BOARDS AND COMMISSIONS

Board of Nursing

(Amendment)

201 KAR 20:215. Continuing competency requirements.

RELATES TO: KRS 194A.540, 218A.205(3)(i), 314.011(12), 314.042(11), 314.073, 314.991(1)-(3), 620.020(8)

STATUTORY AUTHORITY: KRS 218A.205(3)(i), 314.073, 314.131(1), (2)

CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the requirements of KRS 13A.105(2)(a) because the amendments to this regulation will not have a major economic impact.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1), (2), and 314.073 require the Board of Nursing to promulgate administrative regulations to establish continuing competency requirements for nurses. This administrative regulation establishes the fees, procedures, and requirements for continuing competency for nurses.

Section 1. Definitions.

(1) "Contact hour" means fifty (50) minutes of an approved, organized learning experience.

(2) "Earning period" means November 1 through October 31 of a current licensure period.

(3) "Preceptor" means a nurse with demonstrated competence in a specific clinical area who serves as a role model and mentor to assist in the development and validation of the competencies of a nursing student or new employee.

Section 2.

(1) A licensee shall choose a method from Section 3 of this administrative regulation to validate his or her continued competency in nursing for each earning period.

(2) A licensee shall maintain the documentation of the method chosen.

(3) A licensee shall provide the documentation if directed by the board.

Section 3. Methods for continued competency validation as established in subsection (1) through (4) of this section shall be:

(1) Fourteen (14) contact hours of continuing education, which shall:

(a) Be from a provider approved by the board pursuant to 201 KAR 20:220;

(b) Be completed during the earning period; and

(c) Include the continuing education required by Section 5 of this administrative regulation;

(2) Current national certification or recertification and the continuing education required by Section 5 of this administrative regulation. The certification shall be related to the nurse's practice role and shall:

(a) Have been initially attained during the earning period;

(b) If issued for a period of time as evidenced by an expiration date, have been in effect during the entire earning period; or

(c) Have been recertified during the earning period;

(3) The continuing education required by Section 5 of this administrative regulation and at least one (1) of the following during the earning period:

(a) Completion of a research project that is nursing-related:

1. As principal investigator, coinvestigator, or project director;
2. That is qualitative or quantitative in nature;
3. That utilizes a research methodology;
4. That increases knowledge, causes an improved outcome, or changes behavior; and

5. That is evidenced by an abstract of the project, which includes a summary of the findings;

(b) Publication of an article in a peer-reviewed health-related journal; or

(c) Participation as a preceptor for at least one (1) nursing student or new employee:

1. That has a preceptorship that shall be for at least 120 hours;

2. Requires a one (1) to one (1) relationship between the preceptor and the student or employee;

3. Authorizes the preceptor to train more than one (1) student or employee and to combine the hours to total 120 hours; and

4. Includes that the preceptorship shall be evidenced by submission of the Preceptor Continuing Education Verification Form completed by the educational institution or preceptor's supervisor; or

(4)

(a) Seven (7) hours of continuing education from a provider approved by the board pursuant to 201 KAR 20:220 and earned during the licensure period, which shall include the continuing education required by Section 5 of this administrative regulation if applicable; and

(b) A nursing employment evaluation that is satisfactory for continued employment.

1. The nurse shall submit the Nursing Continuing Education Employment Evaluation Form, completed and signed by the nurse's supervisor or employer, which shall cover a period of at least six (6) months during the earning period; or

2. The board may accept from the employer a standard employee evaluation, which covers a period of at least six (6) months during the earning period.

(5) Contact hours of continuing education earned for the methods of continued competency validation as established in subsection (1) or (4) of this section may be earned by:

(a)

1. A nursing continuing education presentation that is:

a. Designed and developed by the presenter;

b. Presented to nurses or other health professionals;

c. Evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; and

d. Offered by a provider approved pursuant to 201 KAR 20:220.

2. The number of contact hours that may be earned shall be twice the number of contact hours offered to an attendee of the presentation; or

(b) Successful completion of a postlicensure academic course at a college, university, or postsecondary vocational institution if relevant to nursing practice as determined by this subsection.

1. Contact hours shall be calculated as follows:

a. One (1) semester or trimester hour of academic credit shall equal fifteen (15) contact hours; or

b. One (1) quarter hour of academic credit shall equal twelve (12) contact hours.

2. The following courses shall be relevant to nursing practice:

a. A nursing course, designated by a nursing course number, and beyond the prelicensure curriculum of the individual licensee; or

b. An academic course that is applicable to the nurse's role and beyond the prelicensure curriculum of the individual licensee.

3. A licensee may request course review for approval of applicable nursing content pursuant to Section 7 of this administrative regulation.

4. If it is an academic course in which grades are given, the licensee shall achieve a grade of "C" or better, or a pass on a pass-fail grading system.

Section 4.

(1) A licensee shall provide documentation of the method used to validate continued competency if the licensee is the subject of a disciplinary complaint.

(2) A licensee shall provide documentation of the method used to validate continued competency if requested by the board pursuant to a random audit of licensees.

Section 5.

(1)

(a) An Advanced Practice Registered Nurse (APRN) shall earn a minimum of five (5) contact hours in pharmacology, as required by KRS 314.073(9).

(b) An APRN who is registered with the DEA and has a PDMP account, as defined by 201 KAR 20:057, Section 1(7), shall earn a minimum of five (5) contact hours in pharmacology, including at least three (3) contact hours on either pain management**,** ~~[or]~~ addiction disorders, or the recognition and prevention of pediatric ingestion or inhalation of controlled substances, in accordance with KRS 218.205(3)(i).

(c) To qualify as pharmacology pursuant to KRS 314.073, content shall include drug specific information, safe prescribing practices, safe medication administration, prescribing methodologies, new administrative regulations, or similar topics.

(d) Objectives for the contact hours related to pharmacology shall be identified. Casual mention of medications or medical treatments shall not qualify.

(2) After June 27, 2023, and before the APRN's next scheduled DEA registration, an APRN who has a DEA registration shall earn a minimum of eight (8) hours on the subject of treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder.

(3) The following APRNs shall be deemed to have satisfied the earning requirement in subsection (2) of this section:

(a)

1. Those who graduated from an advanced practice nursing school within five (5) years prior to June 27, 2023, and have successfully completed a comprehensive curriculum that included at least eight (8) hours of training on the subject of treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or

2.

a. Those who have satisfied this training by earning a minimum of eight (8) hours of training on treatment and management of patients with opioid or other substance use disorders.

b. Past trainings on the treatment and management of patients with opioid or other substance use disorders may count towards an APRN meeting this requirement, including past DATA-Waiver trainings.

(b) In addition to continuing education providers approved by the board pursuant to 201 KAR 20:220, groups approved by the DEA or the Substance Abuse and Mental Health Services Administration (SAMHSA) may provide trainings that satisfy the earning requirement of subsection (2) of this section.

(4) Sexual assault nurse examiners shall earn the continuing education required by 201 KAR 20:411, Section 8.

(5) Nurses shall earn, the following one (1) time continuing education requirements, subject to the applicable timeframes established in subsection (8) of this section:

(a) A minimum of one and one-half (1.5) contact hours in pediatric abusive head trauma as required by KRS 314.073(6)(a);

(b) A minimum of three (3) contact hours on domestic violence and elder abuse, neglect, and exploitation as required by KRS 194A.540(9)(d);

(c) A minimum of one (1) contact hour on Alzheimer's disease and other forms of dementia as required by KRS 314.073(7); and

(d) A minimum of two (2) contact hours on the subject of suicide prevention, which shall consist of one (1) contact hour on suicide prevention generally, and one (1) contact hour that addresses:

1. Chronic toxic stress and secondary traumatic stress potentially increasing the incidence of suicide amongst nurses;

2. A confidential and standardized pathway to care for nurses that addresses screening, assessing, safety planning, referrals, and follow-up for nurses at risk for suicide;

3. Systems of care, evidence-informed approaches, and best practices to reduce suicide rates; and

4. Ethical legal considerations of caring for patients and nurses who are suicidal.

(6) Nurses who have satisfied each of the continuing education requirements in subsection (5) of this section on or before July 15, 2024, shall not be required to complete them again.

(7) Registered nurses, licensed practical nurses, and advanced practice registered nurses who hold an active nursing license on July 15, 2024, shall satisfy the continuing competency requirement in subsection (5)(c) of this section on or before October 31, 2027.

(8) The following licensees shall satisfy the continuing competency requirement in subsection (5) of this section within three (3) years of licensure:

(a) Registered nurses and licensed practical nurses who graduated from a Kentucky program of nursing that did not include the curriculum additions in 201 KAR 20:320, Section 6, and obtain licensure by examination or reinstatement after July 15, 2024;

(b) Advanced practice registered nurses who hold a privilege to practice as a registered nurse and obtain initial licensure after July 15, 2024; and

(c) Registered nurses and licensed practical nurses who have graduated from an out-of-state program of nursing and obtain licensure through examination, endorsement, or reinstatement after July 15, 2024.

(9) Medicinal cannabis practitioners and medicinal cannabis practitioner applicants shall earn the continuing education required by 201 KAR 20:067, Section 6.

(10) Nurses shall earn a minimum of one (1) contact hour in the recognition and prevention of pediatric ingestion or inhalation of controlled substances required by KRS 314.073(2)(b);

(a) Notwithstanding Section 5(1)(b) of this administrative regulation, advanced practice registered nurses, registered nurses, licensed practical nurses, and who hold an active nursing license on July 15, 2026, shall satisfy the continuing competency requirement in this subsection on or before October 31, 2027;

(b) The continuing competency requirement in subsection shall be satisfied at least once every three (3) years.

Section 6.

(1)

(a) A licensee shall maintain records to substantiate methods used to validate competency.

(b) All records shall be retained for at least three~~[five]~~(3)~~[(5)]~~ years following the current licensure period.

(2)

(a) A licensee shall, upon request, furnish to the board or its staff, legible copies of the records required to be maintained by subsection (1) of this section, in electronic format to the continuing education tracking system utilized by the board, via the nurse portal at https://kbn.ky.gov.

(b) Copies shall be furnished within twenty (20) days of the date a written request is sent to the last known email address of the licensee or applicant.

(c) Failure to furnish records as required by this administrative regulation shall be cause for the issuance of a complaint pursuant to 201 KAR 20:161 for failure to comply with KRS 314.073(2).

(3)

(a) Except as provided by paragraph (b) of this subsection, if a licensee has failed to comply with the continuing competency requirements, the licensee shall be allowed to rectify the noncompliance if he or she:

1. Meets the continuing competency requirements within ten (10) business days of notification of noncompliance; and

2. Enters a consent decree with the board pursuant to 201 KAR 20:161, Section 2(5), within ten (10) days of notification by the board.

(b) The board shall issue a complaint pursuant to 201 KAR 20:161 if:

1. A licensee fails to furnish records as requested pursuant to subsection (2) of this section; or

2. There is evidence of fraud or deceit in procuring or attempting to procure a license to practice nursing.

(4) A licensee who attends continuing education activities, whether as a presenter, participant, or student, shall attend the entire offering to be eligible to receive the number of contact hours for which the activity has been approved.

(5) It shall be the responsibility of each licensee to select and participate in those continuing education activities that will meet the criteria for acceptable continuing education.

(6) A licensee shall not repeat the same continuing education offering within a licensure period. The board shall determine whether a continued education offering is the same offering based upon the certificate of attendance from the offering that includes items such as the activity number, date, topic, and presenter.

Section 7.

(1) A licensee may request an individual review of a nonapproved continuing education activity completed during the earning period if, within thirty (30) days after the expiration of the immediate past licensure period, the licensee has:

(a) Requested the review by submitting an Application for Individual Review; and

(b) Paid a fee of ten (10) dollars.

(2) The review shall be based on generally accepted standards of adult education and shall be applicable to the nurse's role.

(3) Approval of a nonapproved continuing education activity shall:

(a) Qualify it as having been obtained from an approved provider for the licensee requesting the review; and

(b) Be limited to the particular offering upon which the request for individual review is based.

(4) The board may offer continuing education hours for programs sponsored by the board. These continuing education hours shall be found to have been obtained from an approved provider. The board shall comply with all applicable provider standards.

Section 8. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) "Application for Individual Review", 9/2023;

(b) "Nursing Continuing Education Employment Evaluation Form", 9/2023; and

(c) "Preceptor Continuing Education Verification Form", 9/2023.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222-5172, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the board's Web site at https://kbn.ky.gov/document-library/Pages/default.aspx.

AUDRIA DENKER, President

APPROVED BY AGENCY: October 22, 2026

FILED WITH LRC: November 4, 2026 at 9:30 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall be held on January 26, 2027, at 10:00 AM at Kentucky Board of Nursing, 312 Whittington Parkway, Ste 300, Louisville, Kentucky 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by January 19, 2027, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through January 31, 2027. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person or submit a comment at: https://secure.kentucky.gov/formservices/Nursing/PendReg.

CONTACT PERSON: Jeffrey R. Prather, General Counsel Kentucky Board of Nursing 312 Whittington Parkway, Suite 300 Louisville, Kentucky 40222 (502) 338-2851 Jeffrey.Prather@ky.gov

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person:Jeffrey Prather, Phone: (502) 338-2851, Email: Jeffrey.prather@ky.gov

Subject Headings:

(1) Provide a brief summary of:

(a) What this administrative regulation does:

(b) The necessity of this administrative regulation:
This regulation is necessitated by KRS 218A.205, 314.073, and 314.131.

(c) How this administrative regulation conforms to the content of the authorizing statutes:
The regulation conforms to statutes setting continuing nursing education requirements.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:
By setting standards for maintaining continuing competency.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:
The amendments add a continuing education requirement for the recognition and prevention of pediatric ingestion or inhalation of controlled substances and the continuing education may meet prescribing APRN pharmacology requirements. The amendments further reduce the licensees record retention requirement from 5 to 3 years.

(b) The necessity of the amendment to this administrative regulation:
During the 2026 Regular Session the general assembly passed House Bill 778, which added the continuing education requirement for the recognition and prevention of pediatric ingestion or inhalation of controlled substances.

(c) How the amendment conforms to the content of the authorizing statutes:
By setting standards in accordance with KRS 218A.205, 314.073, and 314.131.

(d) How the amendment will assist in the effective administration of the statutes:
By establishing standards for the implementation of KRS 218A.205, 314.073, and 314.131.

(3) Does this administrative regulation or amendment implement legislation from the previous five years?Yes. Regular Session 2026, House Bill 778.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:
Nurses licensed by board, approximately 110,000.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment:

Nurses will need to obtain the continuing education regarding the recognition and prevention of pediatric ingestion or inhalation of controlled substances once every 3 years.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):

The cost will be determined by the provider of the continuing education.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):

The nurse will be compliant with KRS 218A.205 or 314.073.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially:

None.

(b) On a continuing basis:

None.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment:

Agency funds.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

No increase in fees or funding is necessary.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

Fees are not increased directly or indirectly.

(10) TIERING: Is tiering applied?

Tiering is not applied.

FISCAL IMPACT STATEMENT

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation:
KRS 218A.205, 314.073, and 314.131.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act:
KRS 218A.205, 314.073, and 314.131.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions:
Kentucky Board of Nursing.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year:None.

For subsequent years:None.

2. Revenues:

For the first year:None.

For subsequent years:None.

3. Cost Savings:

For the first year:None.

For subsequent years:None.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts):
None.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year:None.

For subsequent years:None.

2. Revenues:

For the first year:None.

For subsequent years:None.

3. Cost Savings:

For the first year:None.

For subsequent years:None.

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a):
Licensed Nurses.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year:None.

For subsequent years:None.

2. Revenues:

For the first year:None.

For subsequent years:None.

3. Cost Savings:

For the first year:None.

For subsequent years:None.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a)

(a) Fiscal impact of this administrative regulation:
There will not be a fiscal impact on the entities.

(b) Methodology and resources used to reach this conclusion:
None.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(14):
There will not be a major economic impact.

(b) The methodology and resources used to reach this conclusion:
Not applicable.