specialist in one or more clinical nurse specialist or advanced practice registered nurse categories by the National Commission on Certifying Agencies or the American Board of Nursing Specialties or successor agency.

(3) Have admission requirements and policies for withdrawal, dismissal and readmission that are clearly stated and available to the student.

(4) Inform applicants of the academic accreditation and board approval status of the program.

(5) Document the clinical nurse specialist role and the category of educational preparation on the program's official transcript. If the college or university will not allow the title of clinical nurse specialist to be listed on the official transcript, the program can attest that the student graduated as a clinical nurse specialist in the application to the board.

(6) Maintain a method for retrieval of records in the event of program closure.

(7) Have and implement a written total program evaluation plan.

(8) Have sufficient resources to achieve the program outcomes.

(d) Faculty.

(1) There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated outcomes.

(2) Each faculty member shall demonstrate current competence in the area in which he or she teaches.

(3) There shall be a lead clinical nurse specialist faculty educator who meets the faculty qualifications.

(4) Faculty who teach in the clinical nurse specialist education program shall be educationally qualified and clinically competent in the same category as the theory and clinical areas taught.

Faculty shall meet the following requirements:

(A) Hold an active, valid California registered nurse license, if applicable;

(B) Have a Master's degree or higher degree in nursing or in the appropriate content area;

(C) If the faculty is an advanced practice registered nurse, have at least two years of clinical experience such as, but not limited to, a certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist within the last ten (10) years of practice and consistent with the teaching responsibilities.

(5) Faculty teaching in clinical courses shall be current in clinical practice.

(6) Each faculty member shall assume responsibility and accountability for instruction, planning, and implementation of the curriculum, and evaluation of students and the program.

(7) Interdisciplinary faculty who teach clinical nurse specialist nursing courses, such as but not limited to, pharmacology, pathophysiology, physical assessment, education, and business shall have an advanced graduate degree in the appropriate content areas.

(8) This section shall not be construed to require board pre-approval of faculty.

(e) Director.

(1) The clinical nurse specialist education program director shall be responsible and accountable for the clinical nurse specialist education program within an accredited academic institution including the areas of education program, curriculum design, and resource acquisition, and shall meet the following requirements:

(A) Hold an active, valid California registered nurse license;

(B) Have a Master's or a higher degree in nursing;

- (C) Have had one academic year of experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing clinical nurse specialists; and
- (D) Be certified by the board as a clinical nurse specialist.
- (2) The director, if he or she meets the requirements for the certified clinical nurse specialist role, may fulfill the lead clinical nurse specialist faculty educator role and responsibilities.
- (E) Change of directors of the clinical nurse specialty education program is considered a minor curriculum change.
- (f) Clinical Preceptor.
  - (1) A clinical preceptor in the clinical nurse specialist education program shall:
    - (A) Hold an active valid, California license to practice his or her respective profession and demonstrate current clinical competence, if applicable; have an advanced degree in their content area; and demonstrate current competence.
    - (B) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.
    - (C) For supervised clinical experiences that are non-California based for clinical nurse specialist students in a California-based program, the out-of-state preceptor will hold an active, valid license to practice in his or her respective profession, if applicable, have an advanced degree in their content area, and demonstrate current competence.
  - (2) Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the clinical nurse specialist education program including the clinical preceptor's role to teach, supervise and evaluate students in the clinical nurse specialist education program.
  - (3) A clinical preceptor is oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation.
  - (4) A clinical preceptor shall be evaluated by the program faculty at least every two (2) years.
  - (5) This section shall not be construed to require the board to pre-approve clinical preceptors.
- (g) Students shall hold an active, valid California registered nurse license to participate in clinical nurse specialist education program clinical experiences.
- (h) Clinical Nurse Specialist Education Program Curriculum.

The clinical nurse specialist education program curriculum shall include all theoretical and clinical instruction that meet the standards set forth in this section and be consistent with national standards for graduate and clinical nurse specialist education, including nationally recognized core role and category competencies and be approved by the board.

  - (1) The program shall evaluate previous education and experience in health care for the purpose of granting credit for meeting program requirements.
  - (2) The curriculum shall provide broad educational preparation and include a graduate core, advanced practice registered nursing core, and the clinical nurse specialist role competencies core.
  - (3) The program shall prepare the graduate to be eligible to sit for a specific national clinical nurse specialist category certification examination, if a national certification examination is available, consistent with educational preparation.
  - (4) The curriculum plan shall have appropriate course sequencing and progression, which includes, but is not limited to, the following:
    - (A) The advanced practice registered nursing core courses in advanced health assessment, advanced pharmacology, and advanced pathophysiology shall be completed prior to or concurrent with clinical course work.
    - (B) Instruction and skills practice for diagnostic and treatment procedures shall occur prior to or concurrently to application in the clinical setting. Instruction and skills practice for diagnostic and treatment procedures may also be taught within the clinical experiences under supervision of the preceptor or faculty.

- (C) Theory and clinical practice courses in the category shall emphasize the evaluation and management of health and illness needs of individual patients and patient populations.
- (D) The supervised precepted clinical experiences shall be under the supervision of a certified clinical nurse specialist or by a clinical preceptor as defined in Section 1500(f).
- (5) The program shall meet the minimum of 500 clinical hours of supervised experiences as specified in current clinical nurse specialist national education standards. Additional clinical hours required for preparation in more than one category shall be identified and documented in the curriculum plan for each category.
- (6) The clinical nurse specialist education curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 9, "Clinical nurse specialists", and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines".
- (7) The program may be full-time or part-time.
- (8) The course of instruction program units and contact hours shall be calculated using the following formulas:
- (A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
- (B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.
- (9) The duration of clinical experience shall be sufficient for the student to demonstrate clinical competencies in the clinical nurse specialist category.
- (10) The clinical nurse specialist education program shall arrange for clinical instruction and supervision of the student.
- (11) The clinical nurse specialist education program shall give students theory or clinical experience credit for previous education or experiences and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation.
- (12) When the Governor declares a state of emergency for the county in which an agency or facility that is used by an approved clinical nurse specialist program for direct patient care clinical practice is located, subsections and subdivisions in these educational regulations are waived for the duration of the state of emergency.

## **§ 1501. Scope of Practice.**

- (a) Nothing in this article shall be construed to limit the current scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The clinical nurse specialist shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.
- (b) The clinical nurse specialist may use standardized procedures described in Business and Professions Code, Division 2, Chapter 6, Article 2, Section 2725 and the California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines."

## **§ 1502. Requirements for Clinical Practice Experience for Clinical Nurse Specialist Students Enrolled in Non-California based Clinical Nurse Specialist Education Programs.**

- (a) The Non-California based Clinical Nurse Specialist education program requesting clinical placements for students in clinical practice settings in California shall:
- (1) Obtain prior board approval;
  - (2) Ensure students have successfully completed prerequisite courses and are enrolled in the clinical nurse specialist education program;
  - (3) Secure clinical preceptors who meet board requirements;



- (4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the clinical nurse specialist role and population as outlined by the most current version of the National Association of Clinical Nurse Specialist (NACNS), or successor organization, Core Competencies and CNS Statement for Practice and Education and /or any specialty-specific core competencies as applicable such as, but not limited to, the American Association of Critical-Care Nurses (AACN) Scope and Standards for Acute Care Clinical Nurse Specialist Practice;
- (5) A clinical preceptor in the clinical nurse specialist education program shall meet the requirements in subsection (f) of Section 1500 (see lines 293-303):
- (b) Students shall hold an active, valid California registered nurse license to participate in clinical nurse specialist education program clinical experiences.
- (c) The clinical nurse specialist education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified clinical nurse specialist laws and regulations.
- (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 9, "Clinical Nurse Specialists" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines".
- (d) The clinical nurse specialist education program shall notify the board of pertinent changes within 30 days.
- (e) The board may withdraw authorization for program clinical placements in California, at any time.

## **§ 1503. Notice to Consumers.**

Except when working in facilities under the Department of Corrections and Rehabilitation, a clinical nurse specialist engaged in providing healthcare services shall do all of the following:

- (a) Prominently post a notice, in at least 48-point Arial font, in a conspicuous location accessible to public view on the premises where the clinical nurse specialist provides the healthcare services, containing the following information:

**NOTICE**  
**Clinical Nurse Specialists are licensed and regulated**  
**by the Board of Registered Nursing**  
**(916) 322-3350**  
**[www.rn.ca.gov](http://www.rn.ca.gov)**

- (b) Verbally inform all new patients in a language understandable to the patient that a clinical nurse specialist is not a physician and surgeon.
- (c) Advise patients that they have the right to see a physician and surgeon on request and the circumstances under which they must be referred to see a physician and surgeon.



## Agenda Item 7.0

**Information only: Explanation of the term Clinical Nurse Specialist (CNS) and explanation of the role and positions within healthcare systems**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | January 16, 2025

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

---

**AGENDA ITEM:** 7.0  
**DATE:** January 16, 2025

**ACTION REQUESTED:** Information Only: Explanation of the term Clinical Nurse Specialist (CNS) and explanation of the role and positions within healthcare systems

**REQUESTED BY:** Jessica Lightcap, MSN, RN, ACCNS-P  
Chair

**BACKGROUND:**

Jessica Lightcap, Chair, will provide an explanation of the term “Clinical Nurse Specialist” as well as an explanation of the CNS role and positions within healthcare systems and how to file complaints, when necessary.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)



# CLINICAL NURSE SPECIALIST TITLE PROTECTION

---

Jessica Lightcap, MSN, RN, ACCNSP  
CNS Advisory Committee

## Why is Title Protection Important?

- Employers are utilizing the title CNS to describe positions or staff that do not meet the education, certification, or licensure requirements to use the CNS title.
- Role ambiguity of the CNS leads to burnout, increased job stress, and risk of a nurse practicing outside of their scope.
- The NACNS position statement supports only using the title Clinical Nurse Specialist as an Advanced Practice Registered Nurse (APRN) who meets the education and practice requirements for certification and licensure. Eligibility to be called a CNS requires an active unrestricted RN license and graduate or master's degree from an accredited Clinical Nurse Specialist program. This includes completion of at least 500 clinical hours and coursework in advanced assessment, advanced pharmacology, and advanced physiology/pathophysiology
- <https://nacns.org/wp-content/uploads/2024/03/NACNS -Title-Protection-for-CNS-Position-Statement -FINAL-Mar2024.pdf>

## What does Title Protection Do?

- Title protection recognizes the CNS's unique role by ensuring healthcare systems have consistent standards for licensure and titling which qualify the licensed and titled CNS to be utilized to their fullest scope of practice.
- Title protection facilitates clear and consistent expectations for the APRN role of a CNS within a healthcare system. Clear and consistent expectations contribute to increased patient safety, improved patient outcomes, protocol development, EBP usage, educational mentorship, fiscal responsibilities through cost savings and cost avoidance
- Through title protection, patients can have confidence that the healthcare organizations and providers treating them possess the appropriate qualifications, training, and expertise necessary to make informed healthcare decisions.

## Common roles mistaken for CNS?

- CNL/Clinical Nurse Leader (not an Advanced Practice Nurse)
- Nurse Clinician
- Nurse Specialist
- Nurse Educator

# What to do if you see this?

- File a Complaint with the board
- Go to the website <https://www.rn.ca.gov/>
- Click “Enforcement”
- Click “File a Complaint”
- Click DCA BreZE Online Services
- Click “File a Complaint”

## How Do I File a Complaint?

**Online:** [DCA BreZE Online Services](#)

**Mail:** You may complete a [Complaint Form](#) and mail to:

Board of Registered Nursing  
Attn: Complaint Intake  
PO Box 944210  
Sacramento, CA 94244-2100  
Fax: (916) 574-7693

**Email:** [Enforcement.BRN@dca.ca.gov](mailto:Enforcement.BRN@dca.ca.gov)

In filing your complaint, the information you provide will determine the action the Board will take. The most effective complaints are those that contain firsthand, verifiable information. Therefore, please provide a statement, in your own words, which describes the nature of your complaint. Please include as many specific details as possible, including dates and times, as well as any documentary evidence related to your complaint. The emphasis should be on providing necessary factual information. While anonymous complaints will be reviewed, they may be impossible to pursue unless they document evidence of the allegations made.

Please visit [The Complaint Process](#) page for helpful information regarding the complaint process.

# Complaint Process:

- <https://www.rn.ca.gov/enforcement/complaint.shtml>

A complaint should be filed by anyone who believes that a licensee of the Board has engaged in illegal activities which are related to his/her professional responsibilities.

Allegations may include:

- gross negligence or incompetence
- unprofessional conduct
- license application fraud
- misrepresentation
- substance abuse
- mental illness
- unlicensed activity

Complaints received by the Board of Registered Nursing are reviewed to determine if the Board has the authority to investigate the complaint. The Board can only investigate registered nurses (RNs) who are licensed by the Board, applicants for licensure, or individuals who hold themselves out to the public as RNs. The Board can only investigate complaints that, if found to be valid, are violations of the Nursing Practice Act or the regulations that have been adopted by the Board.

# Complaint Process

## How are Complaints Processed?

---

Within 10 days after receipt of the complaint, the Board sends a written notification of receipt to the complainant. Complaints containing allegations of the greatest consequences (e.g. gross negligence/incompetence, patient abuse, etc.) are given priority attention. The complaint is then investigated by the Department of Consumer Affairs Division of Investigation and/or Board nursing consultants. If no violation can be substantiated, the case is closed and the complainant is notified. Investigations which provide evidence that the nurse has violated the Nursing Practice Act and that the violation warrants formal disciplinary action will be resolved by informal or formal proceedings. If a case involves unlicensed or criminal activity, it is referred to the local district attorney for prosecution.

To ensure that the success of the investigation is not jeopardized in any way, the details of the investigation remain confidential and are not public record. If, however, disciplinary or criminal action is taken, some information may become a matter of public record. In addition, if disciplinary action or criminal action is taken, you may be called to testify as a possible witness.



## Agenda Item 8.0

**Information Only: Presentation from the California Association of Clinical Nurse Specialists (CACNS) on future priorities for CNSs, including national certification exams**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | January 16, 2025

**BOARD OF REGISTERED NURSING**  
**Clinical Nurse Specialist Advisory Committee Meeting**  
**Agenda Item Summary**

---

**AGENDA ITEM:** 8.0  
**DATE:** January 16, 2025

**ACTION REQUESTED:** Information Only: Presentation from the California Association of Clinical Nurse Specialists (CACNS) on future priorities for CNSs, including national certification exams

**REQUESTED BY:** Elissa Brown, MSN, RN, PMHCNS-BC, FCNS  
Co-Chair

**BACKGROUND:**

The President-elect and past President of CACNS, Olena Svetlov and Pamela Nye, will present on CACNS's future priorities for CNSs, including national certification exams and full practice authority.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)