64B8-30.008 Formulary.

(1) Subject to the requirements of this rule, Sections 456.44, 458.347, 458.3265, 459.022 and 459.0137, F.S., and the rules enacted thereunder, a supervising physician may delegate to a physician assistant with prescribing authority the ability to procure, prescribe, or dispense only those medicinal drugs as are used in the supervising physician's practice, except those listed in subsection (2).

(2) Physician assistants prescribing, dispensing or procuring medicinal drugs under the provisions of Section 458.347(4)(e) or 459.022(4)(e), F.S., are not authorized to prescribe, dispense or procure the following medicinal drugs, in pure form or combination:

(a) General, spinal or epidural anesthetics.

(b) Radiographic contrast materials.

(3) Controlled Substances. Physician assistants may prescribe controlled substances, as defined in Chapter 893, F.S., with the following restrictions:

(a) Physician assistants may only prescribe a 14-day supply of Schedule II psychiatric mental health controlled substances for children younger than 18 years of age provided the physician assistant is under the supervision of a pediatrician, a family practice physician, an internal medicine physician, or a psychiatrist.

(b) Physician assistants may only prescribe a 7-day supply of all other Schedule II controlled substances as listed in Section 893.03, F.S.

(4) Nothing herein prohibits a supervising physician from delegating to a physician assistant the authority to order medicinal drugs for a hospitalized patient of the supervising physician, nor does anything herein prohibit a supervising physician from delegating to a physician assistant the administration of a medicinal drug under the direction and supervision of the physician.

Rulemaking Authority 458.309, 458.347(4)(f)1. FS. Law Implemented 458.347(4)(e), (f), 458.3265, 456.44 FS. History–New 3-12-94, Formerly 61F6-17.0038, Amended 11-30-94, 2-22-95, 1-24-96, 11-13-96, 3-26-97, Formerly 59R-30.008, Amended 11-26-97, 1-11-99, 12-28-99, 6-20-00, 11-13-00, 2-15-02, 7-30-03, 8-2-09, 10-26-16, 12-6-21, 3-10-22.

64B8-30.012 Physician Assistant Performance.

(1) A supervising physician shall delegate only tasks and procedures to the physician assistant which are within the supervising physician's scope of practice. The physician assistant may work in any setting that is within the scope of practice of the supervising physician's practice. The supervising physician's scope of practice shall be defined for the purpose of this section as "those tasks and procedures which the supervising physician is qualified by training or experience to perform."

(2) The decision to permit the physician assistant to perform a task or procedure under direct or indirect supervision is made by the supervising physician based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. Furthermore, the supervising physician must be certain that the physician assistant is knowledgeable and skilled in performing the tasks and procedures assigned.

(3) All tasks and procedures performed by the physician assistant must be documented in the appropriate medical record.

(4) In a medical emergency the physician assistant will act in accordance with his or her training and knowledge to maintain life support until a licensed physician assumes responsibility for the patient.

Rulemaking Authority 458.309, 458.347(4)(a), (13) FS. Law Implemented 458.347(2), (3), (4), (13) FS. History–New 5-13-87, Amended 7-7-87, 11-15-88, 9-15-92, Formerly 21M-17.012, Amended 11-4-93, Formerly 61F6-17.012, 59R-30.012, Amended 10-13-98, 3-28-99, 11-17-03, 2-2-10, 7-19-16.

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Title XXXII
REGULATION OF PROFESSIONS AND OCCUPATIONS

Chapter 464
NURSING

View Entire Chapter

464.0123 Autonomous practice by an advanced practice registered nurse.—

(1) REGISTRATION.—The board shall register an advanced practice registered nurse as an autonomous advanced practice registered nurse if the applicant demonstrates that he or she:

(a) Holds an active, unencumbered license to practice advanced nursing under s. 464.012.

(b) Has not been subject to any disciplinary action as specified in s. 456.072 or s. 464.018 or any similar disciplinary action in another state or other territory or jurisdiction within the 5 years immediately preceding the registration request.

(c) Has completed, in any state, jurisdiction, or territory of the United States, at least 3,000 clinical practice hours, which may include clinical instructional hours provided by the applicant, within the 5 years immediately preceding the registration request while practicing as an advanced practice registered nurse under the supervision of an allopathic or osteopathic physician who held an active, unencumbered license issued by any state, jurisdiction, or territory of the United States during the period of such supervision. For purposes of this paragraph, "clinical instruction" means education provided by faculty in a clinical setting in a graduate program leading to a master's or doctoral degree in a clinical nursing specialty area.

(d) Has completed within the past 5 years 3 graduate-level semester hours, or the equivalent, in differential diagnosis and 3 graduate-level semester hours, or the equivalent, in pharmacology.

(e) The board may provide additional registration requirements by rule.

(2) FINANCIAL RESPONSIBILITY.—

(a) An advanced practice registered nurse registered under this section must, by one of the following methods, demonstrate to the satisfaction of the board and the department financial responsibility to pay claims and costs ancillary thereto arising out of the rendering of, or the failure to render, nursing care, treatment, or services:

1. Obtaining and maintaining professional liability coverage in an amount not less than $100,000 per claim, with a minimum annual aggregate of not less than $300,000, from an authorized insurer as defined in s. 624.09, from a surplus lines insurer as defined in s. 626.914(2), from a risk retention group as defined in s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357; or

2. Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount of not less than $100,000 per claim, with a minimum aggregate availability of credit of not less than $300,000. The letter of credit must be payable to the advanced practice registered nurse as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the advanced practice registered nurse or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, nursing care and services.

(b) The requirements of paragraph (a) do not apply to:

1. An advanced practice registered nurse registered under this section who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions.

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2. An advanced practice registered nurse whose registration under this section has become inactive and who is not practicing as an advanced practice registered nurse registered under this section in this state.

3. An advanced practice registered nurse registered under this section who practices only in conjunction with his or her teaching duties at an accredited school or its main teaching hospitals. Such practice is limited to that which is incidental to and a necessary part of duties in connection with the teaching position.

4. An advanced practice registered nurse who holds an active registration under this section and who is not engaged in autonomous practice as authorized under this section in this state. If such person initiates or resumes any practice as an autonomous advanced practice registered nurse, he or she must notify the department of such activity and fulfill the professional liability coverage requirements of paragraph (a).

(3) PRACTICE REQUIREMENTS.—

(a) An advanced practice registered nurse who is registered under this section may:

1. Engage in autonomous practice only in primary care practice, including family medicine, general pediatrics, and general internal medicine, as defined by board rule.

2. For certified nurse midwives, engage in autonomous practice in the performance of the acts listed in s. 464.012(4)(c).

3. Perform the general functions of an advanced practice registered nurse under s. 464.012(3) related to primary care.

4. For a patient who requires the services of a health care facility, as defined in s. 408.032(8):

a. Admit the patient to the facility.

b. Manage the care received by the patient in the facility.

c. Discharge the patient from the facility, unless prohibited by federal law or rule.

5. Provide a signature, certification, stamp, verification, affidavit, or endorsement that is otherwise required by law to be provided by a physician, except an advanced practice registered nurse registered under this section may not issue a physician certification under s. 381.986.

(b) A certified nurse midwife must have a written patient transfer agreement with a hospital and a written referral agreement with a physician licensed under chapter 458 or chapter 459 to engage in nurse midwifery.

(c) An advanced practice registered nurse engaging in autonomous practice under this section may not perform any surgical procedure other than a subcutaneous procedure.

(d) The board shall adopt rules, in consultation with the council created in subsection (4), establishing standards of practice for an advanced practice registered nurse registered under this section.

(4) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE AUTONOMOUS PRACTICE.—

(a) The Council on Advanced Practice Registered Nurse Autonomous Practice is established within the Department of Health. The council must consist of the following nine members:

1. Two members appointed by the chair of the Board of Medicine who are physicians and members of the Board of Medicine.

2. Two members appointed by the chair of the Board of Osteopathic Medicine who are physicians and members of the Board of Osteopathic Medicine.

3. Four members appointed by the chair of the board who are advanced practice registered nurses registered under this chapter with experience practicing advanced or specialized nursing.

4. The State Surgeon General or his or her designee who shall serve as the chair of the council.

(b) The Board of Medicine members, the Board of Osteopathic Medicine members, and the Board of Nursing appointee members shall be appointed for terms of 4 years. The initial appointments shall be staggered so that one member from the Board of Medicine, one member from the Board of Osteopathic Medicine, and one appointee member from the Board of Nursing shall each be appointed for a term of 4 years; one member from the Board of Medicine and one appointee member from the Board of Nursing shall each be appointed for a term of 3 years; and one member from the Board of Osteopathic Medicine and two appointee members from the Board of Nursing shall each be appointed for a term of 2 years. Physician members appointed to the council must be physicians who have practiced with advanced practice registered nurses under a protocol in their

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practice.

(c) Council members may not serve more than two consecutive terms.

(d) The council shall recommend standards of practice for advanced practice registered nurses registered under this section to the board. If the board rejects a recommendation of the council, the board must state with particularity the basis for rejecting the recommendation and provide the council an opportunity to modify its recommendation. The board must consider the council's modified recommendation.

(5) REGISTRATION RENEWAL.—

(a) An advanced practice registered nurse must biennially renew registration under this section. The biennial renewal for registration shall coincide with the advanced practice registered nurse's biennial renewal period for licensure.

(b) To renew his or her registration under this section, an advanced practice registered nurse must complete at least 10 hours of continuing education approved by the board, in addition to completing 30 hours of continuing education requirements established by board rule pursuant to s. 464.013, regardless of whether the registrant is otherwise required to complete this requirement. If the initial renewal period occurs before January 1, 2021, an advanced practice registered nurse who is registered under this section is not required to complete the continuing education requirement within this subsection until the following biennial renewal period.

(6) PRACTITIONER PROFILE.—The department shall conspicuously distinguish an advanced practice registered nurse's license if he or she is registered with the board under this section and include the registration in the advanced practice registered nurse's practitioner profile created under s. 456.041.

(7) DISCLOSURES.—When engaging in autonomous practice, an advanced practice registered nurse registered under this section must provide information in writing to a new patient about his or her qualifications and the nature of autonomous practice before or during the initial patient encounter.

(8) RULES.—The board shall adopt rules to implement this section.

History.—s. 24, ch. 2020-9.

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Title XXXII
REGULATION OF PROFESSIONS AND OCCUPATIONS

Chapter 464
NURSING

View Entire Chapter

464.012 Licensure of advanced practice registered nurses; fees; controlled substance prescribing.—

(1) Any nurse desiring to be licensed as an advanced practice registered nurse must apply to the department and submit proof that he or she holds a current license to practice professional nursing or holds an active multistate license to practice professional nursing pursuant to s. 464.0095 and that he or she meets one or more of the following requirements as determined by the board:

(a) Certification by an appropriate specialty board. Such certification is required for initial state licensure and any licensure renewal as a certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, or psychiatric nurse. The board may by rule provide for provisional state licensure of certified registered nurse anesthetists, clinical nurse specialists, certified nurse practitioners, psychiatric nurses, and certified nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.

(b) Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program is required for initial licensure as a certified nurse practitioner under paragraph (4)(a).

1. For applicants graduating on or after October 1, 2001, graduation from a master's degree program is required for initial licensure as a certified registered nurse anesthetist who may perform the acts listed in paragraph (4)(b).

2. For applicants graduating on or after October 1, 1998, graduation from a master's degree program is required for initial licensure as a certified nurse midwife who may perform the acts listed in paragraph (4)(c).

3. For applicants graduating on or after July 1, 2007, graduation from a master's degree program is required for initial licensure as a clinical nurse specialist who may perform the acts listed in paragraph (4)(d).

(2) The board shall provide by rule the appropriate requirements for advanced practice registered nurses for the advanced nursing practices of certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses.

(3) An advanced practice registered nurse shall perform those functions authorized in this section within the framework of an established protocol that must be maintained on site at the location or locations at which an advanced practice registered nurse practices, unless the advanced practice registered nurse is registered and practicing under s. 464.0123. In the case of multiple supervising physicians in the same group, an advanced practice registered nurse must enter into a supervisory protocol with at least one physician within the physician group practice. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced practice registered nurse may:

(a) Prescribe, dispense, administer, or order any drug; however, an advanced practice registered nurse may prescribe or dispense a controlled substance as defined in s. 893.03 only if the advanced practice registered nurse has graduated from a program leading to a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills.

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(b) Initiate appropriate therapies for certain conditions.

(c) Perform additional functions as may be determined by rule in accordance with s. 464.003(2).

(d) Order diagnostic tests and physical and occupational therapy.

(e) Order any medication for administration to a patient in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893.

(4) In addition to the general functions specified in subsection (3), an advanced practice registered nurse may perform the following acts within his or her specialty:

(a) The certified nurse practitioner may perform any or all of the following acts within the framework of established protocol:

1. Manage selected medical problems.
2. Order physical and occupational therapy.
3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
4. Monitor and manage patients with stable chronic diseases.
5. Establish behavioral problems and diagnosis and make treatment recommendations.

(b) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:

1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
3. Order under the protocol preanesthetic medication.
4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
9. Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.
10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.

(c) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:

1. Perform superficial minor surgical procedures.
2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
3. Order, initiate, and perform appropriate anesthetic procedures.
4. Perform postpartum examination.
5. Order appropriate medications.
6. Provide family-planning services and well-woman care.

7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.

(d) The clinical nurse specialist may perform any or all of the following acts within the framework of established protocol:

1. Assess the health status of individuals and families using methods appropriate to the population and area of practice.

2. Diagnose human responses to actual or potential health problems.

3. Plan for health promotion, disease prevention, and therapeutic intervention in collaboration with the patient or client.

4. Implement therapeutic interventions based on the nurse specialist's area of expertise and within the scope of advanced nursing practice, including, but not limited to, direct nursing care, counseling, teaching, and collaboration with other licensed health care providers.

5. Coordinate health care as necessary and appropriate and evaluate with the patient or client the effectiveness of care.

(e) A psychiatric nurse, who meets the requirements in s. 394.455(36), within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders.

(5) The board shall approve for licensure, and the department shall issue a license to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed $100 and a biennial renewal fee not to exceed $50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section.

(6)(a) The board shall establish a committee to recommend a formulary of controlled substances that an advanced practice registered nurse may not prescribe or may prescribe only for specific uses or in limited quantities. The committee must consist of three advanced practice registered nurses licensed under this section, recommended by the board; three physicians licensed under chapter 458 or chapter 459 who have work experience with advanced practice registered nurses, recommended by the Board of Medicine; and a pharmacist licensed under chapter 465 who is a doctor of pharmacy, recommended by the Board of Pharmacy. The committee may recommend an evidence-based formulary applicable to all advanced practice registered nurses which is limited by specialty certification, is limited to approved uses of controlled substances, or is subject to other similar restrictions the committee finds are necessary to protect the health, safety, and welfare of the public. The formulary must restrict the prescribing of psychiatric mental health controlled substances for children younger than 18 years of age to advanced practice registered nurses who also are psychiatric nurses as defined in s. 394.455. The formulary must also limit the prescribing of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply, except that such restriction does not apply to controlled substances that are psychiatric medications prescribed by psychiatric nurses as defined in s. 394.455.

(b) The board shall adopt by rule the recommended formulary and any revision to the formulary which it finds is supported by evidence-based clinical findings presented by the Board of Medicine, the Board of Osteopathic Medicine, or the Board of Dentistry.

(c) The formulary required under this subsection does not apply to a controlled substance that is dispensed for administration pursuant to an order, including an order for medication authorized by subparagraph (4)(b)3., subparagraph (4)(b)4., or subparagraph (4)(b)9.

(d) The board shall adopt the committee's initial recommendation no later than October 31, 2016.

(7) This section shall be known as "The Barbara Lumpkin Prescribing Act."

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; s. 4, ch. 84-268; ss. 8, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 7, ch. 96-274; s. 1105, ch. 97-103; s. 80, ch. 97-264; s. 8, ch. 2006-251; s. 3, ch. 2007-167; s. 9, ch. 2010-37; s. 8, ch. 2016-139; s. 4, ch. 2016-145; ss. 12, 13, 25, ch. 2016-224; s. 7, ch. 2016-231; ss. 2, 3, ch. 2017-134; s. 3, ch. 2018-106; s. 23, ch. 2020-9; s. 22, ch. 2020-39; s. 9, ch. 2021-52.

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Title XXXII
REGULATION OF PROFESSIONS AND OCCUPATIONS

Chapter 458
MEDICAL PRACTICE

View Entire Chapter

458.347 Physician assistants.—

(1) LEGISLATIVE INTENT.—The purpose of this section is to authorize physician assistants, with their education, training, and experience in the field of medicine, to provide increased efficiency of and access to high-quality medical services at a reasonable cost to consumers.

(2) DEFINITIONS.—As used in this section, the term:

(a) "Approved program" means a physician assistant program in the United States or in its territories or possessions which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or, for programs before 2001, accredited by its equivalent or predecessor entities the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs formally approved by the boards for the education of physician assistants.

(b) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.

(c) "Continuing medical education" means courses recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or the Accreditation Council on Continuing Medical Education.

(d) "Council" means the Council on Physician Assistants.

(e) "Physician assistant" means a person who is a graduate of an approved program or its equivalent or meets standards approved by the boards and is licensed to perform medical services delegated by the supervising physician.

(f) "Physician assistant national certifying examination" means the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants or its successor agency.

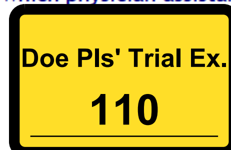
(g) "Supervision" means responsible supervision and control. Except in cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. For the purposes of this definition, the term "easy availability" includes the ability to communicate by way of telecommunication. The boards shall establish rules as to what constitutes responsible supervision of the physician assistant.

(h) "Trainee" means a person who is currently enrolled in an approved program.

(3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and shall be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician may not supervise more than 10 currently licensed physician assistants at any one time. A physician supervising a physician assistant pursuant to this section may not be required to review and cosign charts or medical records prepared by such physician assistant.

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(a) The boards shall adopt, by rule, the general principles that supervising physicians must use in developing the scope of practice of a physician assistant under direct supervision and under indirect supervision. These principles shall recognize the diversity of both specialty and practice settings in which physician assistants are



used.

(b) This chapter does not prevent third-party payors from reimbursing employers of physician assistants for covered services rendered by licensed physician assistants.

(c) Licensed physician assistants may not be denied clinical hospital privileges, except for cause, so long as the supervising physician is a staff member in good standing.

(d) A supervisory physician may delegate to a licensed physician assistant, pursuant to a written protocol, the authority to act according to s. 154.04(1)(c). Such delegated authority is limited to the supervising physician's practice in connection with a county health department as defined and established pursuant to chapter 154. The boards shall adopt rules governing the supervision of physician assistants by physicians in county health departments.

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that he or she is a physician assistant.

2. The supervising physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

3. A fully licensed physician assistant may procure medical devices and drugs unless the medication is listed on the formulary created pursuant to paragraph (f).

4. The physician assistant must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which is offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit, designated by the American Academy of Physician Assistants as a Category 1 credit, or designated by the American Osteopathic Association as a Category 1-A credit.

5. The prescription may be in paper or electronic form but must comply with ss. 456.0392(1) and 456.42(1) and chapter 499 and must contain the physician assistant's name, address, and telephone number and the name of each of his or her supervising physicians. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465.

6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

(f)1. The council shall establish a formulary of medicinal drugs that a fully licensed physician assistant having prescribing authority under this section or s. 459.022 may not prescribe. The formulary must include general anesthetics and radiographic contrast materials and must limit the prescription of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply. The formulary must also restrict the prescribing of Schedule II psychiatric mental health controlled substances for children younger than 18 years of age to a 14-day supply, provided the physician assistant is under the supervision of a pediatrician, a family practice physician, an internal medicine physician, or a psychiatrist.

2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be selected by the State Surgeon General.

3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, a deletion, or a modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.

4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or

modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant having prescribing authority under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed $200 to fund the provisions of paragraph (e) and this paragraph.

(g) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication for administration to the supervisory physician's patient in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation.

(h) A licensed physician assistant may perform services delegated by the supervising physician in the physician assistant's practice in accordance with his or her education and training unless expressly prohibited under this chapter, chapter 459, or rules adopted under this chapter or chapter 459.

(i) Except for a physician certification under s. 381.986, a physician assistant may authenticate any document with his or her signature, certification, stamp, verification, affidavit, or endorsement if such document may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician, except those required for s. 381.986. Such documents include, but are not limited to, any of the following:

1. Initiation of an involuntary examination pursuant to s. 394.463.
2. Do-not-resuscitate orders or physician orders for the administration of life-sustaining treatment.
3. Death certificates.
4. School physical examinations.
5. Medical examinations for workers' compensation claims, except medical examinations required for the evaluation and assignment of the claimant's date of maximum medical improvement as defined in s. 440.02 and for the impairment rating, if any, under s. 440.15.
6. Orders for physical therapy, occupational therapy, speech-language therapy, home health services, or durable medical equipment.

(j) A physician assistant may supervise medical assistants as defined in this chapter.

(k) This chapter authorizes third-party payors to reimburse employers of physician assistants for covered services rendered by licensed physician assistants. Payment for services within the physician assistant's scope of practice must be made when ordered or performed by a physician assistant if the same service would have been covered if ordered or performed by a physician. Physician assistants are authorized to bill for and receive direct payment for the services they deliver.

(5) PROGRAM APPROVAL.—

(a) The boards shall approve programs, based on recommendations by the council, for the education and training of physician assistants which meet standards established by rule of the boards. The council may recommend only those physician assistant programs that hold full accreditation or provisional accreditation from the Accreditation Review Commission on Education for the Physician Assistant or its successor entity or, before 2001, from the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Programs.

(b) Notwithstanding any other law, a trainee may perform medical services when such services are rendered within the scope of an approved program.

(6) PHYSICIAN ASSISTANT LICENSURE.—

(a) Any person desiring to be licensed as a physician assistant must apply to the department. The department shall issue a license to any person certified by the council as having met all of the following requirements:

1. Is at least 18 years of age.
2. Has completed an approved program.

a. For an applicant who matriculated after December 31, 2020, has received a master's degree.

b. For an applicant who matriculated on or before December 31, 2020, has received a bachelor's or master's degree from an approved program.

c. For an applicant who graduated before July 1, 1994, has graduated from an approved program of instruction in primary health care or surgery.

d. For an applicant who graduated before July 1, 1983, has received a certification as a physician assistant from the boards.

e. The board may also grant a license to an applicant who does not meet the educational requirement specified in this subparagraph but who has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

3. Has obtained a passing score as established by the National Commission on Certification of Physician Assistants or its equivalent or successor organization and has been nationally certified. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants or its equivalent or successor organization and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants or its equivalent or successor organization to be eligible for licensure.

4. Has completed the application form and remitted an application fee not to exceed $300 as set by the boards. An application for licensure as a physician assistant must include:

a. A diploma from an approved program.

b. Acknowledgment of any prior felony convictions.

c. Acknowledgment of any previous revocation or denial of licensure or certification in any state.

(b)1. The license must be renewed biennially. Each renewal must include:

a. A renewal fee not to exceed $500 as set by the boards.

b. Acknowledgment of no felony convictions in the previous 2 years.

c. A completed physician assistant workforce survey, which shall be administered in the same manner as the physician survey established in s. 458.3191 and must contain the same information required in s. 458.3191(1) and (2).

2. Beginning July 1, 2018, and every 2 years thereafter, the department shall report the data collected from the physician assistant workforce surveys to the boards.

3. The department shall adopt rules to implement this paragraph.

(c) Each licensed physician assistant shall biennially complete 100 hours of continuing medical education or shall hold a current certificate issued by the National Commission on Certification of Physician Assistants.

(d) Notwithstanding subparagraph (a)2., the department may grant to a recent graduate of an approved program, as specified in subsection (5), who expects to take the first examination administered by the National Commission on Certification of Physician Assistants available for registration after the applicant's graduation, a temporary license. The temporary license shall expire 30 days after receipt of scores of the proficiency examination administered by the National Commission on Certification of Physician Assistants. Between meetings of the council, the department may grant a temporary license to practice based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. The recent graduate may be licensed before employment. An applicant who has passed the proficiency examination may be granted permanent licensure. An applicant failing the proficiency examination is no longer temporarily licensed but may reapply for a 1-year extension of temporary licensure. An applicant may not be granted more than two temporary licenses and may not be licensed as a physician assistant until he or she passes the examination administered by the National Commission on Certification of Physician Assistants. As prescribed by board rule, the council may require an applicant who does not pass the licensing examination after five or more attempts to complete additional remedial education or training. The council shall prescribe the additional requirements in a manner that

permits the applicant to complete the requirements and be reexamined within 2 years after the date the applicant petitions the council to retake the examination a sixth or subsequent time.

(e) The Board of Medicine may impose any of the penalties authorized under ss. 456.072 and 458.331(2) upon a physician assistant if the physician assistant or the supervising physician has been found guilty of or is being investigated for any act that constitutes a violation of this chapter or chapter 456.

(f) An application or other documentation required to be submitted to the department under this subsection may be submitted electronically.

(7) DELEGATION OF POWERS AND DUTIES.—The boards may delegate such powers and duties to the council as they may deem proper.

(8) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on Physician Assistants is created within the department.

(a) The council shall consist of five members appointed as follows:

1. The chairperson of the Board of Medicine shall appoint one member who is a physician and member of the Board of Medicine who supervises a physician assistant in the physician's practice.

2. The chairperson of the Board of Osteopathic Medicine shall appoint one member who is a physician and member of the Board of Osteopathic Medicine who supervises a physician assistant in the physician's practice.

3. The State Surgeon General or his or her designee shall appoint three fully licensed physician assistants licensed under this chapter or chapter 459.

(b) Members shall be appointed to terms of 4 years, except that of the initial appointments, two members shall be appointed to terms of 2 years, two members shall be appointed to terms of 3 years, and one member shall be appointed to a term of 4 years, as established by rule of the boards. Council members may not serve more than two consecutive terms. The council shall annually elect a chairperson from among its members.

(c) The council shall:

1. Recommend to the department the licensure of physician assistants.

2. Develop all rules regulating the use of physician assistants by physicians under this chapter and chapter 459, except for rules relating to the formulary developed under paragraph (4)(f). The council shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council. A proposed rule submitted by the council may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules submitted by the council must be approved by both boards pursuant to each respective board's guidelines and standards regarding the adoption of proposed rules. If either board rejects the council's proposed rule, that board must specify its objection to the council with particularity and include any recommendations it may have for the modification of the proposed rule.

3. Make recommendations to the boards regarding all matters relating to physician assistants.

4. Address concerns and problems of practicing physician assistants in order to improve safety in the clinical practices of licensed physician assistants.

(d) When the council finds that an applicant for licensure has failed to meet, to the council's satisfaction, each of the requirements for licensure set forth in this section, the council may enter an order to:

1. Refuse to certify the applicant for licensure;

2. Approve the applicant for licensure with restrictions on the scope of practice or license; or

3. Approve the applicant for conditional licensure. Such conditions may include placement of the licensee on probation for a period of time and subject to such conditions as the council may specify, including but not limited to, requiring the licensee to undergo treatment, to attend continuing education courses, to work under the direct supervision of a physician licensed in this state, or to take corrective action.

(9) INACTIVE AND DELINQUENT STATUS.—A license on inactive or delinquent status may be reactivated only as provided in s. 456.036.

(10) PENALTY.—Any person who has not been licensed by the council and approved by the department and

who holds himself or herself out as a physician assistant or who uses any other term in indicating or implying that he or she is a physician assistant commits a felony of the third degree, punishable as provided in s. 775.082 or s. 775.084 or by a fine not exceeding $5,000.

(11) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—The boards may deny, suspend, or revoke a physician assistant license if a board determines that the physician assistant has violated this chapter.

(12) RULES.—The boards shall adopt rules to implement this section, including rules detailing the contents of the application for licensure and notification pursuant to subsection (6) and rules to ensure both the continued competency of physician assistants and the proper utilization of them by physicians or groups of physicians.

(13) EXISTING PROGRAMS.—This section does not eliminate or supersede existing laws relating to other paramedical professions or services and is supplemental to all such existing laws relating to the licensure and practice of paramedical professions.

(14) LIABILITY.—Each supervising physician using a physician assistant is liable for any acts or omissions of the physician assistant acting under the physician's supervision and control.

(15) LEGAL SERVICES.—Legal services shall be provided to the council pursuant to s. 456.009(1).

(16) FEES.—The department shall allocate the fees collected under this section to the council.

History.—ss. 1, 8, ch. 79-302; s. 301, ch. 81-259; ss. 2, 3, ch. 81-318; s. 8, ch. 84-543; s. 8, ch. 84-553; ss. 20, 25, 26, ch. 86-245; s. 29, ch. 88-1; s. 15, ch. 88-277; s. 3, ch. 88-361; s. 26, ch. 89-162; s. 2, ch. 90-60; ss. 33, 34, ch. 90-134; s. 2, ch. 91-22; s. 43, ch. 91-201; s. 4, ch. 91-429; s. 1, ch. 92-22; s. 108, ch. 94-218; s. 1, ch. 95-231; s. 1, ch. 96-197; s. 223, ch. 97-101; s. 1094, ch. 97-103; s. 27, ch. 97-264; s. 6, ch. 98-49; s. 49, ch. 98-166; s. 155, ch. 99-251; s. 1, ch. 99-370; s. 100, ch. 99-397; s. 107, ch. 2000-160; ss. 27, 42, ch. 2000-318; s. 1, ch. 2001-100; ss. 23, 55, ch. 2001-277; s. 75, ch. 2002-1; s. 76, ch. 2004-5; s. 15, ch. 2004-41; s. 1, ch. 2007-155; s. 75, ch. 2008-6; s. 1, ch. 2008-86; s. 2, ch. 2009-177; s. 1, ch. 2010-55; s. 1, ch. 2012-170; s. 1, ch. 2013-127; s. 15, ch. 2014-18; s. 1, ch. 2016-125; s. 2, ch. 2016-145; ss. 9, 10, 22, ch. 2016-224; s. 17, ch. 2016-230; s. 1, ch. 2017-154; s. 15, ch. 2020-133; s. 1, ch. 2021-204; s. 1, ch. 2023-274.

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Title 20 —Employees' Benefits
Chapter I —Office of Workers' Compensation Programs, Department of Labor
Subchapter B —Federal Employees' Compensation Act
Part 10 —Claims for Compensation Under the Federal Employees' Compensation Act, as Amended
Subpart D —Medical and Related Benefits
Medical Treatment and Related Issues

Authority: 5 U.S.C. 301, 8102a, 8103, 8145 and 8149; 31 U.S.C. 3716 and 3717; Reorganization Plan No. 6 of 1950, 15 FR 3174, 64 Stat. 1263; Secretary of Labor's Order No. 10–2009, 74 FR 218; Pub. L. 117–263.
Source: 76 FR 37903, June 28, 2011, unless otherwise noted.

§ 10.310 What are the basic rules for obtaining medical care?

(a) The employee is entitled to receive all medical services, appliances or supplies which a qualified physician prescribes or recommends and which OWCP considers necessary to treat the work-related injury. Billing for these services is described in subpart I of this part. The employee need not be disabled to receive such treatment. If there is any doubt as to whether a specific service, appliance or supply is necessary to treat the work-related injury, the employee should consult OWCP prior to obtaining it through the automated authorization process described in § 10.800. OWCP may also utilize the services of a field nurse to facilitate and coordinate medical care for the employee. OWCP may contract with a specific provider or providers to supply such services or appliances, including durable medical equipment and prescribed medications.

(b) Any qualified physician or qualified hospital may provide such services, appliances and supplies. Non-physician providers such as physicians' assistants, nurse practitioners and physical therapists may also provide authorized services for injured employees to the extent allowed by applicable Federal and State law.

(c) Where OWCP has not contracted for the provision of appliances or supplies, only a supplier of durable medical equipment that is registered in Medicare's Durable Medical Equipment, Prosthetics, Orthotics and Supplies Accreditation process may furnish such appliances and supplies. OWCP may apply a test of cost-effectiveness to appliances and supplies, may offset the cost of prior rental payments against a future purchase price, and may provide refurbished appliances where appropriate.

4 MINUTE READ

A Letter to Christian Physicians

from CMDA Today - Summer 2023
by Christian Medical & Dental Associations

JonathanClemens,PA

Your Christian physician assistants, represented within CMDA by the Fellowship of Christian Physician Assistants (FCPA) specialty section, are caught in the middle of a transition. While it may just be an eddy in the class three rapids of healthcare evolution, the physician assistant profession has changed in the 12 years since I started PA school. Each PA's story will be different, but themes and similarities recur.

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In the beginning, a PA worked for a physician. With extensive prior medical experience and accelerated training in the medical model, a PA

worked for a physician who had a practice vision that needed PAs truly to be physician extenders. When I started PA school in 2010, I wanted to be that kind of PA—someone who worked for an awesome physician who would be a true mentor, both a teacher and a supervisor.

As you know firsthand, medicine changed. Single physician practices are vanishing, giving way to group and corporate practices. Rather than being “the” doctor, physicians are increasingly “a” doctor: employees rather than leaders. Many senior physicians have retired rather than put up with the commodification of medicine, hallmarked by planned overbooks, electronic medical records and Press-Ganey scores.

This leaves your Christian PAs in a strange limbo. Outpatient PAs are now hired by practices, not physicians. We are often expected to see overflow appointments or same-day visits, used as a flexible workforce rather than developing deep relationships, either with our patients or our physicians. We are often assigned to “low acuity” tasks without adequate physician oversight or backup. The economics of salary and reimbursement muddies these waters further.

Unlike the administrative independence nurse practitioners enjoy in many states, PAs are tied to physicians in almost every state. In the new reality, this means they are tied to a group or corporate practice, not working in partnership with a single physician from whom a PA can absorb the art of medicine.

Thus, as Christian PAs, we find ourselves at an uncomfortable crossroads. We do not have the opportunities to work with and for Christian physicians that existed even a decade or two ago. Instead, we have a choice of poor alternatives:

• PAs can be—and are by default—absorbed into impersonal systems that are generally hostile to uniquely Christian care. Even if we went into

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medicine with the goal of glorifying God by caring for the sick and injured, such motivations are at best tolerated.

• PAs can instead seek to sever our administrative ties with physicians. This is a strong preference among numerous PAs in the secular arena, sometimes driven by PA resentment that physicians have removed themselves from the relationship PAs depend on by selling their practices. The American Academy of Physician Assistants has adopted "Physician Associate" as the preferred title in an effort to maintain professional, but not administrative, ties with physicians. Others point to the administrative independence of nurse practitioners as something we need to match.

GET INVOLVED WITH FCPA

Are you a Christian physician assistant who wants to get involved with FCPA? We are always in need of faithful Christian PAs—from PA students to retired PAs—to serve in various capacities such as mentorship, missions and service. Mentors are welcome to join monthly group mentorship meetings where experienced CMDA members share knowledge with PA students and early-career PAs. FCPA is active at Global Missions Health Conference (GMHC), our members serve on Global Health Outreach (GHO) trips and we award grants to support member PAs and PA students' short-term mission trips. FCPA is active at the American Academy of Physician Assistants (AAPA) as a caucus. We host an exhibit booth, morning devotionals and evening speakers each May at the AAPA national convention. Our members serve in various roles in the larger, secular organization, and we have a voice at its house of delegates. We welcome any other talent not represented here! To learn more, email us at fcpa@cmda.orgorvisitcmda.org/fcpa

Is there a third way? I hope so! I suspect most Christian PAs do.

PL011884

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As a Christian PA, I am at my best when I am working for a Christian physician. At least, I think I would be—I have never had the opportunity here in the United States. On short-term international missions, the collegiality of common Lordship has been such a blessing to me. I can only imagine how it would be in day-to-day life. A barrier to more PAs realizing this blessing is that as the PA workforce expanded, the number of Christian physicians in practice ownership has not.

So, what can Christian physicians do, other than starting new practices?

PL011885

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1. Mentor Christian PAs in your sphere of influence. While we graduate from PA school able to function on day one, we still need Christian physicians to teach us the art of Christ-centered patient care. If you want to help but don't know of any Christian PAs in your practice or area, contact us at fcpa@cmda.org and we'll connect you to one to mentor.

2. If you need a PA, hire a Christian one using CMDA Placement Services. The more Christian healthcare leaders seek to hire values-aligned employees, the better we can be at building environments that reflect Jesus' love. They can't guarantee you'll find the perfect fit, but you'll at least find someone serving the same Lord. For more information, visit www.cmda.org/placement.

3. Partner with Christian PAs. Some of us have ambitious, God-sized plans to improve healthcare through innovative service delivery, but we can't do it, by law, without a physi- cian in the mix. The partnership of young, idealistic and enthusiastic PAs with seasoned, experienced physicians could do such great things for the kingdom.

4. Pray for the PA profession. The evolution of medicine has not been kind to the PA-physician relationship.

Thank you to those who are already doing this. Know that your involvement, care and guidance is a real multiplier of our efforts to provide care in Jesus' name.

For the Fellowship of Christian Physician Assistants, Jonathan Clemens, PA, 2022-2023 Chair

Jonathan Clemens, PA, practices medicine as a PA in Thurston County, Washington, where he currently splits his time between eating disorders

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care with The Emily Program and occupational and family medicine at ErgoCare Clinic. Since his 2012 graduation from Pacific University's PA program, he has experience in urgent care, sleep medicine, pain management, travel medicine, medical ethics and rural primary care. Jonathan is currently a doctoral student at A.T. Still University's Arizona School of Health Science. Prior to PA school, Jonathan worked as a volunteer firefighter/EMT and as an information security specialist. He continues to serve as Chief EMS officer and teach EMT classes for his fire department.

(Exodus

This article is from:

CMDA Today - Summer 2023

by Christian Medical & Dental Associations

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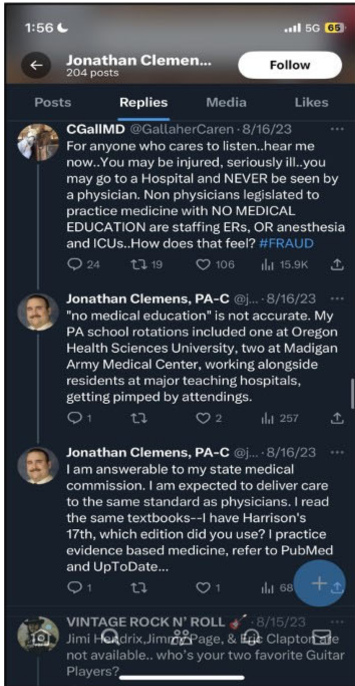
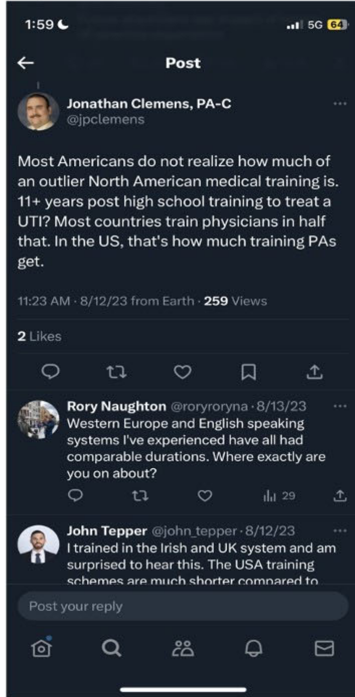
3-MINUTE READ

NYC's Hidden Homeless

from "VENU #39 SUMMER 2018"

PL011888





Doe Pls' Trial Ex.

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Patrick Schreiner ☧ @pj_schre... · 9/6/23 ···

I was talking to my dad about the law in different Christian circles. A balanced approach will give proportionate emphasis to 1-3. Imbalance comes in overemphasizing 1-2 of these.

1) Illumine/restrain sin.
2) Drive us to Christ.
3) Cause us to seek the good, true, beautiful

6 8 59 8,582

Show this thread

Patrick Schreiner ☧ @pj_schre... · 9/6/23 ···

3, if one thinks that is the case.

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Jonathan Clemens, PA-C · 9/6/23 ···

Oh, it really is, but theology and biology/ medicine don't talk to each other often enough or in sufficient depth for many people to "get" the connection. Of course, that's not the only domain benefitting... It's just the one I work in.

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UNDERGRADUATE STUDENT HANDBOOK

2022-2023

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Florida State University Mission Statement

Florida State University preserves, expands, and disseminates knowledge in the sciences, technology, arts, humanities, and professions, while embracing a philosophy of learning strongly rooted in the traditions of the liberal arts. The University is dedicated to excellence in teaching, research, creative endeavors, and service. The University strives to instill the strength, skill, and character essential for lifelong learning, personal responsibility, and sustained achievement within a community that fosters free inquiry and embraces diversity.

College of Nursing Mission Statement

Florida State University, College of Nursing educates clinicians, leaders, scholars, and advanced practitioners who can enhance the quality of life for people of all cultures, economic levels, and geographic locations. The CON integrates the liberal arts and sciences with the knowledge, skills, and attitudes essential for lifelong learning, personal responsibility, and sustained achievement in the nursing profession and the communities in which our graduates reside.

College of Nursing History and Milestones

- Ms. Vivian M. Duxbury appointed as Dean
- First class of BSN students admitted
- RNs from diploma programs admitted to BSN program
- 1951 First male student admitted
- State Board of Nursing gives provisional approval to FSU School of Nursing
- State Board of Nursing and Registration gave full accreditation to FSU School of Nursing
- 1952 NLN accreditation awarded
- 1972 Dr. Shirley Martin appointed as Dean
- Dr. Marjorie Sparkman was appointed Interim Dean
- Self-paced and time variable format introduced for RN students
- New four-story building completed
- Dr. Emilie D. Henning appointed as Dean
- Dr. Evelyn T. Singer appointed as Dean
- Four students admitted to MSN program
- 1985 Funding obtained from the Division of Nursing, Department of Health and Human Services to begin MSN degree program
- 1987 Graduate Program accredited by NLN
- New RN-to-BSN web-based curriculum implemented for students living in Ft. Myers, St. Petersburg, Lake City, and Mariana
- Nurse Educator track added to MSN program
- School of Nursing building named Vivian M. Duxbury Hall
- Dr. Katherine P. Mason appointed as Dean

- 2001 New community-based undergraduate curriculum implemented
- Online RN-BSN program offered statewide
- CCNE accreditation awarded
- Graduate core nursing courses offered online
- Family Nurse Practitioner curriculum revised
- 2005 Grant received from Florida Department of Education to expand graduate education via interactive television to six sites: Pensacola, Fort Walton, Panama City, Mariana, Madison
- Graduate nursing education courses offered online
- School of Nursing becomes College of Nursing
- Nurse Practitioner course offered online
- Dr. Lisa Ann Plowfield appointed as Dean
- FSU Board of Trustees approves Doctor of Nursing Practice degree program
- Curriculum revisions to Undergraduate BSN program
- 2009 Grant received from Health Resources Services Agency (HRSA) for DNP Program
- Students admitted to the Doctor of Nursing Practice (DNP) degree program
- Students admitted to the Accelerated BSN program and first graduate in Fall 2010
- Partnership with TMH to establish TMH Mentored Research Program
- Dr. Dianne Speake appointed as Interim Dean
- 2011 First DNP students graduate
- DNP program accredited by CCNE
- Nurse Leader track offered to MSN Program
- TMH Center for Research and Evidence Based Practice funded by TMH Foundation
- 2013 Dr. Judith McFetridge-Durdle appointed Dean
- 2015 Adoption of new strategic plan of CON
- 2015 HRSA grant awarded for Accelerated Veteran's BSN program
- QER 5-year review of graduate programs
- CCNE accreditation of undergraduate and graduate programs
- Dr. Judith McFetridge-Durdle becomes the first FSU faculty member to be inducted as a
- Fellow into the American Academy of Nursing (FAAN)
- Psychiatric/Mental Health Nurse Practitioner Certificate program offered online for students
- 2017 CCNE accreditation of DNP and PMH Certificate program
- 2017 Center for Indigenous Nursing Research for Health Equity (INRHE) established
- Dr. Mai Kung tapped as a Fellow into the American Academy of Nursing (FAAN)
- Dr. Jim Whyte tapped as a Fellow into the American Academy of Nursing (FAAN)
- Dean Dr. Judith McFetridge-Durdle retired
- 2019 Dr. Laurie Grubbs appointed Interim Dean

- 2021 Dr. Eugenia Millender tapped as a Fellow into the American Academy of Nursing (FAAN)
- 2021 Dr. Jing Wang appointed as Dean

Statement of Beliefs

Given the mission of the University and the College of Nursing, the College is guided by a set of beliefs held by the faculty in relation to:

Nursing's phenomenon of concern as human beings within the context of health;
Nursing as an evidence-based profession; and
Nursing education as a lifelong process

The beliefs that guide the nursing education programs and the discipline of nursing at Florida State University are:

a. The foundation of nursing is based upon broad preparation in liberal studies, socialization into the core values of the profession, and preparation in the knowledge and skills requisite to practice at the Baccalaureate and Graduate levels

b. Nursing knowledge is built on nursing practice, theory, and research. In addition, nursing drives knowledge from other disciplines, adapting and applying this knowledge as appropriate to professional practice

c. Nurses being a unique blend of knowledge, judgement, skills, and caring to the health care team. Professional nursing requires strong critical reasoning, clinical judgement, communication and assessment skills, and a commitment to lifelong learning (AACN Baccalaureate Essentials, 2008)

d. Nurses must process the knowledge and skills needed to provide safe, culturally competent and high quality care in an environment of increasing diversity and globalization (AACN Baccalaureate Essentials, 2008)

e. Nursing practice is comprised of approaches gained through scientific inquiry designed to broaden the evidence base of the profession. These approaches are designed to explain and facilitate the phenomenon of human existence in the context of health

f. Baccalaureate education, the minimal requirement for entry into professional nursing practice, prepares the generalist and is the foundation for Graduate nursing education (AACN Baccalaureate Essentials, 2008)

g. The fundamental aspects of generalist nursing practice are: direct care of the sick in and across all environments, health promotion and prevention

of illness, and population-based health care (AACN Baccalaureate Essentials, 2008)

h. Graduate nursing education prepared nurses for role enhancement and advanced professional practice
i. Nursing must educate future professionals to deliver patient-centered care as members of an Interprofessional team, emphasizing evidence-based practice, quality improvement approaches and informatics (IOM, 2003) (AACN Baccalaureate Essentials, 2008)

Undergraduate Program Outcomes

The curriculum for the Bachelor of Science in Nursing at Florida State University builds on a liberal education and serves as the foundation for graduate study. The graduate of the FSU College of Nursing undergraduate program is a reflective practitioner who is able to:

1. Integrate knowledge, skills, and values from liberal studies with nursing science to provide safe, effective nursing care;
2. Use basic organizational and leadership skills to facilitate high quality nursing care;
3. Demonstrate beginning scholarship and analytical methods for evidence based nursing practice;
4. Use healthcare technology to provide safe and effective patient care;
5. Identify the impact of healthcare policy, economics, and regulatory environments on the delivery of
6. patient care and nursing practice;
7. Use communication and collaboration skills across disciplines and settings to optimize patient outcomes;
8. Apply knowledge of disease prevention and health promotion for all populations across the life span;
9. Demonstrate professionalism; and
10. Demonstrate compassionate nursing care based on equity and cultural sensitivity

Professional Values for Baccalaureate Nursing Education

Baccalaureate education for professional nursing should facilitate the development of professional values and value-based behaviors. Values are beliefs or ideals to which an individual is committed, and which are reflected in patterns of behavior. Professional values are the foundation for practice; they guide interactions with patients, colleagues, other professionals, and the public. Values provide the framework for commitment to patient welfare, fundamental to professional nursing practice.

Caring is a concept central to the practice of professional nursing. There are a variety of definitions and applications of caring; some are very broad; others are specific and specialized. Caring, as used here, encompasses the nurse's empathy for and connection

with the patient, as well as the ability to translate these affective characteristics into compassionate, sensitive, and appropriate care.

The values and sample professional behaviors listed below epitomize the caring, professional nurse. Nurses, guided by these values, demonstrate ethical behaviors in the provision of safe, humanistic health care. The sample behaviors are not mutually exclusive and may result from more than one value. Conversely, the value labels provided are intended to encapsulate a core set of values and behaviors that can be elaborated in a variety of ways.

Altruism is a concern for the welfare and well-being of others. In professional practice, altruism is reflected by the nurse's concert for the welfare of patients, other nurses, and other health care providers. Sample professional behaviors include:

- Demonstrates understanding of cultures, beliefs, and perspectives of others;
- Advocates for patients, particularly the most vulnerable;
- Takes risks on behalf of patients and colleagues; and • Mentors other professionals

Autonomy is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about their health care. Samples professional behaviors include:

- Plans care in partnership with patients;
- Honors the right of patients and families to make decisions about Health Care; and
- Provides information so patients can make informed choices

Human Dignity is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, human dignity is reflected when the nurse values and respects all patients and colleagues. Sample professional behaviors include:

- Provides culturally competent and sensitive care;
- Protects the patient's privacy
- Preserves the confidentiality of patients and health care providers; and
- Designs care with sensitivity to individual patient needs

Integrity is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted with the profession. Sample professional behaviors include:

- Provides honest information to patients and the public;
- Documents care accurately and honestly;

- Seeks to remedy errors made by self or others; and
- Demonstrates accountability for own actions

Social Justice is upholding moral, legal, and humanistic principles. This value is reflected in professional practice when the nurse works to assure equal treatment under the law and equal access to quality health care. Sample professional behaviors include:

- Supports fairness and non-discrimination in the delivery of care;
- Promotes universal access to health care; and
- Encourages legislation and policy consistent with the advancement of nursing care and health care

Educational efforts and the process of socialization into the profession must build upon and, as appropriate, modify values and behavior patterns developed early in life. Values are difficult to teach as part of professional education. Nevertheless, faculty must design learning opportunities that support empathic, sensitive, and compassionate care for individuals, groups, and communities; that promote and reward honesty and accountability; that make students aware of social and ethical issues; and that nurture students' awareness of their own value systems, as well as those of others.

Ref: The Essentials of Baccalaureate Education. American Association of Colleges of Nursing, 2008

BSN Program Outcomes and SACS Concepts

SACs Concepts	AACN Essentials	CON Undergraduate Program Outcomes
Student Evaluation	I. Liberal Education for Baccalaureate Generalist Nursing Practice IX. Baccalaureate Generalist Nursing Practice	1. Integrate knowledge, skills, and values from liberal studies with nursing science to provide safe, effective nursing care
Leadership	II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety	2. Use basic organizational and leadership skills to facilitate high quality nursing care.
Critical Thinking	III. Scholarship for Evidence Based Practice	3. Demonstrate beginning scholarship and analytical methods for evidence-based nursing practice.
Informatics	IV. Information Management and Application of Patient Care Technology	4. Use healthcare technology to provide safe and effective patient care.
Resource Management	V. Health Care Policy, Finance, and Regulatory Environments	5. Identify the impact of healthcare policy, economics, and regulatory environments on the delivery of patient care and nursing practice.
Health Policy	V. Health Care Policy, Finance, and Regulatory Environments	5. Identify the impact of healthcare policy, economics, and regulatory environments on the delivery of patient care and nursing practice.
Communication	VI. Interprofessional Communication and Collaboration for Improving Health Outcomes	6. Use communication and collaboration skills across disciplines and settings to optimize patient outcomes.

Population and Prevention Illness Strategies	VII. Clinical Prevention and Population Health	7. Apply knowledge of disease prevention and health promotion for all population across the life span. 9. Provide compassionate nursing care based on equity and cultural sensitivity.
Professional Role Model	VIII. Professionalism and Professional Values	8. Demonstrate professionalism

American Nurses Association Code of Ethics for Nurses

Provision 1	The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
Provision 2	The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
Provision 3	The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
Provision 4	The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.
Provision 5	The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
Provision 6	The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
Provision 7	The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8	The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
Provision 9	The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

Source: American Nurses Association. (2015). *Code of ethics with interpretative statements.* Silver Spring, MD: Author. Retrieved from http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses /Code-of- Ethics-For-Nurses.html

Florida State University College of Nursing

Nursing Academic Map

Traditional BSN Program

This nursing academic map is designed to guide you from your first semester to graduation in four years. To progress on the nursing map you must complete all milestones by the end of each semester. Milestones include required prerequisite coursework and minimum overall GPA. Students must successfully complete all nursing prerequisites with a grade of "B -" or better. College of Nursing candidates must apply by February 1st (term 4) of their sophomore year to be considered for the BSN program. Please refer to the College of Nursing website for updated information.

FRESHMAN YEAR: Fall Semester

COURSE	COURSE NUMBER	HOURS	MILESTONES
LS Math - College Algebra	MAC 1105	3	Complete MAC 1105, CLEP or AP Credit
LS 1st English – English Composition	ENC 1101	3	Complete ENC 1101, CLEP or AP Credit
LS Natural Science – Biology 1	BSC 2010	3	Overall GPA $\geq$ 3.2
Natural Science Lab – Biology Lab(optional)	BSC 2010L	1	
LS Social Science – Intro to Sociology	SYG XXXX	3	
Elective (if needed to reach 60 credits)	(any)	0-3	

Total Semester Hours: 13-16

FRESHMAN YEAR: Spring Semester

COURSE	COURSE NUMBER	HOURS	MILESTONES
LS English – 2nd English	ENC 2135	3	Complete ENC 2135
LS 2nd math - Statistics	STA 2023	3	Complete BSC2010 or CHM 1045 with B - or better
LS Elective - General Psychology	PSY 2012	3	
LS Natural Science – General Chemistry	CHM 1045	3	Overall GPA $\geq$ 3.4
LS History	(x, y, IFS, SIP)	3	

Total Semester Hours: 15

SOPHOMORE YEAR: Fall Semester

COURSE	COURSE NUMBER	HOURS	MILESTONES
Anatomy and Physiology I	BSC 2085	3	Complete BSC 2085 and Lab with B - or better
Anatomy and Physiology I Laboratory	BSC 2085L	1	Complete HUN 1201 with B - or better
Human Nutrition	HUN 1201	3	Complete STA 2xxx with B - or better
LS Ethics/Social Responsibility	(x, y, IFS, SIP)	3	Overall GPA $\geq$ 3.4
Life Span Development	FAD 3220	3	
Elective (if needed to reach 60 credits)	(any)	3	

Total Semester Hours: 13- 16

SOPHOMORE YEAR: Spring Semester

COURSE	COURSE NUMBER	HOURS	MILESTONES
Anatomy and Physiology II	BSC 2086	3	Complete BSC 2086 and Lab w/B - or better
Anatomy and Physiology II Laboratory	BSC 2086L	1	Science Prerequisite GPA > 3.0
Microbiology	MCB 2004	3	
Microbiology Laboratory	MCB 2004L	1	Complete MCB 2004 and Lab w/B - or better
LS Humanities/Cultural	(any x, y, IFS, SIP)	3	Overall GPA > 3.4
Oral Competency	Speech class	3	

Total Semester Hours: 14

- "y" courses that satisfy the diversity in western culture portion of the multicultural requirement
- "x" courses that satisfy the cross-cultural portion of the multicultural requirement

BSN ACADEMIC MAPS

Fall Admission BSN Program

Fall Semester	Spring Semester	Summer Semester	Fall Semester
NUR 3056 Foundations of Nursing Practice (3) **NUR 3056L** Foundations of Nursing Practice Lab (2)-60 **NUR 3065** Health Assessment, Wellness & Prevention Across the Life Span (3) **NUR 3065L** Health Assessment, Wellness & Prevention Across the Life Span Lab (1) **NUR 3026L** Integrated Skills Lab (1) **NUR 3125** Pathophysiological Concepts in Nursing (4) **NUR 3145** Pharmacological Concepts in Nursing (2) Total Hours- 16	**NUR 3225** Nursing Care of Adults with Acute/Chronic Health Disorders (3) **NUR 3225L** Nursing Care of Adults with Acute/Chronic Health Disorders Lab (3)- 90 Clinical hours **NUR 3678** Nursing Care of Vulnerable Populations (4) **NUR 33678L** Nursing Care of Vulnerable Populations (3) 90 Clinical hours 45 clinical hours-Community 45 clinical hours- Psychiatric **NUR 3816** Professional Perspectives in Nursing (2) Total Hours- 15	**Intern and Externship Opportunities**	**NUR 4445** Nursing Care of Women, Children and Families (4) **NUR 4555L** Nursing Care of Women, Children and Families Lab (3) 90 Clinical Hours (45 OB, 45 Peds) **NUR 4766** Nursing Care of Adults and Populations with Complex Health Disorders (4) **NUR 4766L** Nursing Care of Adults and Populations with Complex Health Disorders Lab (3) 90 Clinical Hours **NUR 4169** Evidence Based Nursing (2) Total Hours- 16
Spring Semester	Note		**Clinical Hour Calculations-606 Total hrs**
NUR 4837C Nursing Leadership in Systems of Care (3)- 30 Clinical hours **NUR 4667** Population Health in Nursing (1) **NUR 4945** Professional Nursing Internship (6) 216 Clinical hours **NUR 3XXX** Nursing Elective (3) Total Hours- 13	Writing requirement: NUR 4169 Oral competency: NUR 3076 X/Y Requirement: NSP 3185 Program Total Credit Hours-60		Direct Patient Care: • Adult Health- 180 • Obstetrics- 45 • Pediatrics- 45 • Mental Health- 45 • Community- 45 • Practicum- 216 In-direct Care • Leadership- 30

Spring Admission BSN Program

Spring Semester	Summer Semester	Fall Semester	Spring Semester
NUR 3056 Foundations of Nursing Practice (3) **NUR 3056L** Foundations of Nursing Practice Lab (2) **NUR 3065** Health Assessment, Wellness & Prevention Across the Life Span (3) **NUR 3065L** Health Assessment, Wellness & Prevention Across the Life Span Lab (1) **NUR 3026L** Integrated Skills Lab (1) **NUR 3125** Pathophysiological Concepts in Nursing (4) **NUR 3145** Pharmacological Concepts in Nursing (2) Total Hours- 16	**Intern and Externship Opportunities**	**NUR 3225** Nursing Care of Adults with Acute/Chronic Health Disorders (3) **NUR 3225L** Nursing Care of Adults with Acute/Chronic Health Disorders Lab (3)- *90 Clinical hours* **NUR 3678** Nursing Care of Vulnerable Populations (4) **NUR 33678L** Nursing Care of Vulnerable Populations (3) *90 Clinical hours* *45 clinical hours-Community* *45 clinical hours- Psychiatric* **NUR 3816** Professional Perspectives in Nursing (2) Total Hours- 15	**NUR 4445** Nursing Care of Women, Children and Families (4) **NUR 4555L** Nursing Care of Women, Children and Families Lab (3) *90 Clinical Hours (45 OB, 45 Peds)* **NUR 4766** Nursing Care of Adults and Populations with Complex Health Disorders (4) **NUR 4766L** Nursing Care of Adults and Populations with Complex Health Disorders Lab (3) *90 Clinical Hours* **NUR 4169** Evidence Based Nursing (2) Total Hours- 16

Summer Semester	Note		Clinical Hour Calculations-606 Total hrs
NUR 4837C Nursing Leadership in Systems of Care (3)- *30 Clinical hours* **NUR 4667** Population Health in Nursing (1) **NUR 4945** Professional Nursing Internship (6) *216 Clinical hours* **NUR 3XXX** Nursing Elective (3) Total Hours- 13	Writing requirement: NUR 4169 Oral competency: NUR 3076 X/Y Requirement: NSP 3185 Program Total Credit Hours- 60		Direct Patient Care: • Adult Health- 180 • Obstetrics- 45 • Pediatrics- 45 • Mental Health- 45 • Community- 45 • Practicum- 216 In-direct Care • Leadership- 30

Fast-Track BSN Program

Summer Semester	Fall Semester	Spring Semester
NUR 3056 Foundations of Nursing Practice (3) **NUR 3056L** Foundations of Nursing Practice Lab (2) **NUR 3065** Health Assessment, Wellness & Prevention Across the Life Span (3) **NUR 3065L** Health Assessment, Wellness & Prevention Across the Life Span Lab (1) **NUR 3026L** Integrated Skills Lab (1) **NUR 3125** Pathophysiological Concepts in Nursing (4) **NUR 3145** Pharmacological Concepts in Nursing (2) Total Hours- 16	**NUR 3225** Nursing Care of Adults with Acute/Chronic Health Disorders (3) **NUR 3225L** Nursing Care of Adults with Acute/Chronic Health Disorders Lab (3)- 90 Clinical hours **NUR 3678** Nursing Care of Vulnerable Populations (4) **NUR 33678L** Nursing Care of Vulnerable Populations (3) 90 Clinical hours 45 clinical hours-Community 45 clinical hours- Psychiatric **NUR 3816** Professional Perspectives in Nursing (2) Total Hours- 15	**NUR 4445** Nursing Care of Women, Children and Families (4) **NUR 4555L** Nursing Care of Women, Children and Families Lab (3) 90 Clinical Hours (45 OB, 45 Peds) **NUR 4766** Nursing Care of Adults and Populations with Complex Health Disorders (4) **NUR 4766L** Nursing Care of Adults and Populations with Complex Health Disorders Lab (3) 90 Clinical Hours **NUR 4169** Evidence Based Nursing (2) Total Hours- 16
Summer Semester	Note	**Clinical Hour Calculations-606 Total hrs**
NUR 4837C Nursing Leadership in Systems of Care (3)- 30 Clinical hours **NUR 4667** Population Health in Nursing (1) **NUR 4945** Professional Nursing Internship (6) 216 Clinical hours **NUR 3XXX** Nursing Elective (3) Total Hours- 13	Writing requirement: NUR 4169 Oral competency: NUR 3076 X/Y Requirement: NSP 3185 Program Total Credit Hours-60	Direct Patient Care: • Adult Health- 180 • Obstetrics- 45 • Pediatrics- 45 • Mental Health- 45 • Community- 45 • Practicum- 216 In-direct Care • Leadership- 30

College of Nursing Electives – BSN Program

Course Number	Course Name	Semester Hours
NSP 3185	Multicultural Factors and Health	3
NSP 3685	Grief, Loss, and Trauma: Ethnic & Individual Differences	3
NSP 3425	Women's Health Issues/Life Cycle	3
NUR 3076	Communication in Health Care	3
NUR 4946L	Special Topics: Providing Nursing Care in Specialty Areas	3
NUR 3695	Disaster Nursing	3

***The Traditional BSN Undergraduate Curriculum requires one (1) nursing elective (3 credit hours).**

How to Keep Informed

There are bulletin areas designated for student notices. These are located in the Student Lounge on the 3rd floor, in the Student Computer Lab on the 2nd floor, and in the lobby area of the 2nd and 3rd floors. The nursing website is an additional source of information. **It is imperative that students read their FSU email on a daily basis. Check the CON Undergraduate Program Canvas for announcements relate to college activities. This is the site where faculty and CON administrators post information regarding events, jobs, and volunteer activities. This is how your faculty will communicate with you.** https://canvas.fsu.edu/

Information Related to Enrollment

Students are responsible for adherence to all policies related to actual and designated deadlines in the Academic Calendar published in the annual issue of the *FSU Bulletin* and the *Registration Guide* each semester. These activities including pre-registration, drop/add, and application for graduation. **A graduation check should be requested from the Registrar's Office two (2) terms before graduation.**

Time schedules distributed by the College of Nursing take precedence over the printed schedule in the University Schedule of Classes.

Transportation/Clinical Experiences

Nursing majors are responsible for transportation expenses related to clinical experiences. Clinical experiences are arranged to provide the best educational opportunity and may involve an overnight stay at the student's expense.

The Multicultural Requirement

Multicultural courses include cross-cultural studies (those courses marked with an 'X') and diversity in Western experience (those courses marked with a 'Y'). All students who enter the University with fewer than sixty (60) semester hours must complete one (1) multicultural course from either designation. NSP 3185 – *Multicultural Factors and Health* satisfies the 'Y' portion of the multicultural requirement.

Oral Communication Competency

A student will satisfy the requirement for competency in oral communication either by petitioning to have prior demonstration of oral communication competency accepted in place of an approved Florida State University course, or by earning a grade of "C–" or better in a course which has been approved by the Undergraduate Policy Committee for oral communication competency credit. NUR 3076 - *Communication in Health Care* satisfies the oral communication competency requirement.

The Computer Competency Requirement (Digital Literacy in 2023)

To satisfy the Florida State University's Computer Competency Requirement, a course must require the student to demonstrate competent use of a discipline useful software package. NUR

4169 - *Evidence Based Nursing* satisfies the computer communication competency requirement.

As of Fall 2022

NSP3185: Diversity

NUR3076: Oral Communication Competency

NUR4169: Upper-Division Writing, Computer Competency (soon to become Digital Literacy)

NUR4945: Formative Experiences

NUR4946L: Formative Experiences

NUR4975: Formative Experiences, Upper-Division Writing

Graduation

The University policy is that a 2.0 or better grade point average (GPA) is required for graduation. The College of Nursing policies are:

a. A student is granted a Bachelor of Science in Nursing degree upon satisfactory completion of Liberal Studies, prerequisite and elective courses and the prescribed courses in nursing.
b. Eligibility for graduation from the nursing program requires a grade of 75% or better in all nursing courses.
c. See the Undergraduate General Bulletin for the graduation requirements for a baccalaureate degree.

Graduation Check

All undergraduate students must request a graduation check from the Office of the University Registrar and from the College of Nursing's Student Services Office at the time the student has earned one hundred (100) semester hours of credit or at least **two (2) terms** prior to the planned graduation date. The Office of the Registrar will check Liberal Studies and other University requirements needed for

graduation, and the College of Nursing's Student Services will check nursing prerequisites and major requirements.

If a graduation check has not been requested by the time the student reaches one hundred (100) semester hours, a stop will be placed on the student's future registration.

Application for Graduation

Application for a degree must be made to the Office of the University Registrar by the date stated in the academic calendar in the *FSU General Bulletin,* usually at the beginning of the term in which the student expects to graduate. A student is granted a Bachelor of Science in Nursing degree upon satisfactory completion of the Liberal Studies requirements, Nursing prerequisites, and the prescribed Nursing and Elective courses.

Students planning to obtain a Registered Nurse's license in other states must contact the chosen state board of nursing for instructions on required university documentation for license application.

Dean's List

Students who maintain a 3.5 or above grade point average (GPA) in a particular term are placed on the Dean's List, and a student who maintains a cumulative GPA of a 3.5 or above is eligible for graduation with honors as defined in the *FSU General Bulletin* (http://Registrar.fsu.edu/bulletin).

How to Obtain Licensure as a Registered Nurse in Florida

Licensure to practice professional nursing in the State of Florida is issued following successful completion of a state-approved program in nursing and the NCLEX Examination. Application is made at the end of the final term of study. The student is responsible for completing the application and adhering to published deadlines. Any applicant who has been convicted of a felony/criminal act is subject to review by the Board of Nursing and may not be permitted to take the licensing examination. If you intend to seek licensure in another state, contact the Board of

Nursing in that state. Licensure in other states is based on the specific requirements of that state.

It is the student's responsibility to have transcripts sent to the Board of Nursing in states other than Florida. The Florida Board of Nursing does not require a transcript to be submitted with the application. Once one is licensed in Florida, licensure by endorsement (application) is possible in most other states.

COLLEGE OF NURSING STUDENT POLICIES

Student Policies

Student policies are located at: https://nursing.fsu.edu/academics/student-resources.

S-2 Criminal Background Check

S-3 Academic Accommodations for Students with Disabilities

S-4 Clinical Clearance

S-5 Substance Abuse

S-6 Class Attendance

S-7 Directive Individual Study

S-8 Assignment of Incomplete Grades

S-9 Clinical Preceptors

S-10 Student Academic Honesty

S-11 Grade Appeals

S-12 Student Grievance

S-13 Removal of Students from Clinical Setting

S-14 Dismissal of Students from Nursing Major for Reasons Other Than Poor Grades

S-15 Blood Borne Pathogen Exposure Control Plan for Nursing Students

S-16 Required Professional Behaviors

Note: S – Policies for Undergraduate and Graduate students

Undergraduate Student Policies

Undergraduate Student policies are located at: https://nursing.fsu.edu/academics/student-resources

U-1 Grading Policies

U-2 Honors

U-4 Clinical Priority

U-5 Attire for Clinical Laboratory Experiences

U-8 Drug Math

U-9 Mid-Curricular Clinical Evaluation

U-10 Academic Testing Program

U-11 Student Attendance at SNA Conventions

U-12 Progression in Undergraduate Program

U-13 Readmission to Undergraduate Program

U-14 Late Drop

Note: U – Policies for undergraduate students

Standardized Testing

- Standardized tests are used by faculty throughout the nursing program.
- All of the standardized exams will be administered via computer at designated times and locations.

HESI Utilization Guidelines and Procedures

HESI Exams are REQUIRED with a benchmark score of 850 within courses, but do not carry a graded % weight within individual courses. A student who scores under 850 will need to complete required remediation and retest. HESI Specialty Exams are tracked throughout the program and scores are tabulated to rank students for Internship placement by total earned HESI Specialty Exams' scores on required exams. Students who score over 900 on first attempt will get extra points. The ranking of students will determine internship placements into specialty units. Students who score below 850 on any HESI Specialty Exam will be required to remediate and retest. The retested score will be considered for rank.

- HESI Specialty Exams are course requirements.
- Failure to take the examination, including retest if required, for a specific course will result in

  impeded academic progression.

- The secured version of the HESI Specialty Exams (Version 1 and Version 2) will be given in a proctored setting.
- If the secured version of the HESI Specialty Exam is taken in the Office of Accessibility Services (OAS) the student is responsible for having the appropriate paperwork completed by faculty and for scheduling with OAS for the date and time specified for the HESI Specialty Exam.
- The proctored HESI Specialty Exam must be taken on the scheduled date unless the student has acceptable documentation for their absence.
- The HESI Specialty Exams Version 1 will be administered during final exams week. Version 2 exams will be administered during the first week of the following semester.
- Students will be given the option of replacing the lowest unit exam score with the Version 1 specialty exam score for the given course. The grade will be based on the HESI-generated conversion score.
- If the student does not meet the benchmark of 850 on HESI Specialty Exam Version 1, the student will complete remediation as outlined by the Nursing HESI Specialty Exam Remediation Policy (on the following page) in preparation for the HESI Specialty Exam Version 2.
- Faculty members recommend that all students remediate after each HESI Specialty Exam regardless of the score achieved.
- The following documentation is required to be submitted on the first day of the semester, prior to the scheduled HESI Specialty Exam Version 2: a completed, signed *Remediation Plan and Contract* with the printed exam results page and remediation summary page attached.
- If all remediation documentation has not been submitted, the student will not be allowed to take the HESI Specialty Exam Version 2. Failure to complete the HESI Specialty Exam Version 2 will result in the student being dropped from the enrolled courses, impeding academic progression.

  The HESI Exit Exam:

The HESI Exit Exam will be administered to students during their graduating semester. All students will complete the Version 1 Exit Exam during the first week of the semester and use these results to guide NCLEX preparation with the Saunders Review. Students who do not meet the benchmark of 900 will be required to complete their remediation packet and take the Exit Exam, Version 2 during the final exam week of the semester.

HESI SPECIALTY EXAM REMEDIATION POLICY

Remediation is defined as "*The process of identifying the need to take action to remedy a situation that, if left unresolved, will result in unfavorable outcomes, whereas implementing intervention strategies will successfully address the situation*" (Cullieton, 2009, p. 26).

All students enrolled in the __________ (course at Florida State University College of Nursing) will take the nationally normed HESI Specialty Exams in each applicable course. Research demonstrates that scores of at least 900 on the HESI Specialty Exams (version 1 and version 2) are highly predictive of BSN program and NCLEX-RN success.

All Students below specialty exam benchmarks must complete the Remediation Plan and Contract.

Students receive the HESI Specialty Exam report and correlating online remediation immediately upon completion of the exam. The Next Generation HESI program develops the student remediation packet based on weak areas of performance.

Following the HESI Specialty Exam Version 1, students are required to complete all the Essential remediation assigned in their packet.

Areas that are recommended remediation are not required for completion but should be considered if it is an area, you as the student have identified as a weakness during your remediation.

Students must complete the remediation work on their own. Sharing information or working with other students is considered academic dishonesty.

Completing Remediation:

- Access all essential remediation packets delivered (which are based on areas of weaker performance).
- Start with the pre-check to test your knowledge; from here open the material in the packet which can include textbook excerpts, videos, case studies, simulations, and quizzes. Complete each of these areas that are included in each of the packets prior to moving to the post-check.
- Continue this process until all the remediation packets are completed that have been delivered for the exam.
- Once all remediation packets have been completed, go to the Exam Results page, and print this to attach to the contract to submit on the first day of the semester prior to the scheduled HESI Specialty Exam Version 2.
- Version 2 of the HESI Specialty Exams will be completed the first week of the subsequent semester.

HESI REMEDIATION PLAN AND CONTRACT

Student Name: (PRINT) ____________________Date: _________ Name of HESI Specialty Exam: ___________________

How will I continue to improve my areas of weakness:	Student to Fill in Individual Remediation Plan Content here:

I verify that I have completed remediation as identified in the HESI Remediation policy.

(Student Signature)

Faculty signature for verification of completion: ___________________________

Date of verification: ________________

University Attendance Policy

Excused absences include documented illness, deaths in the family and other documented crises, call to active military duty or jury duty, religious holy days, and official University activities. These absences will be accommodated in a way that does not arbitrarily penalize students who have a valid written excuse. Consideration will also be given to students whose dependent children experience serious illness.

Academic Honor Policy

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "... be honest and truthful and ... [to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at http://fda.fsu.edu/Academics/Academic-Honor-Policy

Academic Success

Your academic success is a top priority for Florida State University. University resources to help you succeed include tutoring centers, computer labs, counseling and health services, and services for designated groups, such as veterans and students with disabilities. The following information is not exhaustive, so please check with your advisor or the Department of Student Support and Transitions to learn more.

Americans With Disabilities Act

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Office of Accessibility Services; and (2) request a letter from the Office of Accessibility Services to be sent to the instructor indicating the need for accommodation and what type; and (3) meet (in person, via phone, email, skype, zoom, etc...) with each instructor to whom a letter of accommodation was sent to review approved accommodations. This syllabus and other class materials are available in alternative format upon request. For the latest version of this statement and more information about services available to FSU students with disabilities, contact the:
Office of Accessibility Services
874 Traditions Way
108 Student Services Building
Florida State University Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
oas@fsu.edu
https://dsst.fsu.edu/oas

Confidential campus resources

Various centers and programs are available to assist students with navigating stressors that might impact academic success. These include the following:

Victim Advocate Program University Center A, Room 4100, (850) 644-7161, Available 24/7/365, Office Hours: M-F 8-5 https://dsst.fsu.edu/vap	Counseling & Psychological Services Askew Student Life Center, 2ndFloor, 942 Learning Way (850) 644-8255 https://counseling.fsu.edu/	University Health Services Health and Wellness Center (850) 644-6230 https://uhs.fsu.edu/

FS Approved: 10/21/2020; Counseling Center name updated 5/3/2021; Dean of Students name change 11/3/2021;

Plagiarism

Intentionally presenting the work of another as one's own (i.e., without proper acknowledgement of the source). Typical examples include:

- Using another's work from print, web, or other sources without acknowledging the source; quoting from a source without citation
- Using facts, figures, graphs, charts, or information without acknowledgment of the source

Cheating

Improper application of any information or material that is used in evaluating academic work. Typical examples include:

- Copying from another student's paper or receiving unauthorized assistance during a quiz, test or examination
- Using books, notes or other devices (e.g., calculators, cell phones, or computers) when these are not authorized
- Procuring, without authorization, a copy of or information about an examination before the scheduled exercise
- Unauthorized collaboration on exams

Unauthorized Group Work

Unauthorized collaborating with others. Typical examples include:

- Working with another person or persons on any activity that is intended to be individual work, where such collaboration has not been specifically authorized by the instructor

Fabrication, Falsification, and Misrepresentation

Intentional and unauthorized altering or inventing of any information or citation that is used in assessing academic work. Typical examples include:

- Inventing or counterfeiting data or information
- Falsely citing the source of information
- Altering the record of or reporting false information about practicum or clinical experiences
- Altering grade reports or other academic records
- Submitting a false excuse for absence or tardiness in a scheduled academic exercise • Lying to an instructor to increase a grade

Multiple Submissions

Submitting the same academic work (including oral presentations) for credit more than once without instructor permission. It is each instructor's responsibility to make expectations regarding incorporation of existing academic work into new assignments clear to the student in writing by the time assignments are given. Typical examples include:

- Submitting the same paper for credit in two courses without instructor permission
- Making minor revisions in a credited paper or report (including oral presentations) and submitting it again as if it were new work

Abuse of Academic Materials

Intentionally damaging, destroying, stealing, or making inaccessible library or other academic resource material. Typical examples include:

- Stealing or destroying library or reference materials needed for common academic purposes
- Hiding resource materials so others may not use them
- Destroying computer programs or files needed in academic work
- Stealing, altering, or intentionally damaging another student's notes or laboratory experiments. (This refers only to abuse as related to an academic issue.)

Complicity in Academic Dishonesty

Intentionally helping another to commit an act of academic dishonesty. Typical examples include:

- Knowingly allowing another to copy from one's paper during an examination or test
- Distributing test questions or substantive information about the material to be tested before a scheduled exercise
- Deliberately furnishing false information

Attempting to commit any offense as outlined above.

Student Responsibility

Each student shall be responsible for abiding by the Academic Honor Policy at all times. If required by an instructor, at the conclusion of each examination or submission of an assignment, each student shall sign a pledge that the student has neither given nor received aid from any unauthorized source during the examination or in preparing the assignment.

Any student who violates the Academic Policy is expected to report the violation to the instructor and/or the University judicial officer.

If a student observes cheating during an examination, the student should consult with the instructor of the course as soon as reasonable so that the cheating may be stopped. If a student otherwise observes or learns of another student's violation of the Academic Honor Policy, the student shall either: a) ask the student to report the violation to the instructor of the course and/or the University judicial officer or b) report the violation to the instructor of the course and the University judicial officer. In the event that a student asks another student to report himself/herself and such student does not do so, then the student

shall report, as soon as practicable, the violation to the instructor of the course and/or the University judicial officer. The student should provide the name of such student or students involved, if known, and furnish such evidence as is available to support the charge.

Academic Penalties

In the FSU College of Nursing, students violating the Academic Honor Policy in any assignment, test, etc. will receive a minimum penalty of a grade of zero (0) for the assignment in question, will be reported to the Dean and the University Judicial Officer, and may receive an "F" for the course at the option of the instructor.

Plagiarism Prevention

FSU now has a site-wide license to Safe Assign for detecting plagiarism. This service scans materials to see if content has been copied from papers available on the internet or other papers in the database. All required papers may be subject to submission for textual similarity review to Safe Assign for the detection of plagiarism and may be entered into the database.

While there are a variety of reasons for plagiarism, every instance of plagiarism may not be deliberate. Most cases of plagiarism can be avoided by citing sources, acknowledging that the material and/or the essential idea has been borrowed, and providing the information necessary to locate that source.

The resources below include checklists, guidelines, examples, and explanations in how to research and write papers without risk of plagiarism. These resources are concise in content and presentation and should be valuable to the beginner and the experienced student alike.

Citation Style for Research Papers (top menu includes APA, Turabian, MLA, Chicago, ALA)
http://www.liunet.edu/cwis/cwp/library/workshop/citation.htm

Handouts and Online Resources for Students (short, easy-to-understand guidelines and examples—requires Adobe Acrobat to view)
http://www.library.ualberta.ca/guides/plagiarism/handouts/index.cfm

IPL Teen Space: A+ Research and Writing (useful for teens and college students, a list of steps, processes, and tips) http://www.ipl.org/div/aplus/stepfirst.htm

Information Literacy Tutorials (multimedia, interactive tutorial—requires Authorware plugin to view)
http://www.library.dal.ca/How/Libcasts/

Evaluating Electronic Resources: Beware of Geeks Bearing Gifts
http://www.liunet.edu/cwis/cwp/library/liblink/link0501.htm#eval

Writing Research Papers: A Step-by-Step Procedure (a 1-page checklist)
http://owl.english.purdue.edu/handouts/research/r_ressteps.html

FSU College of Nursing Academic Honor Policy

The College of Nursing expects students to uphold the Florida State University Academic Honor Policy which outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "…be honest and truthful and… [to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at https://fda.fsu.edu/sites/g/files/upcbnu636/files/Media/Files/Academic%20Honor%20Policy/AHP_Updates_Apr_2020b.pdf).

In addition, the following apply in the College of Nursing: the CON Academic Honesty Policy (S-10), the CON Professional Critical Behaviors Policy (S-13 Attachment 1), and the CON Substance Abuse Policy (S-5). Each policy can be found on the College of Nursing website at: https://nursing.fsu.edu/programs/student-policies.

I have read the Academic Honor Policy of the Florida State University, the College of Nursing policies on Academic Honesty, Plagiarism, Substance Abuse, and Professional Critical Behaviors and understand the statements provided above.

I affirm my commitment to the concept of responsible freedom. I will be honest and truthful and will strive for personal and institutional integrity at Florida State University. I will abide by the Academic Honor Policy at all times.

Student Signature Date

Print Student Name

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)

HIPAA Privacy Act

Effective April 14, 2003 HIPAA Standards protecting patient privacy came into effect. These are the first federal privacy standards in the U.S. and they have far reaching implications for all individuals.

Patient protection includes:

- Access to medical records: Health care providers must provide access to records with 30 days of a request for these records
- Notification of privacy practices is given. Patients may designate persons with whom their care may be discussed
- New restrictions and limits on the use of patient information for marketing purposes
- State laws are strengthened
- Confidentiality in all areas
- Complaints may be filed with Health and Human Services Office for Civil Rights if a consumer feels his privacy was violated

Health plans and providers must comply by:

- Having written processes for ensuring privacy
- Training for employees
- Disclose information in special circumstances. These circumstances may include; emergencies; identifying a deceased body or the cause of death; public health needs; research that has been approved by an Institutional Review board; judicial proceedings; law enforcement; and activities related to the national defense and security

Facts for nursing students:

- Professional standards and code of conduct developed by the American Nurses Association are recognized as binding rules
- HIPAA rules apply to all medical records and to nursing students
- Providers of health care (nursing students) are allowed access to the full medical record for the purpose of treatment
- Nursing students must maintain confidentiality in all matters of health care
- Do not release any health-related information about your patient to any person not involved in direct care
- Remove all identifying information from personal notes or assignments. This includes: address, birth date, name, insurance information, gender, etc.

- Never copy a medical record
- Do not fax client information at any time
- Be sure the environment is private when discussing a patient's medical information for educational purposes
- Violations of HIPAA standards may result in penalties

Harkreader, H. & Hogan, M.A. (2004) Fundamentals of Nursing: Caring and Clinical Judgment. (2nd edition) Sauders: St. Louis

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
FERPA Privacy Act

(Information as listed in the 2020-2021 FSU Undergraduate General Bulletin available at https://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/)

Notification of Student's Rights Under FERPA

The Family Educational Rights and Privacy Act (FERPA) afford students certain rights with respect to their education records. These rights are:

a. The right to inspect and review the student's education records within 45 days of the day the University receives a request for access. Students should submit to the registrar, dean, or head of the academic department (or appropriate official) written requests that identify the record(s) they wish to inspect. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

b. The right to request the amendment of the student's educational records that the student believes is inaccurate or misleading. Students may ask the University to amend a record that they believe is inaccurate or misleading. They should write the University official responsible for the record, clearly identify the part of the record they want changed and specify why it is inaccurate or misleading. If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding their request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

c. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is defined as a person employed by the University in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the University discloses education records without consent to officials of another school in which a student seeks or intends to enroll.

d. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, S.W. Washington, DC 20202-4605

Note: Students may obtain a copy of The Florida State University's student record policy from:

Office of the University Registrar
A3900 University Center
Florida State University
Tallahassee, Florida 32306-2480

Release of Student Information

The disclosure or publication of student information is governed by the policies of Florida State University and the State of Education within the framework of state and federal laws, including the Family Educational Rights and Privacy Act of 1974.

The written consent of the student is required for the disclosure or publication of any information that is 1) personally identifiable of the student; and 2) a part of the educational record. Certain exceptions to that generality, both in types of information that can be disclosed and in access to that information, are allowed within the regulations of the Family Educational Rights and Privacy Act, as described in the following paragraphs.

a. Subject to statutory conditions and limitations, prior consent of the student is not required for disclosure of information in the educational record to (for):

- Officials of the University with a legitimate educational interest. A school official is defined as a person employed by the University in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his/her professional responsibility;
  - Certain government agencies;
  - Accrediting organizations;
  - Certain financial aid matters;
  - Certain research circumstances;
  - Health and safety emergencies;
  - A Court pursuant to order or subpoena, so long as the student is notified in advance of the University's compliance; and
  - As otherwise provided by law

b. Subject to statutory conditions and limitations, prior consent of the student is not required for disclosure of certain types of information for:

- Portions of the educational record for which the student has signed a waiver;
- Portions of the educational record which are exempted by law including records of law enforcement agencies of the University; employment records of the student within the University; personal records of instructional, supervisory, or administrative personnel; and alumni records related to that student; and
- Records transmitted to another school or school system in which the student seeks or intends to enroll, since the University generally forwards these on request

Note: More specific information regarding such exempted information can be obtained by contacting the Office of the University Registrar. For the complete text of the applicable statutes refer to Section 1006.52, Florida Statutes, 20 U.S.C. 1232g, and 34 C.F.R. 99.1, et seq. or write the U.S. Department of Education at 600 Independence Ave., S.W., Washington, D.C. 20202.

c. Prior consent of the student is not required for disclosure of portions of the educational record defined by the institution as "Directory Information," which may be released via official media of the University:

- Name, date, and place of birth;
- Local address;
- Permanent address;
- Telephone number (if listed);
- Classification;
- Major/field of study;
- Participation in official University activities and sports;
- Weight and height of members of athletic teams;
- Dates of attendance at the University;
- Degrees, honors, and awards received;
- The most recently attended educational institution; and
- Digitized photo (Florida State University ID Card)

IMPORTANT: The information above, designated by the University as "Directory Information," may be released or published by the University without prior written consent of the student unless exception is made in writing by the student.

BSN Clinical Experience
Guidelines for Clinical Laboratory Experiences

Students are to be properly attired for clinical laboratory experiences. If not, action may be taken at the discretion of the faculty member. Students order their uniforms prior to entering the Nursing major to assure receipt prior to clinical laboratory experiences. Students who participate in clinical laboratory learning experiences must wear the appropriate uniform.

A student who becomes ill or suffers injury in a clinical agency should notify the instructor. If at a hospital, the Emergency Room should be consulted. At other agencies, the student is responsible for obtaining appropriate care (Instructors will advise in these agencies.). The student assumes financial responsibility for treatment of illness/injury.

Generally, all courses will be offered at the stated hours found on the schedule of classes. Any requested changes are made only after approval of the Dean. This is done to allow nursing students to take other nursing electives or courses in other departments if they so desire. College and clinical laboratory experiences are scheduled at hours consistent with the availability of instructors, students, and agencies. Any changes must be made in the form of written requests to the Assistant Dean of Undergraduate Programs so conflicts do not occur.

Promptness of arrival in the clinical laboratory is a professional expectation.

Clinical Experiences Outside of Tallahassee

Students may have scheduled clinical experiences outside the Tallahassee area, either during the week or on weekends. If the agency is located far enough away to require overnight accommodations, the cost of these arrangements is the responsibility of the student, as is the travel to and from the agency.

Dress Code

It is a professional expectation of students that they take pride in their personal appearance as a professional representative of the Florida State University College of Nursing, baccalaureate education, and the nursing profession as a whole. Therefore, the following guidelines have been established to portray a professional image.

Community Sites

Home visits, community sites and mental health clinical. The goal is to be covered as you are in your scrubs. Appropriate attire includes:

- Female: Black or tan slacks or knee length skirt and FSU College of Nursing polo shirt
- Male: Black or tan slacks and FSU College of Nursing polo shirt
- Closed toe and heel shoes, low-heeled shoes and socks or hose
- A neat and controlled hairstyle that is appropriately arranged off of the face and collar
  • Nametag and FSUID (agency badge if required)

Acute Care Sites

Appropriate attire in acute care facilities includes:

- Garnet scrubs with garnet scrubs jacket

- FSU College of Nursing nametag and FSUID (agency badge when required)
- Plain white leather nurse's shoes (clean white shoelaces) • White lab coat upon entry and exit of the unit

Simulation and Skills Labs

Appropriate attire for the simulation and skills labs include:

- Garnet scrubs with garnet scrubs jacket
- A plain white round-necked tee shirt or turtleneck may be worn under the standard FSU garnet scrubs
- Plain white leather nurse's shoes (clean white shoelaces)
- Nametag

Uniform Items

Uniform items include:

- Garnet FSU College of Nursing scrubs
- Garnet FSU College of Nursing scrub jacket
- Garnet FSU College of Nursing polo shirt
- White lab coat with FSU College of Nursing patch
- White nursing shoes (with white shoelaces)
- Plain white socks and/or white hose
- FSU College of Nursing nametag and FSUID (agency badge if issued)
- Watch with second hand
- Bandage scissors
- Stethoscope
- Sphygmomanometer
- Black pen
- Clipboard

Jewelry Items

Jewelry items are limited to:

- Watch with second hand
- Plain wedding band without stones
- One pair plain studded earrings

Basic Grooming

Basic grooming requirements include:

- Hair off collar, fastened firmly to the head without ornamentation. Ponytails must be contained and not fall over the shoulder. Headbands or "scrunchies" must be of conservative nature.
- Clean shaven/neatly trimmed mustache and/or beard (short/stubble)
- Natural fingernails, extending no longer than ¼ inch beyond the end of fingertip. • Deodorant and bathing daily; clean uniform each day

Unacceptable Item:

Unacceptable items at any time in any professional setting include:

- Jeans
- Shorts
- Skirts above the knee or below the calf
- Strapless, tank, or camisole tops
- Sleeveless tops
- Tight fitting clothing
- Clothing with glitter or rhinestones
- Athletic shoes
- Sandals/flipflops or boots
- Open toed or open heeled shoes
- Visible body piercing (i.e., nose, lip, tongue, or eyebrow)
- Visible tattoos
- Artificial nails or nail polish that must be soaked off (gels & powders)
- Artificial eyelashes
- Cologne or perfume
- Gum

Expectations for Clinical Lab

a. Students are to be on the unit only for the assigned clinical hours so that overlap does not occur with other nursing programs.

b. Students are to be on the unit for the assigned time so to meet the mandated clinical hours for the course.

c. Patient assignments will be commensurate with the level of the course and with the clinical lab expectation set forth by the faculty and articulated in the lab course syllabi.

d. Students will provide coverage for each other for the assigned patients during the lunch hour. Breaks (if any) and lunch will be staggered.

e. Students will not make or receive personal telephone calls while in the clinical setting. Texting and the use of personal cell phones are prohibited while in the clinical unit.

f. Students will give complete verbal report to the appropriate staff nurse when leaving the unit for the day.

g. Students will receive feedback from the faculty on a weekly basis.

h. Students will have a midterm and final written clinical evaluation.

i. Clinical evaluation tools are placed in the student's permanent file.

STUDENT COMMITTEE REPRESENTATION STUDENT ORGANIZATIONS CLASS OFFICER GUIDELINES

Student Representatives

(CON Standing Committees with Student Representation Article VII, from the Bylaws of the Faculty of the College of Nursing)

Section2 General Provisions

General provisions for all standing committees shall include:

1. Committee Membership

The Associate Dean for Academic Affairs shall prepare a slate of committee members based on faculty request.

The Dean or Associate Dean for Academic Affairs may attend any committee meeting with the following exceptions: Promotion and Tenure, Specialized Faculty Promotion, and Faculty Evaluation, which are by invitation only.

Student members are invited to serve as non-voting members to the following committees: Graduate Admissions and Graduation, Undergraduate Admissions and Graduation, Program Evaluation, Graduate Curriculum, Undergraduate Curriculum, and Student Affairs.

The election of student representatives to standing committee shall follow the mechanism outlined in the College of Nursing Student Handbooks.

An alternate for each student representative to serve in the absence of the regular representative shall be elected by the same mechanism outlined in the College of Nursing Student Handbooks.

Section 3 Provisions for Specific Standing Committees

Undergraduate Admissions and Graduation

The chairperson shall schedule meetings of the total committee at least twice a semester.

Membership:

There shall be at least five (5) faculty members on the committee;

At least two (2) of these faculty shall have a teaching assignment in the undergraduate curriculum and at least two (2) shall have a teaching assignment in the graduate curriculum;

There shall be two (2) non-voting student members (one undergraduate and one graduate student); and,

The Assistant Director of Student Services shall be a non-voting ex-officio member.

The functions of the committee shall be to:

Review and present recommendations to faculty about policies for admissions and graduation for all undergraduate programs;

Evaluate students for admission into the undergraduate program;

The Assistant Deans for Undergraduate and Graduate Programs will rank order the applicants using the appropriate rubric and present the list to the Committee; and

With the assistance of the Assistant Director of Student Services, submit the names of candidates for degrees to the faculty for approval at a faculty meeting prior to the end of the semester

Undergraduate Curriculum

The chairperson shall schedule meetings of the total committee at least twice per year.

Membership:

There shall be at least (3) faculty members on the committee.

There shall be at least (2) tenured/tenure earning faculty members.

The functions of the committee shall be to:

Review bylaws on an annual basis; and,

Present to faculty recommended revisions.

Program Evaluation

The chairperson shall schedule meetings of the total committee at least twice per year.

Membership:

There shall be at least five (5) faculty members including the Associate Dean of Academic Affairs, Assistant Dean of Graduate Programs, Assistant Dean of Undergraduate Programs, one (1) faculty member who teaches primarily in the undergraduate programs, and one (1) faculty members who teaches primarily in the graduate programs.

There shall be one (1) non-voting undergraduate student, one (1) nonvoting graduate student, and one (1) invited voting community member

The function of the committee shall me to:

Develop and coordinate an overall plan of evaluation for the College of Nursing in terms of the established mission, goals, standards, and current health care trends;

Report these findings to the faculty for approval; and

Collect evaluation data and make recommendations to appropriate committees and/or administration for changes or development of new programs.

Student Affairs

The chairperson shall schedule a meeting of the committee at least twice a year.

Membership:

There shall be four (4) faculty members, Assistant Director of Students Services, Assistant Dean of Undergraduate Programs, Assistant Dean of Graduate Programs.

The function of the committee shall be to:

Facilitate the engagement of students in service leadership, personal development, and growth in the nursing discipline by encouraging student involvement in community outreach activities and student organizations;

Promote active participation of students with faculty in undergraduate nursing research activities; and

Review scholarship applications and select recipients of scholarships awarded by the College of Nursing

CON Committee Election Procedures

The students enrolled in first semester of their junior year will be requested to nominate one (1) class member as a nominee for each committee (Admissions, Curriculum, Program Evaluation, and Student Affairs) to serve as the junior alternate student representative (to the senior student representative).

Nominations will be submitted to the Assistant Dean of Undergraduate Programs where a ballot will be prepared.

Campaigning is allowed at the discretion of each nominee.

During a designated period, each student will be provided one (1) ballot for voting. Ballots will be distributed once and additional ballots will not be distributed.

Completed ballots are to be returned to the Assistant Dean of Undergraduate Programs.

Ballots will be tabulated by the Assistant Dean of Undergraduate Programs.

The students with the highest number of votes will be elected as the alternate student representative for each committee.

Students returning in the fall as first semester seniors will serve as the primary student representative.

The chairpersons of the committees (Admissions, Curriculum, Program Evaluation, and Student Affairs) are to notify the student representatives and alternates of Committee meeting dates and times. They are encouraged to hold such meetings when students are not engaged in academic classes or laboratory sessions.

Students will serve for two consecutive terms – senior students as primary representative and junior students as alternate representatives.

Student Organizations

College of Nursing Student Leadership Council

CON students who are members of the Student Leadership Council (SLC) are in academic good standing and maintain a minimum GPA of 3.5 while serving a one (1) year term. Students in academic good standing are invited by the Dean to join the SLC. Members are required to:

Contribute to the CON by sharing the knowledge and skills gained through your college experience with new students;

Assist with student recruitment by giving tours to prospective students and parents, serve as a mentor and share your academic experiences with interested prospective students; and

Assist in planning and oversight of regular events that engage prestigious alumni and supporters of the CON.

Nursing Student Association - District #4

Philosophy--"We, the members of the Florida Nursing Student Association (FNSA) believe that during our preparatory years as nursing students we play a significant role in serving mankind by rendering the best possible care within our realm to all patients, irrespective of race, creed, or status. We believe it is the right of every individual to receive such service based on spiritual, emotional, and physical needs identified and to aid in the development of the whole person. We believe in the promotion and participation in community affairs and activities toward improved health care and the resolution of related social issues. We believe in the promotion of educational and professional enrichment opportunities for nursing students and the community at large. We believe that through the assumption of such professional duties, we are a collaborative body within the health care system and are instrumental in promoting curative, preventative and rehabilitative aspects of nursing as well as supporting health practices with the family and community." (Adopted Fall1983)

Monthly meetings of District #4 are often supplemented with programs of student interest. FNSA directs several health-oriented projects in the community as well as individual money- making projects for the organization itself. NSA sponsors an orientation program to help orient the new nursing students to the College.

The executive board of FNSA is composed of students who are elected annually by the membership.

Membership entitles the student to the official magazine, *Imprint*, reduced insurance rates, reduced *American Journal of Nursing* (AJN) and *Nursing Outlook* magazine rates, convention activities, and eligibility for scholarships.

Minority Student Nurses Association

The Minority Student Nurses Association (MSNA) is organized and run by nursing students. The goal is to support the needs of minority students in the nursing program, graduate or undergraduate, graduates of FSU College of Nursing, and those who desire to enter the nursing program.

Meetings are held twice a month to plan fundraisers, attend community-based events, and talk about issues that involve the nursing student body. Another goal is to provide opportunities for student leadership; community involvement and service; and to function as role models in the public schools. Nursing and Pre Nursing students from all levels are welcome to be part of this organization.

Sigma Theta Tau – Beta Pi Chapter

Sigma Theta Tau (STT), the International Honor Society of Nursing, was founded in 1922 by six students at the Indiana University Training School for Nurses. The purposes of Sigma Theta Tau are to (1) recognize superior achievement; (2) recognize the development of leadership qualities;

(3) foster high professional standards; (4) encourage creative work; and (5) strengthen commitment to the ideals and purposes of the profession.

From a beginning of six members and one chapter in 1922, the organization has grown to more than 150,000 members and 424 chapters. Sigma Theta Tau is a member of the Association of College Honor Societies and is professional rather than social in its purposes. Chapters exist in colleges and universities which grant baccalaureate or higher degrees in nursing.

Membership in Sigma Theta Tau and its constituent chapters in colleges and universities is an honor conferred on students in baccalaureate and graduate programs who have demonstrated excellence in

their nursing programs. Graduates of baccalaureate programs who demonstrate excellence in leadership positions in nursing are also eligible for membership consideration.

The Beta Pi Chapter at the Florida State University College of Nursing was chartered in spring 1974 and has inducted over 1,400 members into the organization. Interesting programs that incorporate the national objectives are offered and available to all interested persons. Notices of meetings and programs are posted in the College of Nursing on the various bulletin boards and sent to members of the organization by mail. The national society publishes a professional journal, *Journal of Nursing Scholarship*, four (4) times a year and a newsletter entitled *Excellence*, four (4) times a year.

Academic grades and professional performance in clinical nursing are criteria used for eligibility. Study and progressive application of nursing theory can result in an invitation to join the Beta Pi Chapter.

College of Nursing Alumni Association

The College of Nursing Alumni Association was organized in 1977 to (1) provide an opportunity to maintain a life-long association with the College; (2) provide a framework for alumni with a common interest to meet formally or informally for educational, professional, and other alumni- oriented purposes; (3) provide an advisory service to the College of Nursing and it alumni; and (4) stimulate continued interest in and financial support for the College of Nursing.

The leadership of the College of Nursing Alumni Association encourages alumni to (1) participate in the recruitment of qualified students to the nursing program, (2) support the development of a scholarship fund, (3) assist in the beautification of the nursing building, and (4) promote interest in Florida State University in their local areas.

The Alumni Association has an annual get-together during the FSU Homecoming weekend with recognition anniversaries of certain classes.

Any College of Nursing alumnus or friend who is interested in the College of Nursing is eligible for membership in this Association. Contact the Florida State University Office of Alumni Affairs for more information at 850-644-2761. Join when you graduate to keep in touch with Florida State University.

Class Officers Guidelines

These class officer guidelines are to assist class officers in meeting the needs of the students. They are only to help define the roles in a general perspective. They are not mandated and students should feel free to be flexible with their leadership. Officers are elected initially in the first semester of the Nursing Program. These officers serve throughout the program. If a position becomes vacant, the remaining officers may select a replacement for the vacant position. The seated senior class officers will assist with elections for the junior class.

- President

    Preside over all class meetings and functions

    Inform class advisor of pertinent information

    Speak at pinning convocation

    Assist all class officers

Co-sign checks with treasurer

Conduct class votes in a democratic manner (majority rule)

Notify Advisor of class meetings

- Vice-President

  Assist President and other officers with all tasks

  Assist President in initiating new ideas

- Treasurer

  Open class bank account with President

  Keep records and assist in planning of any fundraising activities

  Record class expenditures

- Secretary

  Coordinate class calendar (Bulletin board)

  Record minutes for all class meetings

  Record phone numbers and addresses of all class members

  Prepare and distribute class reminders and newsletters (for example: dates of graduation check, graduation registration, cap and gown)

  Take orders for and distribute graduation invitations

  Invite faculty to special events

- Historian

  Collect pictures throughout the program

  Keep record of special class activities (example: picnics, fund raising events, etc.) • Assist secretary in completing calendar

  Class Meetings are held to make decisions about:

  Class wants and needs

  Nursing college pictures

  Graduation convocation

  Class parties

The Assistant Dean of Undergraduate Programs will serve as advisor to class officers.

STUDENT RESOURCES

Resources and Facilities for Student Use

The student handbook is designed to provide nursing students with information about the College of Nursing that is not readily available from other sources on campus. Nursing students are encouraged to

read the Florida State University Bulletin and the FSU Student Handbook for general information about the campus and University policies.

Information about campus activities and programs may be obtained through University Information. Information about students currently enrolled and living on campus is available through Directory Information.

Nursing students having questions not answered in the handbook or sources above can direct their questions to the Nursing Student Association (NSA), an Academic Advisor, the Assistant Dean of Undergraduate Programs, the Dean, or individual faculty members.

FSU Libraries

All nursing students are encouraged to use the Dirac Science Library and Strozier Library for studying and checking out of books and journals. Orientation sessions are held at the beginning of each term. Contact either library for specific information.

Simulation and Skills Laboratories

The Nursing Simulation and Skills Laboratories have complete simulated patient units. There are sinks, counter space, and seating for students. Training mannequins, models, equipment, and supplies can be set up to simulate clinical situations. A full-time Simulation Coordinator is available to facilitate the teaching-learning process and to encourage optimal use of these resources.

Student Lounge

A Student Lounge is located on the 3rd floor of the College of Nursing and is available for student use. A kitchenette, including a refrigerator, stove, and microwave, as well as vending machines are provided. A conference table area and relaxation area are also available.

Student Services Office – Academic Advisement

The College of Nursing provides Academic Advisors to guide students in the selection and sequencing of required and elective courses during their program of studies. Appointments are made by calling 850-644-5638. The Academic Advisors are available at pre-registration and registration periods to advise you of general and special course offerings. Be a wise student and confer with an Advisor

SUSSAI – State University Assessment of Instruction

The State University Assessment of Instruction (SUSSAI) is the evaluation that students complete at the end of a course of a faculty member or teaching assistant. SUSSAU is required for Fall, Spring, and Summer semesters. Students are urged to take this evaluation seriously. This is your opportunity to participate in communicating with faculty in relation to the quality of teaching in the University.

Exit Survey

Graduating students are given the opportunity to evaluate the nursing program during their last semester in the College of Nursing.

Financial Aid

Applications should be made to the University Financial Aid Office. Financial aid is generally based on need. Funds are available in the form of a loan, grant, scholarship, or a work opportunity within the Work Study Program. Applications must be filed according to the published deadlines.

FSU FOUNDATION - FSU4U

FS4U—Finding Scholarships for You—is Florida State University's campus-wide and centralized award management system for FSU Foundation scholarships. For more information, contact the FSU4U (https://foundation.fsu.edu/fs4u). For private nursing scholarships, contact the Academic Advisor in the College of Nursing Student Services Office.

Other scholarship assistance is available through enrollment in ROTC or a commitment to military service upon graduation. For further details, confer with the officers in ROTC Military Science Building, next to the College of Nursing.

College of Nursing Scholarships

The Florida State University College of Nursing has a variety of scholarships for worthy students in the nursing major. All scholarships are available at FS4U, and nursing

scholarship applications are available from February 1st through April 1st. The College of Nursing screens applicants according to the criteria established by the College of Nursing and/or donor and forwards the candidate's name to the Financial Aid Office for awarding of the monies.

Recipients will be notified of the award(s) by the Office of Financial Aid. (https://nursing.fsu.edu/programs/scholarships-financial-aid)

The criteria for a College of Nursing Scholarship are as follows:

The student must:

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Detransitioners in Your Church Doorway?

November 16, 2022 | Jonathan P. Clemens

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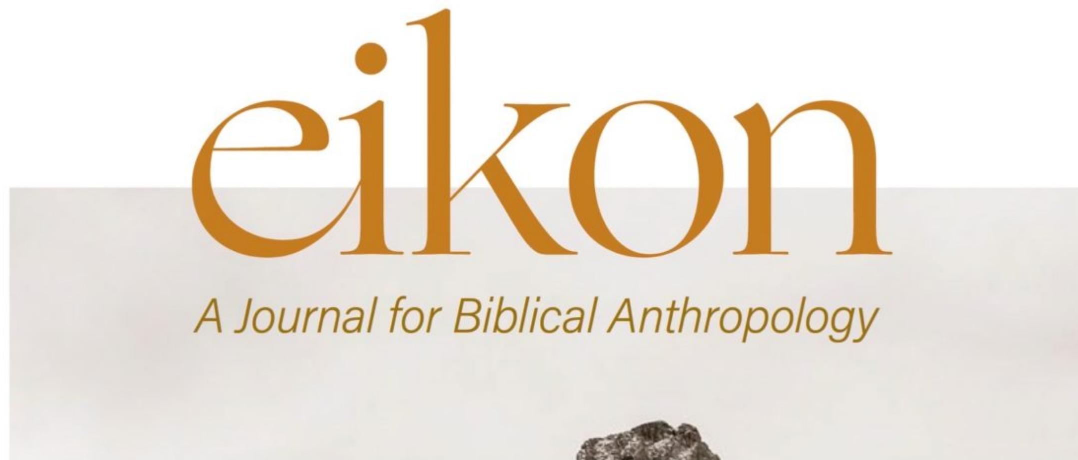

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What will you do when a detransitioner comes to your church?

With more young Americans identifying as transgender, easy access to cross-sex hormones, and insurance coverage for gender reassignment surgery, the number who have transitioned[1] has exploded. In 2013, the American Psychiatric Association estimated the prevalence of gender dysphoria as 0.014% in boys and 0.003% in girls.[2] A 2021 study found that 9.2% of public high school students in Pittsburgh, Pennsylvania did not identify with their biological sex, a roughly thousandfold increase in less than a decade.[3] As the UK high court's since-overturned 2020 decision regarding Keira Bell highlighted, few to no safeguards protect youth funneled into gender transition.[4] Prior to the explosion in gender reassignment interventions, the previous standard of care — "watchful waiting" through puberty — resolved gender dysphoria for approximately 85% of children who once yearned to become the other sex.[5] Roughly 17 out of 20 children with gender dysphoria desisted when never encouraged to transition. With today's push for transition-affirming interventions, how many of those 17 will be rushed into gender transition and later regret that decision and *detransition*?

Detransition has multiple meanings, but denotes a cessation and possible reversal of the social, hormonal, and surgical changes that supported the individual presenting as other than their biological sex.[6] We have an ever–increasing number of transitioned youth who may seek detransition. Sex researcher Debra Soh sounds the

alarm:

> Within sexology, we saw this tragic period coming for years, the only logical outcome following a generation of children being rushed to transition without critical thought. We tried to stop the epidemic that is coming. No one would listen. […] The more I learn about detransitioners, the more heartbroken I become. There is no question in my mind that the 2 percent statistic of those who regret transitioning is going to multiply vastly in the years to come. *When society looks back on this in horror — we tried to warn you*.[7]

The 2% estimate Soh references originates from studies conducted when transition was less socially acceptable, no medical insurance would pay for it, and the prevalence of gender dysphoria was lower. Transition regret was almost certainly always higher than reported.[8] Contributing to that underreporting is that regret often lags transition by a decade or more,[9] but recent studies indicate that gap may be narrowing.[10]

Society has cause to a tsunami of detransitioning. While transition-affirming interventions may initially feel like an accomplishment, especially for girls receiving testosterone (a known mood enhancer), the novelty eventually wears off. The reaction of the gender activist community to detransitioners has been to suggest they were never transgender in the first place, rather than offering sympathy.[11] One recent study posits detransition as primarily a reaction to "pressure from family and social stigma," while admitting detransition rates as high as 13%.[12] Multiple studies from the United Kingdom support detransition rates of 10–20%.[13] More inclusive surveys have described detransitioning for varied medical, social, and psychological reasons.[14]

In the United States, we can expect thousands to tens of thousands of surgically or hormonally altered youth, disillusioned by a transition that brought them no healing, to be casting about for a new community. Any number of these young adults will seek out Christian churches holding a traditional binary view of sex and gender, but are these churches and their leadership ready to meet this need?

The works of Walker,[15] Branch,[16] Yarhouse and Sadusky,[17] and others have provided insight into the challenges faced by people with gender dysphoria, but none to date has provided a biblical story in which those permanently changed by surgeries and hormones can see themselves as loved despite regretting that choice. While the parable of the prodigal son provides a general narrative of regret and return, the wayward son was whole in a way that detransitioners are not. In many ways, the biblical story of eunuchs provides specific hope for the sexually damaged.

Those railing against biblical views of marriage and sexuality were the first advocates for eunuchs as prototypes of transgender persons.[18] Activists who do not see humanity divinely formed in only two sexes do not have a monopoly on this interpretation, however. Viewing the scriptural witness through a biblical theology lens reveals a trajectory towards hope for those whose sex organs are not whole.

Prohibition of Eunuchs

The story of eunuchs in the Bible has four movements: prohibition, promise, acknowledgement, and inclusion. In the Torah, eunuchs are prohibited from serving in the priesthood (Lev. 21:20) or worshiping in the assembly

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(Deut. 23:1). For quite some time after the law was given, we see few mentions of סריס (eunuchs) in Israel, but they gradually enter the picture, especially in the divided kingdom during and after the reign of Jezebel.[19] Within Samuel's admonition to the people about the drawbacks of kings, 1 Samuel 8:15 notes that סריס would be the eventual beneficiaries of tithes on grain and wine levied by the king.[20] We see Jezebel defenestrated by her own eunuchs at Jehu's command in 2 Kings 9:32. At the time of Josiah's reforms, 2 Kings 23:11 uses the dwelling of Nathan-Melech the סריס as a landmark identifying where the horses "dedicated to the sun" were located prior to Josiah removing them, presumably as idolatrous. By the time Jeremiah is rescued after the intervention of Ebed-Melek (the first Ethiopian eunuch) in Jeremiah 38:7–13, eunuchs are openly present in Zedekiah's court.

A Promise to Eunuchs

We see a *promise* to eunuchs in Isaiah 56:1–4. This is timely because the named male protagonists of the exile and return were possibly eunuchs, and they were understood as such by rabbinical sources.[21]

Upon arrival in Babylon, Daniel — along with Hananiah, Mishael, and Azariah — is taught and acculturated into the ways of court by Ashpenaz the chief eunuch (Dan. 1:3–4). While the text never documents their castration, extra-biblical literature notes that such captives were often castrated for use as court servants.[22] Bereft of their families, names (Dan. 1:7), and procreative abilities, captive eunuchs had no identity other than as servants of their new master.[23] Indeed, this lack of external loyalties probably explains why Daniel can serve both the Babylonians and their successors, the Medes and Persians. Without family or the possibility of one, Daniel was just useful property to the new regime. After killing Belshazzar and taking over Babylon, Darius the Mede promptly appointed Daniel to high office (Dan. 6:1–2) as the first recorded act of his reign. Daniel is apparently quite long lived, as eunuchs tended to be, serving four kings.[24] The accomplishments and conflicts of Daniel and his companions are all within the context of court intrigue: they have no duties in their captivity other than civic service. No wives or descendants are indicated for any of the four. On two occasions, Daniel is rewarded by the monarchs he serves (Dan. 2:48–49; 5:29), but neither involves any rewards of a marital or sexual nature, nor makes any promises to offspring or family. Josephus describes Daniel as a eunuch, but since he writes as an apologist, portraying a well-respected Jew as a eunuch to his Roman audience may be an attempt to draw points of similarity between the cultures rather than recitation of an established fact.[25] Jerome notes such traditions in his commentary on Daniel, but suggests that Daniel 1:4's clause "without physical defect" precluded the castration of Daniel and the other Hebrews.[26] Origen and early rabbinic traditions both accept the castration of Daniel.[27]

Mordecai, like Daniel and his companions, is another likely Hebrew eunuch.[28] He arrived with the second wave of captives (Est. 2:5–6), has no offspring mentioned, moves freely throughout the court including observing the harem (Est. 2:11), and receives his reward without reference to any descendants (Est. 8:1–2). Like Daniel, understanding Mordecai as a eunuch does not detract from his righteous acts or undermine his role as a faithful servant of God in a foreign court. If Mordecai was a eunuch, his success may have prompted jealousy from Haman, who with a wife (Est. 5:10,14; 6:13) and ten sons (Est. 9:10) has a family who can benefit from the king's favor.

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Nehemiah was a high official in the court of Artaxerxes I, and likely would have been castrated to serve in that position. Nehemiah has no wife or offspring noted in the text, even though his brother Hanani is mentioned twice (Neh. 1:2; 7:2).[29] Indeed, the Septuagint of Nehemiah 1:11 in both Codex Vaticanus and Codex Sinaiticus has a textual variant reading εὐνοῦχος (eunuch) instead of οἰνοχοός (cupbearer). Nehemiah waits on King Artaxerxes while the queen is present as a eunuch would have (Neh. 2:6) and is given governorship over outlying territories of the empire (Neh. 5:14). Had Nehemiah any hint of dynastic potential, Artaxerxes would hesitate to give him a position of remote authority.[30] Like Daniel and Mordecai, Nehemiah's status as a probable eunuch adds to the number of righteous potential eunuchs depicted in the Old Testament.

In addition to these named, faithful Hebrews, many others went into exile and were castrated to serve the Babylonian empire. Per the Torah's prohibitions, no such eunuch could have been fully included in worship in the rebuilt temple.[31] Unlike today's detransitioners, no eunuch sought out his own castration, but that distinction is moot: Isaiah 56 promises all faithful eunuchs a place in the New Covenant.

Isaiah 56:1–8 is a prophetic word of hope to those excluded from the assembly under the Mosaic Law. In providing such hope, this passage departs from promises found elsewhere in Isaiah, which signal that benefits of worshiping God would be made available to outsiders; here, it explicitly includes the excluded.[32] The passage calls out eunuchs and foreigners as being included in God's blessings despite their nominal disqualifications. In doing so, the text highlights their faithful obedience, and specifically Sabbath observance. This passage is found in the third section of Isaiah, which focuses on the return from exile, necessarily including those made eunuchs during the exile.[33]

The promise in Isaiah 56:5 is a triple entendre. The verb rendered "cut off" at the end of the verse (יכרת) is a very common verb with a variety of Old Testament uses. For example, it refers to the destruction of idolatrous monuments including Asherah poles (e.g., Ex. 34:13; Lev. 26:30; Judg. 6:25–6, 28, 30; 2 Kings 18:4), to the exile of transgressors from the nation of Israel due to sexual or other covenantal sins (e.g., Lev. 18:29; 20:17,18), as well as to castrated males prohibited from the assembly of the Lord (Deut. 23:1) and castrated animals forbidden as sacrifice (Lev. 22:24). Some translations render the permanence of these monuments without conveying this connection (e.g., "endure forever" [NIV], "not be eliminated" [NASB]) while others (RSV, NRSV, NKJV, ESV) maintain "cut off" with its range of meanings.

The Acknowledgement of Eunuchs

Jesus *acknowledges* eunuchs in Matthew 19:12, delivering a threefold taxonomy of the sexually imperfect: those born so (what we might term today as intersex), those made so by men, and those who made themselves eunuchs for the kingdom of heaven. While the last category has been the subject of historical debate due to its ambiguity,[34] the middle category clearly included castrated slaves of Jesus' time. Today, that category includes people surgically or chemically changed so they no longer have intact physique, appearance, or reproductive abilities. Jesus mentions all three kinds of eunuchs without condemnation. Even though disorders of sexual development are noted in the rabbinic literature, this is their only biblical mention. Thus, in what looks like an offhanded response to the disciples's complaint, Jesus includes every person with imperfect sexual organs; he sees all of them. This mention does not seem to affect Jesus' ministry between its utterance and his ascension,

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but the impact is evident in Acts.

The Inclusion of Eunuchs

The *inclusion* of eunuchs in the kingdom begins in Acts 8 with the conversion and baptism of the Ethiopian eunuch. Unlike Ebed-Melek from Jeremiah, who would be known to first century Jews, this Ethiopian eunuch is unnamed. Even though we regard Cornelius as the first Gentile convert, this eunuch was baptized first. Because the early church called no council to review Philip's actions, we miss the significance of this inclusion.[35] Philip does not need a vision from God telling him that this sexually imperfect foreigner should be included in the kingdom; the dual promise of Isaiah 56 is just a roll of the scroll away from where the foreign eunuch is reading in Isaiah 53 when Philip arrives at his chariot.

The ambiguous identification of the eunuch has prompted some commentators to question whether he was indeed castrated. He had come to Jerusalem "to worship" (Acts 8:27), which would have been problematic if he were castrated, even were he a Jew (which is not stated in the text), based on the restrictions of Deuteronomy 23:1. He may have been the African equivalent of a God-fearer, a Gentile who found Judaism attractive yet insufficiently so to prompt circumcision.[36] Most strikingly, he has his own personal Isaiah scroll, not held as an heirloom, but read in a chariot! The Ethiopian eunuch is shown by the text to be literate, wealthy, and powerful. At the same time he is generally understood to be ethnically non-Jewish and almost certainly castrated by virtue of his trusted service to a female monarch.

Thus, the message of hope for eunuchs unfurls throughout the biblical narrative. Every imperfect person has a home within the kingdom, even the sexually imperfect. As an angel of the Lord leads Philip to the lost but receptive eunuch-foreigner, so we should also be ready to bring the good news to those kept from the assembly of the Old Covenant by their mutilated sexual organs but joyfully invited into the New.

But who can deliver this message of hope? Is there room in gender-as-spectrum ideology to embrace those who now believe their transition was misguided and possibly harmful? The silence on or perfunctory dismissal of detransition by Christian theologians advocating affirmation of transgender identities raises serious questions. Yarhouse and Sadusky suggest that this reluctance derives from the "lens" through which one views issues of gender identity:

> If love for others means indiscriminately reinforcing every way a young person expresses themselves or their gender, it could become self-contradictory as the young person's experiences shift [...] As Christians who take seriously the fall, we know that people are not always reliable judges of their own well-being. The diversity lens's tendency toward unrestricted affirmation may limit those who adopt it from asking helpful questions or providing resources beyond transitioning.[37]

Psychologist Robert Withers suggests that intolerance for detransitioners is rooted in the critics' own insecurities:

> It seems likely too, that those members of the trans community who are most active in silencing and denying the existence of detransitioners are attempting to police in others the doubts they cannot tolerate

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> in themselves. If someone can bear to think about a thing, they can usually bear to let others talk about it. But if a person's sense of identity and social network are built around being trans, talking about doubts and regrets can be experienced as an existential and social threat.[38]

Soh hypothesizes a political motivation behind such rejection, as detransitioners do not fit a neat narrative:

> A question that is commonly asked is whether detransitioners were ever really transgender. Just because someone detransitioned doesn't mean they never experienced gender dysphoria or that their feelings weren't real. Similar to desisters, because detransitioners do not fit the story that trans activists would prefer to promote, they are dismissed by the community and told their dysphoria wasn't that severe.[39]

Shrier congruently observes: "This is the circular logic that pervades trans ideology: if you desist, you were never trans to begin with. Thus, no real transgender people ever desist. It's an unfalsifiable proposition."[40]

Detransitioners seeking spiritual care are not likely to find it in churches that embrace transition, both because their presence might complicate that church's outreach to transgender-identifying individuals and because the condolences offered by such a theological approach are, at best, weak. "Sorry it didn't work out for you," doesn't begin to reasonably engage with the depths of pain and disappointment, let alone the physical consequences, of a regretted transition.[41]

Thus, it will fall to churches holding to a binary view of gender to embrace and minister to detransitioners: if we do not do it, who will? And yet, the complexity of integrating persons with the physical hallmarks of a regretted transition into a congregation is not yet widely tested. Providing a biblical theology of redemption and hope as outlined here is a small step that can serve both detransitioners and the congregation that will need to welcome them in Christ's name.

The complexities of welcoming and integrating detransitioners should not be underestimated. They will arrive with not only the physical and emotional scars from their journey, but also the underlying hurt that originally prompted it along with a worldview that made it seem sensible. And yet, the call to do something hard should not prompt Christ's church to shirk this responsibility. Willingness to demonstrate love to people who appear unnatural will not come automatically, so church leaders must prepare their congregations' hearts and minds now to effectively love detransitioners who seek them out.

When a detransitioner appears at *your* church, will you be ready with a story of hope and inclusion? Will you have prepared your church greeters and briefed your elders or leadership team on a strategy to extend love, hope, and inclusion to a person who has been poorly served by an ideology and community which now rejects them?

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[1] That is, undergone hormonal or surgical modification of their secondary sex characteristics.

[2] American Psychiatric Association and American Psychiatric Association, eds., *Diagnostic and Statistical Manual of Mental Disorders: DSM–5*, 5th ed (Washington, D.C: American Psychiatric Association, 2013), 454. For those not used to working with such small numbers, consider: of a million prepubescent children, split 50/50 between girls and boys, the DSM–5 numbers predict 70 boys and 15 girls will have diagnosable gender dysphoria.

[3] Kacie M. Kidd et al., "Prevalence of Gender–Diverse Youth in an Urban School District," *Pediatrics* 147, no. 6 (June 2021), doi:10.1542/peds.2020-049823.

[4] "Other Countries Should Learn from a Transgender Verdict in England," *The Economist*, December 12, 2020, https://www.economist.com/leaders/2020/12/12/other-countries-should-learn-from-a-transgender-verdict-in-england.

[5] Paul W. Hruz, "Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria," *The Linacre Quarterly* 87, no. 1 (2020): 34–42.

[6] The term "desistance" is often used to refer to social detransitioning, generally in the absence of past surgical or hormonal interventions. For the purposes of this article's call to pastoral care, these individuals are included, even without the specific physical modifications that prompt comparisons to eunuchs. Also note that the transgender population includes those who choose to present as nonbinary, so detransition may reflect a return to congruence with biological sex even if the individual in question never identified as the sex not conforming to their biologic sex.

[7] Debra Soh, *The End of Gender: Debunking the Myths about Sex and Identity in Our Society*, (New York: Threshold Editions, 2020), 188. Emphasis added.

[8] Studies which have suggested detransition is rare appear methodologically inadequate to draw such a conclusion. For example, Sasha Karan Narayan et al., "Guiding the Conversation–Types of Regret after Gender-Affirming Surgery and Their Associated Etiologies," *Annals of Translational Medicine* 9, no. 7 (April 2021): 605, doi:10.21037/atm-20-6204, posits a 0.2–0.3% regret rate, yet surveyed surgeons rather than patients, only had a 30% response rate, and only considered a patient to regret gender reassignment surgery if that patient approached their original surgeon seeking reversal.

[9] Robert Withers, "Transgender Medicalization and the Attempt to Evade Psychological Distress," *Journal of Analytical Psychology* 65, no. 5 (November 2020): 865–89, doi:10.1111/1468-5922.12641.

[10] Stephen B. Levine, E. Abbruzzese, and Julia W. Mason, "Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults," *Journal of Sex & Marital Therapy*, February 24, 2022, 1–22, doi:10.1080/0092623x.2022.2046221. It is reasonable to posit that recent easing of barriers to transition and newer studies finding a decrease in time to regret are connected: lower effort to transition required less commitment.

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[11] Soh, 185; Abigail Shrier, *Irreversible Damage: The Transgender Craze Seducing Our Daughters* (Washington: Regnery, 2020), 192.

[12] Jack L. Turban et al., "Factors Leading to 'Detransition' Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis," *LGBT Health* 8, no. 4 (June 1, 2021): 273–80, doi:10.1089/lgbt.2020.0437. This study relies upon the online "US Transgender Survey" that only sought input from currently transgender-identified individuals. Its methodological limitations did not prevent it from being quoted in *The New York Times*, however: Azeen Ghorayshi, "Doctors Debate Whether Trans Teens Need Therapy Before Hormones," *The New York Times*, January 13, 2022, sec. Health, https://www.nytimes.com /2022/01/13/health/transgender-teens-hormones.html.

[13] Levine, Abbruzzese, and Mason, 6–7.

[14] Lisa Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners," *Archives of Sexual Behavior* 50, no. 8 (2021): 3353–69, doi:10.1007/s10508-021-02163-w.

[15] Andrew T. Walker, *God and the Transgender Debate: What Does the Bible Actually Say about Gender Identity* (Centralia, WA: The Good Book Company, 2017).

[16] J. Alan Branch, *Affirming God's Image: Addressing the Transgender Question with Science and Scripture*, 2019.

[17] Mark A. Yarhouse and Julia Sadusky, *Emerging Gender Identities: Understanding the Diverse Experiences of Today's Youth* (Grand Rapids, MI: Brazos, 2020).

[18] As Nancy Wilson opined in 1995: "eunuchs and barren women, I believe, are our gay, lesbian and bisexual antecedents" in *Our Tribe: Queer Folks, God, Jesus, and the Bible*, (San Francisco: HarperSanFrancisco, 1995), 124).

[19] While סריס is traditionally understood to have a dual meaning encompassing both castrated men and palace officials, recent scholarship has called that into question, suggesting that all סריס in the Old Testament are eunuchs. See Jonathan P. Clemens, "An Everlasting Name Which Will Not Be Cut Off: Eunuchs as Biblical Models of Hope For Detransitioners" (Th.M. Thesis, Western Seminary, 2021), https://www.tren.com/e-docs/search.cfm?p002-0989 for a more thorough discussion.

[20] Janet S. Everhart, "The Hidden Eunuchs of the Hebrew Bible: Uncovering an Alternate Gender" (Ph.D. Dissertation, Denver, CO, The Iliff School of Theology and University of Denver, 2003), 97.

[21] Everhart, 153 n123.

[22] Vern L Bullough, "Eunuchs in History and Society," in *Eunuchs in Antiquity and Beyond*, ed. Shaun Tougher (London; Oakville, CT: The Classical Press of Wales and Duckworth, 2002), 1–18.

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[23] Gary Taylor, *Castration: An Abbreviated History of Western Manhood* (New York: Routledge, 2000), 170–173.

[24] Piotr O. Scholz, *Eunuchs and Castrati: A Cultural History* (Princeton, NJ: Markus Wiener, 2001), 115. No explanation is offered for the cause of such longevity, but the use of eunuchs in antiquity for white collar, rather than laborer roles, likely plays a larger role than any medical differentiation. However, Kathryn M. Ringrose (*The Perfect Servant: Eunuchs and the Social Construction of Gender in Byzantium* [Chicago: Univ. of Chicago, 2003], 63) disagrees, noting that eunuchs tended to become osteoporotic and age prematurely due to testosterone deprivation. In the Byzantine context that Ringrose covers, eunuchs were generally castrated before puberty, not as men with fully developed skeletal calcium as Daniel and his companions likely were.

[25] "But now Nebuchadnezzar, king of Babylon, took some of the most noble of the Jews that were children, and the kinsmen of Zedekiah their king […] He also made some of them to be eunuchs […] Now among these there were four of the family of Zedekiah, of most excellent dispositions, the one of whom was called Daniel." Flavio Josefo, *The Works of Josephus: Complete and Unabridged*, trans. William Whiston (Peabody, MA: Hendrickson, 1995), 278. (*Ant.*10.186–9, accessed via Logos Student Gold)

[26] St Jerome, *Jerome's Commentary on Daniel*, trans. Gleason L. Archer (Eugene, OR: Wipf and Stock, 2009), 20–21: "From this passage the Hebrews think that Daniel, Hananiah, Mishael, and Azariah were eunuchs, thus fulfilling that prophecy which is spoken by Isaiah regarding Hezekiah: 'And they shall take of thy seed and make eunuchs of them in the house of the king of Babylon' (Isa. 37: 7). If however they were of the seed royal, there is no doubt but what they were of the line of David. But perhaps the following words are opposed to this interpretation: '… lads, or youths, who were free from all blemish, in order that he might teach them the literature and language of the Chaldeans.'" Jerome obviously either discounts or fails to consider that their unblemished status may have been a selection criterion for those to be made into eunuchs, as well as not a status that would have been necessarily documented by the text as modified by such mutilation.

[27] Everhart, 152–3. Note that Origen is hardly a disinterested party when discussing castration, if we can rely on Eusebius' tale of Origen's self–castration.

[28] Ibid., 155–6.

[29] Ibid., 153–55.

[30] Ibid., 154.

[31] Clinton E. Hammock, "Isaiah 56:1-8 and the Redefining of the Restoration Judean Community," *BTB* 30, no. 2 (May 1, 2000): 46–57, doi:10.1177/014610790003000202.

[32] Andreas Schuele, "Between Text & Sermon: Isaiah 56:1–8," *Int* 65, no. 3 (July 2011), 287: "The inner sanctum of the temple, God's exquisite dwelling place on earth, is off limits to people without proper pedigree and, preferably, priestly lineage. Isaiah 56:1–8 departs from this tradition."

[33] Hammock, 47.

[34] The direction to emasculate (eunuchize) oneself does not occur in literary isolation within the Gospel of

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Matthew. This verse recalls Matthew 5:29–30, where Jesus urged his hearers to pluck out an eye or cut off a hand if necessary to prevent succumbing to temptation. So R. Jarrett Van Tine, "Castration for the Kingdom and Avoiding the Αἰτία of Adultery (Matthew 19:10–12)," *Journal of Biblical Literature* 137, no. 2 (2018), 415, doi:10.15699/jbl.1372.2018.340579.

[35] Emma Percy, "Can a Eunuch Be Baptized?: Insights for Gender Inclusion from Acts 8," *Theology* 119, no. 5 (September 2016): 327–34, doi:10.1177/0040571X16647852.

[36] Scott Shauf, "Locating the Eunuch: Characterization and Narrative Context in Acts 8:26–40," *CBQ* 71, no. 4 (October 2009), 765.

[37] Yarhouse and Sadusky, 92.

[38] Withers, 873.

[39] Soh, 185.

[40] Shrier, 192. The entire chapter on regret, 185–204, is sobering reading.

[41] As Shrier (201) reports: "Nearly all the detransitioners I spoke with are plagued with regret. If they were on testosterone for even a few months, they possess a startlingly masculine voice that will not lift. If they were on T for longer, they suffer the embarrassment of having unusual intimate geography—an enlarged clitoris that resembles a small penis. They hate their five–o'clock shadows and body hair. They live with slashes across their chests and masculine nipples (transverse oblong and smaller) or flaps of skin that do not quite resemble nipples. If they retained their ovaries, once off of testosterone, whatever breast tissue they have will swell with fluid when their periods return, often failing to drain properly."

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