

DIVISION 50

Nurse Practitioners

Definitions

851-050-0000

- (1) "Assessment" means a process of collecting information regarding a client's health status including, but not limited to, illness; response to illness; health risks of individuals, families and groups; resources; strengths and weaknesses, coping behaviors; and the environment. The skills employed during the assessment process may include, but are not limited to: obtaining client histories, conducting physical examinations, ordering, interpreting and conducting a broad range of diagnostic procedures (e.g., laboratory studies, EKGs, and x-rays).
- (2) "Client(s) or patient(s)" means a family, group or individual who has been assessed by and has a client/patient record established by the nurse practitioner.
- (3) "Collaboration" means working with another health care provider to jointly provide client care.
- (4) "Consultation" means discussion with another health care provider for the purpose of obtaining information or advice in order to provide client care.
- (5) "Counseling" means a mutual exchange of information through which advice, recommendations, instruction, or education is provided to the client.
- (6) "Delinquent Renewal" means the renewal of a nurse practitioner certificate previously held in Oregon which is expired.
- (7) "Diagnosis" means identification of actual or potential health problems or need for intervention, based on analysis of the data collected.
- (8) "Direct Supervision" means the licensed/certified nurse practitioner or physician is physically present at the practice site, and able to intervene if necessary.
- (9) "Distance learning" means education provided by written correspondence or electronic medium for students not located at the site of the school.
- (10) "Evaluation" means the determination of the effectiveness of the intervention(s) on the client's health status.
- (11) "Holistic Health Care" means an approach to diagnosis and treatment of clients, which considers the status of the whole person (physical, emotional, social, spiritual, and environmental).
- (12) "Initial certification" means the first certification granted by the Board. This may follow the applicant's completion of a nurse practitioner program or be granted to an applicant in Oregon who has been recognized by and has practiced as a nurse practitioner in another state or jurisdiction.
- (13) "Intervention" means measures to promote health, to protect against disease, to treat illness in its earliest stages, and to manage acute and chronic conditions and/or illness. Interventions may include, but are not limited to: issuance of orders, direct nursing care, prescribing or administering medications or other therapies, and consultation or referral.
- (14) "Management" means the provision and/or coordination of the care that the client receives related to physical and psycho-social health-illness status;
- (15) "Nurse Practitioner" (NP) means a registered nurse who provides health care in an expanded specialty role. The title nurse practitioner and specialty category of practice shall not be used unless the individual is certified by the Board.
- (16) "Nurse Practitioner Orders" means written or verbal instructions or directions by the nurse practitioner for interventions, diagnostic tests, evaluations, drugs, or treatment modalities. Nurse practitioners may establish protocols and standing orders.
- (17) "Practice requirement" in an expanded specialty role means independent clinical practice in the specialty role of certification providing health care or other such activities, which have a clinical focus and are at an advanced nursing level. These activities include, but are not limited to, teaching, consulting, supervision and research related to the specialty area of certification.

- (18) "Provision of Care" means holistic health care, which is continuous and comprehensive. Health care includes:
- (a) Health promotion;
 - (b) Prevention of disease and disability;
 - (c) Health maintenance;
 - (d) Rehabilitation;
 - (e) Identification of health problems;
 - (f) Management of health problems;
 - (g) Referral.
- (19) "Referral" means directing the client to other resources for the purpose of assessment or intervention.

Stat. Auth: ORS 678.375, 678.385, 678.380, 678.385 and 678.390

Stats. Implemented: ORS 678.375, 678.385, 678.380

Standards for Nurse Practitioner Programs

851-050-0001

The Board's standards for nurse practitioner programs for initial applicants are as follows:

- (1) The nurse practitioner program shall be a minimum of one academic year in length; however, programs completed before January 1, 1986 and post-Masters programs completed for the purpose of changing category of nurse practitioner certification may be less than one academic year in length if the program otherwise meets all requirements.
- (2) Faculty who teach within the nurse practitioner program shall be educationally and clinically prepared in the same specialty area(s) as the theory and clinical areas they teach and shall include advanced practice nurses.
- (3) The curriculum content shall contain theory and clinical experience in the nurse practitioner specialty role/category specified in OAR 851-050-0005(6) for which application is being made, preparing the graduate to meet all competencies within the scope including physical assessment, pharmacology, pathophysiology, differential diagnosis and clinical management.
- (4) The number of contact hours of clinical experience shall be equal to or greater than the number of contact hours of nurse practitioner theory.
- (5) Programs that provide for advanced placement of students shall provide documentation that such students meet the equivalent of the program's current curriculum and standards.
- (6) Written program materials shall accurately reflect the mission, philosophy, purposes, and objectives of the program.
- (7) Programs shall demonstrate appropriate course sequencing, including completion of all precicensure nursing curriculum requirements before advancement into nurse practitioner clinical coursework.
- (8) Preceptors shall meet clinical and licensure qualifications for the state in which they practice.
- (9) Distance learning programs shall meet all standards of OAR 851-050-0001.
- (10) Coursework taken within the nurse practitioner program must be taken at the graduate level, if completed after January 1, 1986.
- (11) Nurse practitioner programs outside of the United States must meet all standards of OAR 851-050-0001. Such programs shall be determined by Board credentials review to be equivalent to graduate nurse practitioner programs offered in the United States which prepare the nurse practitioner for practice within the advanced nursing specialty scope. Nationally recognized accreditation standards may be applied by the Board at the Board's discretion, in accordance with the Oregon Office of Degree Authorization regulations.

Stat. Auth: ORS 678.380

Stats. Implemented: ORS 678.380

Application for Initial Certification as a Nurse Practitioner

851-50-0002

- (1) An applicant for initial certification in Oregon as a nurse practitioner shall:
 - (a) Hold a current unencumbered registered nurse license in the State of Oregon, and

- (b) Meet the following educational requirements:
 - (A) A Master's Degree in Nursing or a Doctorate in Nursing from a CCNE (Commission on Collegiate Nursing Education) or NLNAC (National League for Nursing Accreditation Commission) accredited graduate nursing program or a credentials evaluation from a Board approved credentials service for graduate nursing degrees obtained outside the U.S. which demonstrates educational equivalency to an accredited U.S. graduate nursing degree; and
 - (B) Satisfactory completion of a Nurse Practitioner Program that meets OAR 851-050-0001 requirements and is specific to the expanded specialty role/category for which application is made.
 - (C) Nurse practitioner programs completed after January 1, 2005 shall be formally affiliated within a CCNE, ACNM-DOA (American College of Nurse-Midwives Division of Accreditation), or NLNAC accredited graduate level program at the Masters or post-masters graduate level; or an equivalent non-U.S. graduate program as specified in OAR 851-050-0001(11); and
 - (c) Meet the practice requirement in OAR 851-050-0004.
- (2) An applicant for initial certification in Oregon who has been certified in another state as an advanced practice nurse, and who meets all other requirements for certification, may be certified in Oregon if their program meets the standards of OAR 851-050-0001 and was completed within the following time frames:
- (a) Prior to January 1, 1981, completion of a nursing educational program leading to licensure as a registered nurse and subsequent completion of a nurse practitioner program.
 - (b) As of January 1, 1981, a nurse obtaining Oregon certification shall have a minimum of a baccalaureate degree with a major in nursing and, in addition, satisfactory completion of an educational program in the nurse practitioner specialty area. Specialty preparation obtained within a baccalaureate nursing program does not meet this requirement.
 - (c) As of January 1, 1986, the minimum educational requirement for Oregon shall be a Masters degree in Nursing with satisfactory completion of an educational program in the nurse practitioner specialty area.
 - (d) Graduates of schools of nursing outside of the U.S. must submit a credentials evaluation through a Board approved credentials service demonstrating educational equivalency to a U.S. accredited graduate level Masters or Doctoral Degree in Nursing.
- (3) The graduate degree requirement may be met prior to, concurrent with, or after completion of the nurse practitioner program.
- (4) The following documents shall be submitted as part of the initial application process:
- (a) An official transcript of the graduate program, showing degree granted and received directly from the registrar of the university or college.
 - (b) An official transcript, or other evidence of satisfactory completion of the nurse practitioner program showing all courses, grades, quality points, grade point average, degree granted, date of graduation, appropriate registrar's signature or program director's signature received by the Board directly from the program or registrar.
 - (c) Evidence that the nurse practitioner program meets the Board's standards as described in OAR 851-050-0001, including documentation of credentials evaluation as indicated for graduates of programs outside of the U.S.
- (5) An applicant for initial certification in Oregon as a nurse practitioner shall meet all requirements for prescribing authority described in Division 56 and obtain prescribing authority under the provisions of Division 56 of the Oregon Nurse Practice Act.
- (6) Revocation, suspension, or any other encumbrance of a registered nurse license held in another state, territory of the United States, or any foreign jurisdiction may be grounds for denial of certification in Oregon.
- (7) The applicant shall submit all fees required by the Board with the application. The fees are not refundable. An application for initial certification, which remains incomplete after one

calendar year, shall be considered void.

Stat. Auth: ORS 678.375, 678.380 and 678.390

Stats. Implemented: ORS 678.380 and 390

Nurse Practitioner Practice Requirements

851-050-0004

- (1) The practice requirement as a nurse practitioner must be met through practice, which meets the definition in OAR 851-050-0000(17) in the following manner:
 - (a) Completion of a nurse practitioner program within the past one year; or
 - (b) Completion of a nurse practitioner program within the past two years and a minimum of 192 hours of practice as a nurse practitioner; or
 - (c) 960 hours of nurse practitioner practice within the five years preceding certification application or renewal; or
 - (d) Completion of a Board supervised advanced practice re-entry program which meets the requirements of OAR 851-050-0006 within two years immediately preceding issuance of certification under a limited or registered nurse license and a limited nurse practitioner certificate.
- (2) As of July 1, 2005, prior practice as a registered nurse requirement for nurse practitioner applicants will be as follows:
 - (a) All initial applicants must provide documentation of a minimum of 384 hours of registered nurse practice, which includes assessment and management of clients and is not completed as an academic clinical requirement or continuing education program.
 - (b) The applicant shall verify completion of the required hours before issuance of the nurse practitioner certificate.
 - (c) This requirement shall be waived for individuals practicing in the specialty area as a licensed certified nurse practitioner in another state for at least 384 hours in the advanced practice role.
- (3) All practice hours claimed are subject to audit and disciplinary action for falsification.
- (4) A nurse practitioner student may practice in Oregon provided he or she meets the following requirements:
 - (a) A current, unencumbered registered nurse license in Oregon;
 - (b) Enrollment in a nurse practitioner program accredited by a state approved national accrediting body;
 - (c) Submission of a written, signed agreement between the student and a nurse practitioner or physician who has agreed to serve as a preceptor;
 - (d) Identification of the faculty advisor accountable for general supervision from the nurse practitioner program; and
 - (e) Proof of program approval by the Office of Degree Authorization of Oregon Department of Education.

Stat. Auth: ORS 678.375, 678.380 and 678.390

Stats. Implemented: ORS 678.380 and 390

Nurse Practitioner Scope of Practice

851-050-0005

- (1) Purpose of Scope of Practice:
 - (a) To establish acceptable levels of safe practice for the nurse practitioner.
 - (b) To serve as a guide for the Board to evaluate nurse practitioner practice.
 - (c) To distinguish the scope of practice of the nurse practitioner from that of the registered nurse.
- (2) The role of the nurse practitioner will continue to expand in response to societal demand and new knowledge gained through research, education, and experience.
- (3) The nurse practitioner provides holistic health care to individuals, families, and groups across the life span in a variety of settings, including hospitals, long term care facilities and community-based settings.
- (4) Within his or her specialty, the nurse practitioner is responsible for managing health

problems encountered by the client and is accountable for health outcomes. This process includes:

- (a) Assessment;
 - (b) Diagnosis;
 - (c) Development of a plan;
 - (d) Intervention;
 - (e) Evaluation.
- (5) The nurse practitioner is independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, which may include:
- (a) Promotion and maintenance of health;
 - (b) Prevention of illness and disability;
 - (c) Assessment of clients, synthesis and analysis of data and application of nursing principles and therapeutic modalities;
 - (d) Management of health care during acute and chronic phases of illness;
 - (e) Admission of his/her clients to hospitals and/or health services including but not limited to home health, hospice, long term care and drug and alcohol treatment;
 - (f) Counseling;
 - (g) Consultation and/or collaboration with other health care providers and community resources;
 - (h) Referral to other health care providers and community resources;
 - (i) Management and coordination of care;
 - (j) Use of research skills;
 - (k) Diagnosis of health/illness status;
 - (l) Prescribing, dispensing, and administration of therapeutic devices and measures, including legend drugs and controlled substances as provided in Division 56 of the Oregon Nurse Practice Act, consistent with the definition of the practitioner's specialty category and scope of practice.
- (6) The nurse practitioner scope of practice includes teaching the theory and practice of advanced practice nursing.
- (7) The nurse practitioner is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond his/her nurse practitioner expertise by consulting with or referring clients to other health care providers.
- (8) The nurse practitioner will only provide health care services within the nurse practitioner's scope of practice for which he/she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic coursework, workshops or seminars, provided both theory and clinical experience are included.
- (9) The scope of practice as previously defined is incorporated into the following specialty categories and further delineates the population served:
- (a) Acute Care Nurse Practitioner (ACNP) - The Acute Care Nurse Practitioner independently provides health care to persons who are acutely or critically ill;
 - (b) Adult Nurse Practitioner (ANP) - The Adult Nurse Practitioner independently provides health care to adolescents and adults;
 - (c) Nurse Midwife Nurse Practitioner (NMNP) - The Nurse Midwife Nurse Practitioner independently provides health care to women, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases, and reproductive health. Counseling related to sexuality, relationship, and reproductive issues is included in this scope.
 - (d) College Health Nurse Practitioner (CHNP) - The College Health Nurse Practitioner independently provides health care to essentially normal clients in the college setting. As of March 12, 1987, no additional College Health Nurse Practitioners shall be initially certified.
 - (e) Family Nurse Practitioner (FNP) - The Family Nurse Practitioner independently provides health care to families and to persons across the lifespan;
 - (f) Geriatric Nurse Practitioner (GNP) - The Geriatric Nurse Practitioner independently

- provides health care to older adults;
- (g) Neonatal Nurse Practitioner (NNP) - The Neonatal Nurse Practitioner independently provides health care to neonates and infants.
- (h) Pediatric Nurse Practitioner (PNP) - The Pediatric Nurse Practitioner independently provides health care to persons newborn to young adulthood;
- (i) Psychiatric/Mental Health Nurse Practitioner (PMHNP) - The Psychiatric/Mental Health Nurse Practitioner independently provides health care to clients with mental and emotional needs and/or disorders;
- (j) Women's Health Care Nurse Practitioner (WHCNP) - The Women's Health Care Nurse Practitioner independently provides health care to adolescent and adult females. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases and reproductive health. Counseling related to sexuality, relationship, and reproductive health is included in this scope.

Stat. Auth: ORS 678.380 and 678.395

Stats. Implemented: ORS 678.380

Re-Entry Requirements

851-050-0006

- (1) If the practice requirement in OAR 851-050-0004 has not been met, applicants shall:
 - (a) Obtain a limited license as a registered nurse in the State of Oregon; or hold a current, unencumbered Oregon registered nurse license.
 - (b) Submit an application for a limited license, which meets educational requirements of OAR 851-050-0002(1), or an application for delinquent renewal of previous certification as a nurse practitioner in Oregon. An application, which is not completed, becomes void after one year from date of receipt.
 - (c) Submit a plan of study for approval, which specifies:
 - (A) Clinical sites, patient population, objectives, competency evaluation, and supervisory relationship of preceptor;
 - (B) Number of practice hours required and how their completion shall be met.
 - (d) Submit names and qualifications for approval of preceptors which are Oregon certified nurse practitioners and/or Oregon licensed MD/DO physicians in the same specialty area as the nurse practitioner certification specialty.
 - (e) Determine practice hours in consultation with the Board to ensure one of the following options have been met:
 - (A) 300 hours of supervised practice if the applicant has practiced less than 960 hours in the last five years, or has completed a nurse practitioner program within the last two years and has not worked a minimum of 192 hours. Advanced practice hours completed during these time frames may be applied to reduce the total number of supervised clinical practice hours required, except that in no case shall the precepted practice be less than 150 hours.
 - (B) 600 hours of supervised practice if the applicant has not practiced 960 hours in the last five years, but has practiced at least 960 hours in the last six years. Advanced practice hours completed during the six year time frame may be applied to reduce the total number of supervised clinical practice hours required except that in no case shall the precepted practice be less than 300 hours.
 - (C) 1000 hours of supervised practice if the applicant has not practiced at least 960 hours in the last ten years. Advanced practice hours completed during the ten year time frame may be applied to reduce the total number of supervised clinical practice hours required except that in no case shall the precepted practice be less than 500 hours.
 - (D) If the applicant has not practiced at least 960 hours within the last ten years, the re-entry requirement shall be met through successful completion of a nurse practitioner post masters certificate program which meets the requirements of OAR 851-050-0001, or of a comprehensive series of nurse

practitioner courses within a CCNE or NLNAC accredited nurse practitioner program in the specialty sought. The plan of study shall be submitted in advance for Board approval before enrollment. The plan of study shall cover the entire scope of the advanced specialty area under which the applicant was previously certified/licensed, and must include both clinical and didactic hours. The program of study shall include advanced pharmacology which meets the requirements of OAR 851-056-0008, pathophysiology, physical assessment, differential diagnosis, and clinical management. The institution shall provide documentation, which demonstrates previous credits, courses, or competency testing applied to meet final completion. Proof of completion of this plan of study shall be provided to the Board in the form of official transcripts documenting completion of all required coursework.

- (2) In addition to meeting the re-entry practice requirement, all participants will submit evidence of 100 hours of continuing education completed within the last two years by the completion of their re-entry precepted practice. The continuing education hours must include an advanced pharmacology course meeting the criteria in OAR 851-056-0008, physical assessment, treatment modalities, client management and laboratory/diagnostic studies with content related to the NP scope of practice being sought. The continuing education may be obtained in the following ways, provided that no less than 50% is comprised of CME or CE accredited courses at the advanced practice specialty level:
 - (a) Independent learning activities, e.g. reading professional journals;
 - (b) Unstructured learning activities, e.g. professional meetings and clinical rounds;
 - (c) Structured learning activities, e.g. seminars and workshops.
- (3) The re-entry participant shall practice under a limited certificate, and successfully complete clinical practice directly supervised by the approved preceptor in the same area of practice. Application for a limited certificate shall be made prior to the beginning of the supervised clinical practice. The limited certificate shall be valid for one year, with one renewal of an additional one year permitted. The supervising practitioner shall submit a final evaluation to the Board to verify that the applicant's knowledge and skills are at a safe and acceptable level and verify the hours of supervised practice. An application for a limited license for re-entry without issuance after one calendar year shall be considered void.
- (4) Supervised practice hours shall be without compensation.
- (5) Upon successful completion of the supervised practice hours, the nurse practitioner certificate will be issued with an expiration date that coincides with the applicant's registered nurse license.
- (6) Re-entry hours must be completed within a two-year time frame from the issuance of the limited license.
- (7) Successful completion of Board approved advanced practice re-entry will satisfy requirements for the registered nurse re-entry.
- (8) Prescriptive authority will be issued only upon completion of precepted hours to applicants meeting all criteria in OAR 851-056-0006. Written documents during precepted practice shall be signed with the nurse practitioner specialty title, followed with "Re-entry" and the preceptors co-signature.
- (9) The applicant shall submit all fees required by the Board with the application. The fees are not refundable.

Stat. Auth: ORS 678.375, 678.380 and 678.390

Stats. Implemented: ORS 678.380 and 390

Special Provisions

851-050-0010

State of Oregon:

- (1) Any nurse practitioner who has been certified by the Oregon State Board of Nursing is eligible for re-certification, renewal, re-entry, or reactivation in that same category.
- (2) Any nurse practitioner active in practice, whether with direct or indirect patient care, shall report their current practice address or addresses. Each change in practice setting and

mailing address must be submitted to the Board no later than 30 days after the change.

Stat. Auth: ORS 678.375 and 678.380

Stats. Implemented: ORS 678.380

Renewal of Nurse Practitioner Certification

851-050-0138

- (1) Renewal of certification shall be on the same schedule as the renewal system of the registered nurse license. The requirements for recertification are:
 - (a) Current unencumbered license as a registered nurse in the state of Oregon.
 - (b) Submission of all required application fees. Fees are not refundable. An application that has not been completed during the current biennial renewal cycle shall be considered void.
 - (c) Completion of 100 clock hours of continuing education related to advanced practice nursing and to the area(s) of specialty certification. As of January 2, 2007, no less than 50% shall be comprised of CME or CE accredited courses at the advanced practice specialty level.
 - (A) Continuing education must be obtained in the following ways:
 - (i) Independent learning activities e.g., reading professional journals;
 - (ii) Unstructured learning activities, e.g. professional meetings and clinical rounds;
 - (iii) Structured learning activities, e.g. seminars and workshops.
 - (B) Continuing education hours shall be documented on the renewal form.
 - (C) An applicant for renewal who has graduated from the nurse practitioner program less than two years prior to his/her first renewal will not be required to document the full 100 clock hours of continuing education. The applicant's continuing education will be prorated on a monthly basis based on the length of time between graduation and the date of the first renewal.
 - (D) Nurse practitioners shall maintain accurate documentation and records of any claimed continuing education and practice hours for no less than five years from the date of submission to the Board.
 - (d) Verification of practice hours which meet the practice requirement in OAR 851-050-0004.
 - (e) Verification of utilization of prescriptive authority which meets the requirements specified in 851-056-0014 unless already certified as an Oregon Nurse Practitioner without prescriptive authority.
- (2) Renewal may be denied if the applicant does not meet the practice, prescribing, or continuing education requirement for renewal.
- (3) Applications for renewal up to 60 days past the expiration date shall meet all requirements for renewal and pay a delinquent fee.
- (4) Any individual whose nurse practitioner certification is expired may not practice or represent themselves as a nurse practitioner in Oregon until certification is complete, subject to civil penalty.

Stat. Auth: ORS 678.375 and 678.380

Stats. Implemented: ORS 678.380

851-050-0138 amended 11-13-08

851-050-0002 amended 2/15/07

851-050-0000, 0001, 0005, 0006 and 0138 amended and 851-050-0120, 0125, 0130, 0131, 0140, 0155, 0160, 0162, 0163, 0164 and 0170 repealed 9/14/06

851-050-0131 amended 6/22/06

851-050-0131 amended 4/13/06

851-050-0131 amended 2/9/06

851-050-0131 amended 11/17/05

851-050-0131 amended 9/22/05

851-050-0131 amended 6/16/05

851-050-0131 amended 4/14/05

851-050-0002, 0131 amended 2/10/05

851-050-0131 amended 11/18/04
851-050-0131 amended 9/16/04
851-050-0131 amended 6/17/04
851-050-0162, 0163, 0164 adopted, 851-050-0000, 0004, 0006, 0131, 0138, 0140, 0155, 0170 amended, and 851-050-0133, 0134, 0145, 0161 repealed 4/15/04
851-050-0131 amended 2/12/04
851-050-0161 adopted, 851-050-0133, 0134, 0145, 0155, 0170 amended and 851-050-0150 suspended temporarily (through 6/19/04) 12/23/03
851-050-0131 amended 11/20/03
851-050-0000, 851-050-0001, 851-050-0002, 851-050-0005, 851-050-0010, 851-050-0120, 851-050-0125, 851-050-0130, 851-050-0131, 851-050-0133, 851-050-0134, 851-050-0138, 851-050-0140, 851-050-0145, 851-050-0150, 851-050-0155, 851-050-0170 amended; and 851-050-0004 and 851-050-0006 adopted; and 851-050-0003, 851-050-0121, 851-050-0139 and 851-050-0141 repealed 9/11/03
851-050-0131 amended 6/19/03
851-050-0131 amended 4/10/03
851-050-0131 amended 2/13/03
851-050-0131 amended 11/21/02
851-050-0131 amended 9/11/02
851-050-0131 amended 6/20/02
851-050-0131 amended 4/12/02
851-050-0131 amended 2/14/02
851-050-0131 amended 9/20/01
851-050-0131 amended 6/14/01
851-050-0000, 851-050-0131, 851-050-0145, 851-050-0155, 851-050-0170 amended 4/12/01
851-050-0134 amended 2/15/01
851-050-0131 amended 2/15/01
851-050-0131 amended 6/15/00
851-050-0000, 851-050-0130, 851-050-0131, 851-050-0133, 851-050-0134, 851-050-0140 and 851-050-0160 amended and 851-050-0170 adopted 4/13/00
851-050-0131 amended 2/10/00
851-050-0131 amended 11/17/99
851-050-0131 amended 9/15/99
851-050-0131 amended 6/17/99
851-050-0131 amended 4/16/99
851-050-0131 amended 2/11/99
851-050-0131 amended 11/19/98
851-050-0131 amended 9/10/98
851-050-0131 amended 6/18/98
851-050-0131 amended 4/16/98
851-050-0131 amended 2/12/98
851-050-0131 amended 9/12/97
851-050-0131 amended 6/20/97
851-050-0005(6) and 851-050-0131 amended 4/10/97
851-050-0131 amended 2/13/97
851-050-0000, 851-050-0002, 851-050-0005, 851-050-0010, 851-050-0120, 851-050-0121, 851-050-0125, 851-050-0130, 851-050-0133, 851-050-0134, 851-050-0138, 851-050-0139, 851-050-0141, 851-050-0145, 851-050-0155 amended 9/12/96
851-050-0003 adopted 9/12/96
851-050-0010(3) adopted 2/9/95
851-050-0005 amended 2/9/95
851-050-0005(e) amended 11/18/94
851-050-0005 amended 7/22/94