

Massachusetts Nursing Apprenticeship Network

Practical and Registered Nursing Apprenticeships



Massachusetts
**Nursing Apprenticeship
Network**

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Massachusetts Nursing Apprenticeship Network

Introduction

The Massachusetts Nursing Apprenticeship Network (MNAN), as part of the Nursing Council on Workforce Sustainability (NCWS), provides support to build nursing apprenticeships that are registered through the Massachusetts Division of Apprenticeship Standards (DAS) for both practical nursing students and registered nursing students. These apprenticeships represent a unique collaboration between academic institutions and healthcare organizations.

As a standard, apprenticeships are 2,000 hours, but may be expanded to additional hours based on program length and content. Apprenticeships are hour-based and not time-based. Nursing apprenticeships typically range from one year to two years.

Apprenticeship hours are a combination of on-the-job training, related technical instruction, class time at the academic institution, and the academic clinical component. The apprentice is paid 40 hours per week and works at least two 8-hour shifts for the healthcare organization as a nurse apprentice during that time. These hours are flexible based on clinical and class schedules.

For a complete explanation of apprenticeships, including practical and return-on-investment analysis, please see the recommendation of the NCWS by visiting their website at www.ncwsma.org.

Apprenticeships are a partnership between a healthcare organization and an academic institution. This publication serves as a guide for the employer-based portion of nursing apprenticeships. MNAN will work with both the employer and academic institution to assist in building and setting up your nursing apprenticeship program so that we may give students access to the nursing profession. Additionally, MNAN will register your apprenticeship through DAS and manage all reporting requirements.

Definition of Terms

Authorized Prescribers: Persons who hold current and valid controlled substances registrations issued by the United States Drug Enforcement Administration and the Drug Control Program of the Massachusetts Department of Public Health.

Competence: Knowledge and the use of affective, cognitive, and psychomotor skills required for the delivery of safe nursing care in accordance with accepted standards of nursing practice.

Completion Date: Date apprentice completes final demonstration of competency.

Direct Supervision: Includes, but is not limited to, the supervising licensed nurse being physically present in the healthcare practice setting and readily available where nursing students and graduate nursing students are practicing.

Delegation: The authorization by a licensed nurse to an Unlicensed Person (UP) to provide selected nursing activities. The licensed nurse retains responsibility and accountability for these delegated activities. Neither LPNs nor RNs delegate nursing activities to other licensed nurses.

Groups: Specific patient populations in specific settings, such as transitions in chronic disease, communicable disease care, and maternity care at various healthcare system levels, including systemic, organizational, intrapersonal, and interpersonal levels. While LPNs provide care to individuals and families, only RNs may provide care to groups.

Journey Coach: A nurse who has attained a level of skill, abilities, and competencies recognized within the healthcare organization or industry as having mastered the skills and competencies required for the practice of nursing. Journey coaches serve as a guide and support to nurse apprentices throughout the program. A journey coach must have a minimum of one year of practice as a licensed nurse.

Nursing Assessment: A systematic process of determining nursing care needs based upon the collection and interpretation of data relevant to the patient's health.

- **Systematic Assessment** means the nursing assessment performed by registered nurses, which includes gathering information concerning the patient's individual physiological, psychological, sociological, and spiritual needs. It is the first step in the successful evaluation of a patient. Subjective and objective data collection are an integral part of this process. Part of the assessment includes data collection of vital signs such as temperature, respiratory rate, heart rate, blood pressure, and pain level, using an age or condition-appropriate pain scale. The assessment identifies the patient's current and future care needs by allowing the formation of a nursing diagnosis. The nurse recognizes normal and abnormal patient physiology and helps prioritize interventions and care. It is not within an LPN's scope of practice to complete a systematic assessment, but LPNS can participate in the RN's systematic assessment.

- **Basic Health Assessment** means collecting data and performing focused assessments. LPNs may perform basic health assessments. An RN may review an LPN's assessment data to determine the patient's needs and develop the plan of care.

Nursing Activity: A task, function, or service that constitutes the practice of nursing and is performed to maintain or improve the patient's health and well-being or promotes comfort for a dignified death.

Nursing Judgment: The intellectual process a nurse exercises in forming an opinion and reaching a clinical decision based upon analysis of the evidence or data derived from the nurse's assessment.

Nursing Plan of Care: A patient-specific, goal-directed plan for the provision of nursing care. The plan is established and modified using data derived from the registered nurse's assessment and judgment. LPNs may participate in planning and implementing nursing interventions.

On-the-Job Training (OJT): Employer-based training and experiences that do not replace academic instruction or academic clinicals but enhance the students' learning. OJT has competencies that are separate from the academic institution but are designed to promote student learning.

Participate: To have a part in or contribute to the elements of the nursing process.

Preceptor: The experienced nurse possessing a Massachusetts nursing license in good standing or authority to practice nursing in Massachusetts whose educational preparation is at or above that of the student, is not employed as faculty of the nursing education program, and who facilitates and guides students' clinical practice in the preceptor's area of practice expertise. The preceptor must have a minimum of one year of experience as a licensed nurse.

Related Technical Training (RTI): A requirement of a federally registered Department of Labor apprentice program. This instruction delivers the technical, workforce, and academic competencies that apply to the job.

Standards of Nursing Practice: Authoritative statements describing the level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged.

Unlicensed Person (UP): Regardless of title, means a qualified, responsible individual who has verifiable, documented, initial, and ongoing competencies. An unlicensed person functions in a complementary or assistive role to the licensed nurse in providing direct patient care or carrying out common nursing activities and is employed by an entity other than the patient.

Massachusetts Board of Registration in Nursing

244 CMR 3.00: Registered Nurse and Licensed Practical Nurse

Section

- 3.01 Designation – Registered Nurse
- 3.02 Responsibilities and Function – Registered Nurse
- 3.03 Designation – Practical Nurse
- 3.04 Responsibilities and Functions – Practical Nurse
- 3.05 Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Persons

3.01: Designation – Registered Nurse	3.03: Designation – Practical Nurse
<p>Registered Nurse is the designation given to an individual who is licensed to practice professional nursing, holds ultimate responsibility for direct and indirect nursing care, is a graduate of a Board approved school for professional nursing, and is currently licensed as a Registered Nurse pursuant to M.G.L. c. 112. Included in such responsibility is providing nursing care, health maintenance, teaching, counseling, planning and restoration for optimal functioning and comfort, of those they serve.</p>	<p>Licensed practical nurse is the designation given to an individual who is a graduate of a Board approved practical nursing program, and who is currently licensed as a practical nurse pursuant to M.G.L. c. 112. The licensed practical nurse functions within the framework specified by the nursing statutes and regulations of the Commonwealth.</p>

3.02: Responsibilities and Function – Registered Nurse

(1) A registered nurse shall bear full and ultimate responsibility for the quality of nursing care he or she provides to individuals and groups. Included in such responsibility is health maintenance, teaching, counseling, collaborative planning and restoration of optimal functioning and comfort or for the dignified death of those they serve. A registered nurse, within the parameters of his or her generic and continuing education and experience, may delegate nursing activities to unlicensed persons in accordance with 244 CMR 3.05:

(2) A registered nurse shall act, within his or her generic and continuing education and experience to:

- (a) systematically assess health status of individuals and groups and record the related health data;
- (b) analyze and interpret said recorded data; and make informed judgments there from as to the specific problems and elements of nursing care mandated by a particular situation;
- (c) plan and implement nursing intervention which includes all appropriate elements of nursing care, prescribed medical or other therapeutic regimens mandated by the particular situation, scientific principles, recent advancements and current knowledge in the field;
- (d) provide and coordinate health teaching required by individuals, families and groups so as to maintain the optimal possible level of health;
- (e) evaluate outcomes of nursing intervention, and initiate change when appropriate;
- (f) collaborate, communicate and cooperate as appropriate with other health care providers to ensure quality and

3.04: Responsibilities and Functions – Practical Nurse

(1) A licensed practical nurse bears full responsibility for the quality of health care she or he provides to patients or health care consumers. A licensed practical nurse within the parameters of his or her generic and continuing education and experience, may delegate nursing activities to unlicensed persons in accordance with 244 CMR 3.05.

(2) A licensed practical nurse participates in direct and indirect nursing care, health maintenance, teaching, counseling, collaborative planning and rehabilitation, to the extent of his or her generic and continuing education and experience in order to:

- (a) assess an individual's basic health status, records and related health data;
- (c) participate in planning and implementing nursing intervention, including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field;
- (d) incorporate the prescribed medical regimen into the nursing plan of care;
- (e) participate in the health teaching required by the individual and family so as to maintain an optimal level of health care;
- (f) when appropriate, evaluate outcomes of basic nursing intervention and initiate or encourage change in plans of care; and
- (g) collaborate, cooperate and communicate with other health care providers to ensure quality and continuity of care.

continuity of care; and
 (g) serve as patient advocate, within the limits of the law

3.05: Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Persons

The licensed nurse is responsible for engaging in the practice of nursing in accordance with the nurse's scope of practice as defined at M.G.L. c. 112 § 80B, and 244 CMR: Board of Registration in Nursing within the limits of the nurse's educational preparation, subsequent acquired education, experience and demonstrated competence. Nursing assessment and analysis of the nursing needs of a patient, development of the nursing plan of care, implementation of the plan, and evaluation of the plan are essential components of nursing practice and are the functions of the licensed nurse. The full utilization of the services of a licensed nurse may permit him or her to delegate selected nursing activities to unlicensed persons. Although unlicensed persons may be used to complement the licensed nurse in the performance of nursing functions, such persons cannot be used as a substitute for the licensed nurse. The following sections govern the licensed nurse in delegating and supervising nursing activities to unlicensed persons.

(1) Definitions. Definitions for terms used in 244 CMR 3.05 and throughout 244 CMR are set forth in 244 CMR 10.00: Definitions and Severability.

(2) General Criteria for Delegation. Regardless of setting, the licensed nurse who delegates nursing activities to unlicensed persons must comply with the following requirements:

(a) The delegating nurse is directly responsible for the nature and quality of nursing care rendered under his or her direction. However, in the event the qualified unlicensed person deviates from the instruction, nursing plan of care or other delegating nurse directive, the delegating nurse does not bear responsibility and accountability for the outcome of the delegated activity performed by the unlicensed person.

(b) The final decision as to what can be safely delegated in any specific situation is within the scope of the delegating nurse's judgment.

(c) Prior to delegating the nursing activity, the delegating nurse must make an assessment of the patient's nursing care needs and care delivery setting to ensure it can be safely delegated to the unlicensed person.

(d) The nursing activity to be delegated must be one that a reasonable and prudent nurse would determine to be delegable within the scope of nursing judgment; would not require the unlicensed person to systematically assess, analyze, interpret, plan and/or evaluate patient data. The delegated activity must be one that can be properly performed by the unlicensed person without jeopardizing the patient's safety and welfare.

(e) Said delegation must occur within the job description of the unlicensed person, and the employing agency's policies and

procedures in compliance with 244 CMR 3.05(4) and (5). Such employer policies and procedures must include acknowledgement that the final decision to delegate is made by the delegating nurse only. Employer policy or contractual language can not mandate the licensed nurse to delegate, nor mandate any components of the delegation process.

(f) The unlicensed person must have on file within the employing agency current documentation of the unlicensed person's competencies for the proper performance of each of the nursing activities identified within the unlicensed person's job description. Such documentation must demonstrate that the unlicensed person's competence for each nursing activity has been periodically validated; and that an administratively designated nurse has communicated the unlicensed person's job functions and competencies to the licensed nurse(s) who will be delegating activities to the unlicensed person. Uniform training and certification may be used as a basis to presume the baseline competencies of an unlicensed person.

(g) In addition to the unlicensed person's competence to perform selected nursing activities, other competencies to be considered include, but are not limited to, the unlicensed person's ability to effectively collaborate, communicate and cooperate, as appropriate, with other health care providers and with the patient.

(h) The delegating nurse must provide the unlicensed person with a nursing plan of care that includes, but is not limited to, the desired effect of the activity, the sequence of steps to perform the activity, adverse side effects to be reported to the appropriate licensed nurse, and the need to report to the licensed nurse those activities that do not produce the desired effect.

(i) The delegating nurse must adequately supervise the performance of the delegated nursing activity in accordance with the requirements of supervision as found in 244 CMR 3.05(3).

(j) The delegating nurse can determine at any time that the nursing activity can no longer be delegated based on a change in the health status of the patient, in the unlicensed person's performance of the activity, or other reason the delegating nurse determines may jeopardize patient health or safety.

(3) Supervision. The delegating nurse must provide adequate supervision of all nursing activities delegated to unlicensed persons. The degree of supervision required is determined by the delegating nurse after an evaluation of appropriate factors involved including, but not limited to:

- (a) the stable and predictable nature of the patient's condition;
- (b) the training, capability and initial and continued demonstrated competency of the unlicensed person to perform the activity;
- (c) the complexity of the nursing activity being delegated;
- (d) the proximity and availability of a licensed nurse to the unlicensed person when performing the nursing activity, which may include the use of telephonic or other telecommunication device(s); and
- (e) the availability and accessibility of other employed health care personnel, resources and written employer policies and procedures. Such policies and procedures must, at a minimum, describe established channels of communication and include a system for reporting and responding to a deviation from the nursing plan of care by the qualified unlicensed person.

(4) Delegation of Nursing Activities. By way of example, and not in limitation, the following nursing activities are usually considered within the scope of nursing practice to be delegable, and may be delegated provided the delegation is in compliance with 244 CMR 3.05(2):

- (a) Activities that meet one or more of the following criteria:
 1. can be performed according to an established sequence of steps leading to a predictable outcome;
 2. do not require nursing assessment and judgment during implementation; or do not involve modification;
- (b) The collecting, reporting, and documentation of simple data;
- (c) Activities which meet or assist the patient in meeting basic human needs including, but not limited to: nutrition, hydration, mobility, comfort, elimination, socialization, rest and hygiene;

(5) Nursing Activities That May Not Be Delegated. By way of example, and not in limitation, the following are nursing activities that are not within the scope of sound nursing judgment to delegate:

- (a) Activities that meet one or more of the following criteria:
 1. require nursing assessment, analysis, planning and evaluation of patient data leading to a clinical conclusion during implementation;
 2. may lead to an unpredictable outcome; or
 3. involve anticipated modification.
- (b) Physical, psychological, and social assessment which requires nursing assessment, analysis, planning and evaluation of patient data leading to a clinical conclusion, intervention, referral and/or follow-up;
- (c) Formulation of the nursing plan of care or evaluation of the patient's response to the care provided, or both; and Administration of medications except as permitted in M.G.L. 94C, and 105 CMR 700.000: Implementation of M.G.L. c. 94C. In addition to complying with 244 CMR 3.05(2)(a) through (j) and (3)(a) through (e), and, when the licensed nurse is employed as a School Nurse, 105 CMR 210.000: The Administration of Prescription Medications in Public and Private School, the delegation

of medication to an unlicensed person must also comply with the following requirements.

(6) Patient/Client Health Teaching and Health Counseling.

It is the responsibility of the licensed nurse to promote patient education and to involve the patient and, when appropriate, other individuals in the establishment and implementation of health goals. While an unlicensed person may provide information to the patient, the ultimate responsibility for health teaching and health counseling must reside with the licensed nurse as it relates to nursing and nursing services.

Source: Massachusetts Board of Registration in Nursing 244 CMR 3.00 [06/11/2021]

<https://www.mass.gov/regulations/244-CMR-300-registered-nurse-and-licensed-practical-nurse>

Level II Apprentices

There are two designations of nursing apprentices: I and II. Level I is the starting point for every nurse apprentice. The student remains a Level I apprentice until their final semester of nursing school. A level II nursing apprentice is within their last semester of nursing school and may have an expanded scope of practice in alignment with the regulations of the Massachusetts Board of Registration in Nursing as well as individual healthcare organization policy. Below is the Massachusetts regulation governing practices by nursing students in their last semester as well as those who have graduated nursing programs.

Introduction

An individual who graduated from a registered nursing or practical nursing program approved by the board or who is a senior nursing student attending the last semester of a registered nursing or practical nursing program approved by the board may practice nursing; provided, that:

- (i) the individual is employed by or providing health care services at the direction of a licensed health care facility or a licensed health care provider;
- (ii) the individual is directly supervised while providing health care services; and
- (iii) the employing licensed health care facility or licensed health care provider has verified that the individual is a graduate of a registered nursing or practical nursing program approved by the board or that the individual is a senior nursing student attending the last semester of a registered nursing or practical nursing program approved by the board.

Graduates and Students in their Last Semester

In order to practice under the authorization of Chapter 88 of the Acts of 2024, a graduate or student in their last semester:

1. Must have graduated from a board approved nursing education program within one year of the hire date or be a student currently enrolled in their last semester of a board approved nursing education program.
 - o A list of Board approved nursing education programs is located here: [The Massachusetts Board of Registration in Nursing, as a Regulatory agency of state government, protects the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education](#)
2. May only provide health care services at the direction of a licensed health care facility or a licensed health care provider.
 - o A list of licensed healthcare facilities is located here: <https://www.mass.gov/orgs/division-of-health-care-facility-licensure-andcertification>
 - o Licensure of healthcare providers may be verified here: <https://checkahealthlicense.mass.gov/>

3. May not practice under this authorization, prior to obtaining a nursing license, for more than one year from the date of hire. The graduate may not practice under this authorization if they receive a failing score on the NCLEX examination.
4. May not represent themselves to be a registered nurse or licensed practical nurse.

Responsibilities of Licensed Healthcare Facilities and Licensed Healthcare Providers

In order to allow a graduate or student in their last semester to practice under the authorization of Chapter 88 of the Acts of 2024, a licensed healthcare facility or licensed healthcare provider shall:

1. Verify the individual is a graduate of a board approved registered nursing program or practical nursing program or is a student in their last semester of a board approved registered nursing or practical nursing program.
 - The licensed healthcare facility or licensed healthcare provider must obtain
 - independent verification and/or official documentation from the nursing education program. It is not sufficient for a licensed healthcare facility or licensed healthcare provider to rely on an individual's representation of their educational status.
 - A list of board approved nursing education programs is located here: [The Massachusetts Board of Registration in Nursing, as a Regulatory agency of state government, protects the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education](#)
2. Not allow a graduate or student to practice nursing under Chapter 88 of the Acts of 2024 without obtaining licensure as a registered nurse or licensed practical nurse for more than one year.
3. Provide nursing graduates and students with an orientation to the patient care environment that aligns with the individual student academic preparation and competencies.
4. Provide nursing graduates and students with policies that support their practice in the clinical setting where they are assigned.
5. Ensure that patients are informed that such individuals are nursing graduates or students.
6. Provide direct supervision to nursing graduates and students.
 - Direct supervision includes but is not limited to the supervising licensed nurse being physically present in the health care practice setting and readily available where nursing students and graduate nursing students are practicing.
 - Graduates and students must practice under the direction and supervision of a licensed nurse, performing tasks within the scope of practice of the supervising nurse of equal or higher educational preparation.

- Graduates and students must seek assistance from the supervising nurse immediately when they encounter patient care situations that are beyond their competency and level of academic preparation.
- Graduates and students may not be assigned tasks that are beyond their competency and level of academic preparation, or that are outside the scope of practice of the supervising nurse of equal or higher educational preparation.

In addition, the licensed healthcare facility should establish and maintain written policies and procedures, consistent with this guidance and applicable facility licensure regulations, regarding the graduates and students practicing nursing at their facilities, which include a process for verification, appropriate supervision, patient consent, and promotes quality care ([GUIDANCE FOR NURSING PRACTICE BY GRADUATES AND STUDENTS IN THEIR LAST SEMESTER OF NURSING PROGRAMS | Mass.gov](#)).

Apprenticeship Completion

A nursing apprenticeship ends when the apprentice successfully passes the licensure exam (i.e., NCLEX-PN or NCLEX-RN). It is the expectation of the Massachusetts Nursing Apprenticeship Network, that ALL students will sit for the licensure exam at the first available opportunity. Ideally, this will occur within the first six weeks after graduation and absolutely no later than 60 days after graduation. Early NCLEX testing post-graduation is a standard of practice within MNAN.

Medication Administration

Level II Nursing Apprentices

Level II nursing apprentices may administer medications according to facility policy and attained competency.

Authorization by Facility for Medication Administration by New Graduates and Students in their Last Semester of Nursing Education Programs

1. The Level II apprentice must have initial and periodically validated competencies specific to the administration of medication on file within the employing agency;
2. The patient must have a current and valid medication order issued by a duly authorized prescriber for each medication to be administered by the unlicensed person;
3. The patient must have properly labeled prescribed medication consistent with the prescriber's valid medication order;
4. Facility policy must include the supervising nurse will, at regular intervals, assess the patient to monitor the patient's progress and the effect of the medication on the patient;
5. The supervising nurse will review the patient's medication records at regular intervals including, but not limited to, the unlicensed person's medication administration documentation practices pursuant to the employer agency's policies and procedures;
6. The nursing plan of care must include, but is not limited to, the desired effect of the medication; the medication's correct dose, route and frequency of administration; adverse side effects to be reported to a licensed nurse; and the need to report to the licensed nurse those medications that produce no results or missed doses as reported by the patient; and
7. Prior to the facility authorizing the administration of medication to an unlicensed person, the facility must:
 - a) verify that nursing personnel, resources and channels of communication are readily accessible to the
 - b) unlicensed person in the event the supervising nurse is unavailable to provide consultation on request from the unlicensed person;
 - c) verify there are instructions for unlicensed persons to follow when there is a medical emergency related to medication administration; and
 - d) provide instructions for the safe storage of medications ([244 CMR 3.00: Registered nurse and licensed practical nurse | Mass.gov](#)).

Accepting, Verifying, Transcribing and Implementing Medication Orders

It is the responsibility of the licensed nurse to ensure that there is a proper patient care order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication or activity that requires such order in accordance with accepted standards of practice and in compliance with the Board's regulations. Prescriber orders for non-pharmacologic interventions may be required by Federal or State law and/or regulation or by institutional policy and would be subject to this AR.

Nurse's Responsibility and Accountability

Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. The paramount importance of patient safety must be reflected in practices that are specific to the setting and circumstance. Determination of individual client/resident/patient allergy must be included in each situation.

The nurse is accountable for ensuring that any orders he or she implements are reasonable based on the nurse's knowledge of that particular patient's care needs at that time and must also ensure that the orders (whether written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) originate from an authorized prescriber, pursuant to established protocols of the organization. It is the responsibility and the obligation of a nurse to question a patient care order that is deemed inappropriate by a nurse according to his/her educational preparation and clinical experience. In any situation where an order is unclear, or a nurse questions the appropriateness, accuracy, or completeness of an order, the nurse may not implement the order until it is verified for accuracy with a duly authorized prescriber. It is not within the scope of Licensed Practical or Registered Nurse practice to alter or change the directions provided for in orders from a duly authorized prescriber. Licensed nurses are not authorized to prescribe, renew/refill, or extend a prescription that has expired prior to receipt of an order from duly authorized prescriber.

While the determination to allow unlicensed persons to transcribe orders is pursuant to organizational policy and procedure, the implementing nurse is responsible for assuring the order is appropriate, accurate, and complete.

Verbal/Telephone Orders

Verbal/telephone orders include all patient care orders that are communicated as oral, spoken communications between prescribers and receivers face to face, by telephone, or by other auditory device, require transcription by the person receiving the order, and require a duly authorized prescriber signature to validate the order at a subsequent, defined time, not to exceed Federal or State requirements.

Standing Order / Protocol

Standing orders/protocols include written authorization from a duly authorized prescriber that indicates evidence based practice standards for a specific medication or activity to be implemented by the nurse. Standing orders/protocols are applicable to a specific patient or specific situation and directions remain consistent during implementation.

Important considerations that must be included in all standing orders / protocols¹:

¹ Based upon previous Board finding 1/11/12

- The name(s) of the substance or activity to be administered;
- If the order includes substance administration, the route or method and specific dose to be administered;
- Inclusion/exclusion criteria that the nurse will assess for before administering the substance or activity;
- The signature or approval of a duly authorized prescriber either directly on the standing order/protocol or on file with the facility/agency/program employing the nurse;
- Specification of the details of patient presentation (subjective signs and symptoms);
- As appropriate to the situation and setting, delineation under what circumstances the substance and/or activity is to be administered including;
 - specific medication dosing instructions based upon specific diagnostic biophysical marker parameters (e.g., laboratory testing, blood pressure reading, reported chest pain, signs and symptoms of overdose); and
 - specifics for subsequent diagnostic biophysical marker follow-up to assess response to intervention.
- Specification of the circumstances under which the licensed nurse must seek emergent assistance for continued care (i.e., contact 911);
- Provision of a manner of record keeping of accurate and detailed information regarding the encounter;
- Provision of a mechanism for regular review, approval and monitoring by medical, pharmacy and nursing staff on defined occasions to determine continued currency, usefulness and safety of the standing order/protocol; and
- Provision of a mechanism to ensure authentication by a duly authorized prescriber at a defined time frame, not to exceed Federal or State requirements.

Standing orders / protocols cannot authorize the nurse to:

- alter the standing order / protocol once initiated (e.g., independently initiate new medications);
- determine choice of intervention based upon a menu of medications, dosing instructions or actions; and/or
- prescribe, renew/refill, or extend a prescription that has expired.

Range Orders

Range orders are orders in which the dose or dosing interval vary over a prescribed range, depending on the situation or patient's or resident's status. Range orders require specific, objective measures that must be collected and assessed prior to administering the correct dosing. Range orders that do not specify specific, objective measures that must be collected and assessed prior to administering involve diagnosing and prescribing and would be outside the scope of RN and LPN nursing practice. Examples of specific, objective measures include biophysical markers such as blood pressure, pulse, lab values and oxygen saturation values.

The practice of prescribing doses of opioid analgesics based solely on a patient's verbalized pain intensity would be subjective and should not be relied upon without co-existing objective elements of comprehensive pain assessment.

Facilities must determine if nurse apprentices are allowed to implement range orders.

Pre-printed Order Sheets

Pre-printed order sheets include tools generally designed to assist prescribers as they write orders. Pre-printed order sets may include computerized programs that are the functional equivalent of hard copy preprinted order sets. Such tools may include a menu of medications or actions from which the prescriber makes selections applicable to a specific patient or situation. Pre-printed order sheets must be authenticated by a duly authorized prescriber prior to implementation by a licensed nurse. Pre-printed order sheets designate evidence based practices in prevention, diagnosis, or management of symptom, disease or condition and are reviewed, approved and monitored by medical, pharmacy and nursing staff on defined occasions to determine continued usefulness and safety.

Electronic Orders

Electronic orders include written orders received through electronic communications including, but not limited to, computerized prescriber order entry (CPOE), smart phone technology, email and fax. Specific procedures that include guidelines for accepting, transcribing, authenticating and memorializing all orders received electronically must be readily available.

All Medication Orders

Minimum required elements:

The minimum elements required for inclusion in a complete medication order include²:

- Patient/client/resident/student's full name;
- Name of the medication;
- Dose and route of the medication;
- Frequency of the medication administration;
- A valid medication order date;
- Specific directions for administration;
- Signature of the duly authorized prescriber; and
- Signature of the individual accepting/verifying the order

Pharmacy labeled container

In certain and limited situations, it is within the licensed nurse's discretion to accept an original pharmacy labeled container in lieu of an order from a duly authorized prescriber. The setting must be a licensed facility.

² Based upon previous Board finding 12/09/09

When choosing to accept an original pharmacy labeled container in lieu of an order from a duly authorized prescriber, the licensed nurse must consider the following:

- The setting must have a policy and/or procedure guiding/directing this activity;
- The medication container must be intact with a completely written and legible label;
- The medication expiration date cannot be exceeded;
- When indicated, there must be parental or guardian consent;
- The label must contain all the requisite information necessary prior to administering a medication (e.g., *The 5 Rights*);
- Determination of individual client/resident/patient allergy must be done; and
- The nurse is accountable for ensuring that any orders he or she implements are reasonable based on the nurse's knowledge of the patient's care needs and that the orders originate from an authorized prescriber.

Role of the Nurse in a Management Role

The licensed nurse in a management role must develop and implement the necessary measures to promote the delivery of safe nursing care in accordance with accepted standards of care, such as those issued from time to time by The Joint Commission and The Institute for Safe Medication Practices.

Such measures must include and define at a minimum:

- acceptable methods of order communication within the practice setting, including methods by which nurses ascertain that orders originate from an authorized prescriber;
- circumstances in which defined methods can be used;
- determining competency in accepting orders required for each method; and
- specific safety measures that must be included to ensure patient safety:
 - telephone and other verbal orders must include read-back policies;
 - timeframes for authentication cannot exceed state or federal requirements;
 - abbreviation policies; and any limitation on orders for specific substances that may be considered unsafe to prescribe in non-written format (AR 9324 [Advisory rulings for the Board of Registration in Nursing | Mass.gov](#)).

Licensed Practical Nurse (LPN)

Job Description

The Licensed Practical Nurse (LPN) is responsible and accountable to practice according to the standards of practice prescribed by the Board of Nursing and the profession.

The LPN practices nursing independently and is individually responsible and accountable for their nursing actions, judgments and competencies, and practices within their scope. There is no regulatory requirement for RNs to supervise LPNs. LPNs may not perform activities that are not within their scope of practice.

For the purposes of this document, the terms LPN and Practical Nurse (PN) are used interchangeably and refer to the same course of study and scope of practice.

Practical Nurse Apprentice I (PNA I)

The PNA I is a practical nursing student who has entered the practical nursing program.

Practical Nurse Apprentice II (PNA II)

The PNA II is the practical nursing student in their last semester of nursing school. By Massachusetts statute, the PNA II is allowed to practice nursing under the direction of a licensed health care facility or a licensed health care provider while under direct supervision. The scope of practice for the PNA II is determined by the policy and procedures of the healthcare organization in which they practice.

LPN Scope of Practice

Assessment
Assess an individual's <i>basic</i> health status, records, and related health data
Participate <i>in analyzing and interpreting said recorded data, and making informed judgments as to the specific elements of nursing care mandated by a particular situation</i>
Planning and Implementation
Participate <i>in planning and implementing nursing interventions, including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field. Incorporate the prescribed medical regimen into the nursing plan of care</i>
Teaching
Participate <i>in the health teaching required by the individual and family so as to maintain an optimal level of health care</i>
Evaluation
When appropriate , evaluate outcomes of basic nursing intervention and initiate or encourage change in plans of care
Collaboration and Communication with other Health Care Providers
Collaborate, cooperate and communicate with other health care providers to ensure quality and continuity of care

Practical Nurse Apprenticeship Competencies

The competencies for the Practical Nurse Apprenticeship were developed in cooperation with multiple stakeholders, industry experts, and practical nursing educators. A key resource for these competencies was the National Council of State Board of Nursing (NCSBN) NCLEX-PN Test Plans that are effective April 1, 2026.

These competencies are to be used by the employer to help structure the student's apprenticeship experience and it is the employer's responsibility to teach and verify that the competency has been attained. These competencies do not replace nor may they be used as a substitute for the competencies required by the academic institution for academic learning, including clinical components. The student's apprenticeship should mirror their academic progress and these competencies help to emphasize the student's didactic and clinical learning.

When performing these competencies, nurses delegate according to the institutional policy and the Board of Nursing's regulations pertaining to delegation of selected activities found in 244 CMR 3.05.

Method of Evaluation

The method of competency evaluation must be documented as part of the apprentice's record. Competencies are evaluated using the following method:

D = demonstration/skills lab

DO = direct observation

K = instruction/classroom/knowledge

I. Coordinated Care <i>The LPN collaborates with health care team members to facilitate effective client care.</i>			
Competencies	Hours	Date/Method	Initial
A. Provide information about advance directives			
B. Advocate for client rights and needs			
C. Promote client self-advocacy			
D. Assign client care and/or related tasks (e.g., assistive personnel, LPN/VN)			
E. Involve client in care decision making			
F. Contribute to the development of and/or update the client plan of care			

G. Participate as a member of an interdisciplinary team			
H. Recognize and report staff conflict			
I. Participate in staff education (e.g., in-services, continued competency)			
J. Use data from various credible sources in making clinical decisions			
K. Monitor activities of assistive personnel			
L. Maintain client confidentiality			
M. Provide for privacy needs			
N. Follow up with client after discharge			
O. Participate in client discharge or transfer			
P. Provide and receive report			
Q. Organize and prioritize care based on client needs			
R. Practice in a manner consistent with code of ethics for nurses			
S. Participate in client consent process			
T. Use information technology in client care			
U. Verify and process health care provider orders			
V. Recognize self-limitations and seek assistance when needed (e.g., tasks, assignments)			

W. Respond to the unsafe practice of a health care provider (e.g., intervene, report)			
X. Follow regulation/policy for reporting specific issues (e.g., abuse, neglect, gunshot wound, communicable disease)			
Y. Provide care within the legal scope of practice			
Z. Participate in quality improvement (QI) activity (e.g., collecting data, serving on QI committee)			
AA. Apply evidence-based practice when providing care			
BB. Participate in client data collection			
CC. Participate in client referral process			
DD. Participate in providing quality cost effective care			
EE. Perform care for clients to support unbiased treatment and equal access to care, regardless of culture/ethnicity, sexual orientation, gender identity and/or gender expression			
FF.			
TOTAL HOURS	275		

II. Safety and Infection Control <i>The LPN contributes to the protection of clients and health care personnel from health and environmental hazards.</i>			
Competencies	Hours	Date Completed	Initial
A. Identify client allergies and intervene as appropriate			
B. Verify the identity of client			
C. Assist in and/or reinforce education to client about safety precautions			

D. Use transfer assistive devices (e.g., gait/transfer belt, slide board, mechanical lift)			
E. Evaluate the appropriateness of health care provider's order for client			
F. Participate in preparation for internal and external disasters (e.g., fire, natural disaster)			
G. Use safe client handling techniques (e.g., body mechanics)			
H. Identify and address unsafe conditions in health care and home environments			
I. Follow protocol for timed client monitoring (e.g., safety checks)			
J. Implement least restrictive restraints or seclusion			
K. Ensure availability and safe functioning of client care equipment			
L. Initiate and participate in security alert (e.g., infant abduction, flight risk)			
M. Apply principles of infection control (e.g., PPE, aseptic technique, isolation, sterile technique, standard precautions)			
N. Acknowledge and document practice errors and near misses (e.g., incident report).			
TOTAL HOURS	225		

III. Health Promotion and Maintenance

The LPN provides nursing care for clients that incorporate knowledge of expected stages of growth and development, and prevention and/or early detection of health problems.

Competencies	Hours	Date Completed	Initial
A. Provide care that meets the needs of the newborn less than 1 month old through the infant or toddler client through 2 years			
B. Provide care that meets the needs of the preschool, school age, and adolescent client ages 3 through 17 years			
C. Provide care that meets the needs of the adult client ages 18 through 64 years			
D. Provide care that meets the needs of the adult client ages 65 and over			
E. Assist with the care of the antepartum client			
F. Collect data for health history (e.g., client medical history, family medical history)			
G. Collect baseline physical data (e.g., skin integrity, height and weight)			
H. Identify barriers to communication			
I. Identify barriers to learning			
J. Compare client to developmental milestones			
K. Assist client with expected life transition (e.g., attachment to newborn, parenting, retirement)			
L. Identify clients in need of immunizations (required and voluntary)			
M. Participate in health screening or health promotion programs			

N. Provide information for prevention of high risk behaviors (e.g., substance abuse, sexual practices, smoking cessation)			
O. Identify community resources for clients			
P. Assist with monitoring a client in labor			
Q. Monitor recovery of stable postpartum client			
TOTAL HOURS	200		

IV. Psychosocial Integrity <i>The LPN provides nursing care that assists with promotion and support of the emotional, mental and social well-being of clients.</i>			
Competencies	Hours	Date Completed	Initial
A. Reinforce education to caregivers/family on ways to manage client with behavioral disorders			
B. Incorporate behavioral management techniques when caring for a client			
C. Participate in reminiscence therapy, validation therapy or reality orientation			
D. Collect data regarding client psychosocial functioning			
E. Identify client use of effective and ineffective coping mechanisms			
F. Recognize and reduce stressors that affect client care			
G. Collect data on client's potential for violence to self and others			
H. Assist in managing the care of an angry and/or agitated client (e.g., de-escalation techniques)			

I. Plan care with consideration of client spiritual, cultural beliefs and/or gender identity			
J. Provide end-of-life care and education to clients			
K. Explore reasons for client non-compliance with treatment plan			
L. Assist in the care of a client experiencing sensory/perceptual alterations			
M. Promote positive self-esteem of client			
N. Identify signs and symptoms of substance misuse, substance use disorder, withdrawal and overdose			
O. Provide emotional support to client			
P. Use therapeutic communication techniques with client			
Q. Promote a therapeutic environment			
R. Assist in the care of the cognitively impaired client			
S. Assist client to cope/adapt to stressful events and changes in health status			
TOTAL HOURS	200		

V. Basic Care and Comfort <i>The LPN provides comfort to clients and assistance in the performance of activities of daily living.</i>			
Competencies	Hours	Date Completed	Initial
A. Provide care to client with bowel or bladder (urinary) management protocol			
B. Perform irrigation (e.g., urinary catheter, bladder, wound, ear, nose, eye)			
C. Provide for mobility needs (e.g., ambulation, range of motion, transfer, repositioning, use of			

adaptive equipment)			
D. Use measures to maintain or improve client skin integrity			
E. Provide care to an immobilized client based on need			
F. Assist in the care and comfort for a client with a visual and/or hearing impairment			
G. Promote alternative/complementary therapy in providing client care (e.g., music therapy, pet therapy)			
H. Provide non-pharmacological measures for pain relief (e.g., imagery, massage, repositioning)			
I. Evaluate pain using standardized rating scales			
J. Provide feeding for client with enteral tubes			
K. Monitor and provide for nutritional needs of client			
L. Monitor client intake/output			
M. Assist with activities of daily living			
N. Provide site care for client with enteral tubes			
O. Provide postmortem care			
P. Provide measures to promote sleep/rest			
TOTAL HOURS	200		

VI. Pharmacological Therapies – Level II Apprentices

The LPN provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Competencies	Hours	Date Completed	Initial
A. Perform calculations needed for medication administration			
B. Reinforce education to client regarding medications			
C. Evaluate client response to medication (e.g., adverse reactions, interactions, therapeutic effects, critical laboratory values)			
D. Follow the rights of medication administration			
E. Maintain medication safety practices (e.g., storage, checking for expiration dates, compatibility)			
F. Reconcile and maintain medication list or medication administration record (e.g., prescribed medications, herbal supplements, over-the-counter medications)			
G. Collect required data prior to medication administration (e.g., contraindications, current medications)			
H. Administer medication by oral route			
I. Administer intravenous piggyback (secondary) medications			
J. Administer medication by various gastrointestinal tubes			
K. Administer a subcutaneous, intradermal, or intramuscular medication			
L. Administer medication by ear, eye, nose, inhalation, rectum, vagina, or skin route			

M. Count controlled substances and report discrepancies			
N. Calculate and monitor intravenous (IV) flow rate			
O. Monitor transfusion of blood product			
P. Maintain pain control devices (e.g. epidural, patient controlled analgesia, peripheral nerve catheter)			
TOTAL HOURS	220		

VII. Reduction of Risk Potential <i>The LPN reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.</i>			
Competencies	Hours	Date Completed	Initial
A. Monitor and evaluate client vital signs (e.g., oxygen saturation, blood pressure)			
B. Perform an electrocardiogram (EKG/ECG)			
C. Perform blood glucose monitoring			
D. Collect specimen for diagnostic testing (e.g., blood, urine, stool, sputum)			
E. Maintain central venous catheter			
F. Monitor diagnostic or laboratory test results			
G. Identify signs or symptoms of potential prenatal complications			
H. Perform focused data collection based on client condition (e.g., neurological checks, circulatory checks)			
I. Apply and monitor proper use of compression stockings and/or sequential compression devices			

J. Identify client risk and implement interventions			
K. Monitor continuous or intermittent suction of nasogastric (NG) tube			
L. Use precautions to prevent injury and/or complications associated with a procedure or diagnosis			
M. Assist with care for client before and after surgical procedure			
N. Reinforce client education about procedures, treatments			
O. Monitor client responses to procedures and treatments, equipment			
P. Insert, maintain and remove urinary catheter			
Q. Insert, maintain and remove nasogastric (NG) tube			
R. Maintain and remove peripheral intravenous (IV) catheter			
S. Assist with the performance of a diagnostic or invasive procedure			
T. Check for urinary retention (e.g., bladder scan, ultrasound, palpation)			
U. Perform point-of-care testing (e.g., pregnancy test, troponin, urine dipstick)			
V. Perform venipuncture for blood draws			
W. Monitor client responses to procedures and treatments			
TOTAL HOURS	220		

VIII. Physiological Adaptation

The LPN/VN participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Competencies	Hours	Date Completed	Initial
A. Recognize and report basic abnormalities on a client cardiac monitor strip			
B. Provide care for client drainage device (e.g., wound drain, chest tube)			
C. Provide cooling/warming measures to restore normal body temperature			
D. Provide care for a client with a tracheostomy			
E. Provide care to client with an ostomy (e.g., colostomy, ileostomy, urostomy)			
F. Provide care for a client receiving peritoneal dialysis or hemodialysis			
G. Perform wound care and/or dressing change			
H. Remove wound sutures or staples			
I. Intervene to improve client respiratory status (e.g., breathing treatment, suctioning, repositioning)			
J. Reinforce education to client regarding care and condition			
K. Identify signs and symptoms related to acute or chronic illness			
L. Provide care for a client with a fluid and electrolyte imbalance			
M. Respond and intervene to a client life-threatening situation (e.g., rapid response, cardiopulmonary resuscitation, etc.)			

N. Recognize and report change in client condition			
O. Assist with client wound drainage device removal			
P. Provide care to client on ventilator			
Q. Assist in the care of a client with a pacing device			
TOTAL HOURS	200		

IX. Facility Specific Competencies <i>The LPN/VN will demonstrate competencies in the following areas that are site-specific.</i>			
Competencies	Hours	Date Completed	Initial
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
TOTAL HOURS	150		

Source: [2026 PN Test Plan FINAL.pdf](#)

Practical Nursing Apprenticeship Skills List

Background

The list below of skills can be utilized as a guide to establish appropriate scopes of practice for practical nurse apprentices as well as appropriate policies and procedures for healthcare organizations. The below skills may not be applicable to every PNA. Additionally, these skills may not, in a stand alone fashion, be representative of scope of practice in unique healthcare organizations. The following things should be understood regarding the below skills list:

- Nurse apprentices are unlicensed personnel (UP). Licensed nurses who delegate to UPs, including apprentices, must adhere to the regulations found in 244 CMR 3.05 Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel.
- The institution's policies and procedures determine scope of practice, not this document. The policies and procedures of the organization should be the determining factor regarding apprenticeship scope of practice and duties.
- Because policies and procedures vary from facility to facility, it is understood that there will be variations to the skill lists below.
- Apprentices must be deemed competent to perform the skills below prior to performing them under direct supervision.
- The skills below are not reflective of the skills and competencies that are required by the academic institution for course progression.

Method of Evaluation

The method of competency evaluation must be documented as part of the apprentice's record. Competencies are evaluated using the following method:

D = demonstration/skills lab

DO = direct observation

K = instruction/classroom/knowledge

Practical Nursing Apprentice I Skills List	
Skill	Competency
1. Perform hand hygiene	
2. Apply personal protective equipment	
3. Assist patient with ambulation, including, but not exclusive, to use of mobile assist devices such as walkers, canes, crutches, gait belts, and wheelchairs	
4. Assist patients with hygiene and activities of daily living such as feeding, clothing, care of teeth and hair, toileting	
5. Position and transfer patients	

6. Perform restorative care to include active and passive range-of-motion exercises and contracture care	
7. Perform skin care and pressure ulcer prevention, turning	
8. Apply sequential compression stockings and/or devices	
9. Communicates with patient and families using therapeutic communication methods	
10. Documents vital sign and patient care activities	
11. Assist with admission and discharge of patients	
12. Obtain vital signs, including blood pressure, pulse, respirations, height/weight, and oxygen saturation	
13. Obtain and chart accurate intake and output	
14. Obtain blood glucose readings, document, and report findings	
15. Administer enemas	
16. Perform wet to dry and clean dressings	
17. Apply cold and heat therapies	
18. Provide care for casts, traction, pins, and air splints	
19. Operate appropriate medical equipment safely	
20. Administer incentive spirometer therapy	
21. Follow safety precautions for fall prevention, seizures, etc.	
22. Perform end-of-life care	
23. Perform post-mortem care	

Practical Nursing Apprentice II Advanced Skills List <i>Includes all competencies of the PNA I</i>	
Skill	Competency
1. Perform basic physical assessment to include identification of normal and abnormal findings	
2. Document assessments, vital signs, medications, etc.	
3. Monitor patient's condition and charting and report/escalate any changes	
4. Perform 12-lead EKG	
5. Perform ostomy care	
6. Collect non-intravenous and non-arterial specimens	
7. Apply steri-strips, remove bandages, remove staples/sutures	
8. Provide suction to a nasogastric tube	
9. Administer enteral and nasogastric tube feedings	
10. Administer oxygen therapy and perform airway management	
11. Provide oral, nasal, and tracheal suctioning	
12. Administer medication by oral, intra-muscular, intradermal, subcutaneous, otic, ophthalmic, nasal, nebulizer, or tube routes excluding racemic epinephrine by nebulizer. <i>Administer narcotics <u>ONLY as allowed by facility policy and procedure</u> and under the supervision of the supervising nurse (i.e., preceptor).</i>	
13. Insert and remove urinary catheters	
14. Straight catheter insertion and removal	
15. Insert intravenous (IV) catheters and provide IV therapy	
16. Administer IV piggyback medications. <i>IV push medications administered <u>ONLY by facility policy and procedure</u>.</i>	
17. Converting a primary IV line into a saline lock	
18. Perform peripheral lab draw using a butterfly needle and syringe	
19. Discontinue IV therapy	
20. Perform tracheostomy care, suctioning, and dressing changes	
21. Perform sterile dressing procedures	
22. Perform routine care of chest tubes	
23. Assign tasks to other healthcare personnel and follow-up appropriately	

Registered Nurse (RN)

Job Description

The Registered Nurse (RN) is responsible and accountable to practice according to the standards of practice prescribed by the Board of Nursing and the profession.

The RN practices nursing independently and is individually responsible and accountable for their nursing actions, judgments and competencies, and practices within their scope.

Additionally, the RN hold ultimate responsibility for all direct and indirect nursing care provided to the patient.

Registered Nurse Apprentice I (RNA I)

The RNA I is a registered nursing student who has entered the registered nursing program and completed one semester of clinical instruction.

Registered Nurse Apprentice II (RNA II)

The RNA II is the registered nursing student in their last semester of nursing school. By Massachusetts statute, the RNA II is allowed to practice nursing under the authorization of a licensed health care facility or a licensed health care provider while under direct supervision. The scope of practice for the RNA II is determined by the policy and procedures of the healthcare organization in which they practice.

RN Scope of Practice

Assessment
Systematically assess health status of individuals and groups and record the related health data
Analyze and interpret said recorded data; and make informed judgments there from as to the specific problems and elements of nursing care mandated by a particular situation
Planning and Implementation
Plan and implement nursing intervention which includes all appropriate elements of nursing care, prescribed medical or other therapeutic regimens mandated by the particular situation, scientific principles, recent advancements and current knowledge in the field
Teaching
Provide and coordinate health teaching required by individuals, families and groups so as to maintain the optimal possible level of health
Evaluation
Evaluate outcomes of nursing intervention, and initiate change when appropriate
Collaboration and Communication with other Health Care Providers
Collaborate, communicate and cooperate as appropriate with other health care providers to ensure quality and continuity of care
Advocacy
Serve as patient advocate, within the limits of the law

Registered Nurse Apprenticeship Competencies

The competencies for the Registered Nurse Apprenticeship were developed in cooperation with multiple stakeholders, industry experts, and registered nursing educators. A key resource for these competencies was the National Council of State Board of Nursing (NCSBN) NCLEX-RN Test Plans that are effective April 1, 2026.

These competencies are to be used by the employer to help structure the student's apprenticeship experience and it is the employer's responsibility to teach and verify that the competency has been attained. These competencies do not replace nor may they be used as a substitute for the competencies required by the academic institution for academic learning, including clinical components. The student's apprenticeship should mirror their academic progress and these competencies help to emphasize the student's didactic and clinical learning.

When performing these competencies, nurses delegate according to the institutional policy and the Board of Nursing's regulations pertaining to delegation of selected activities found in 244 CMR 3.05.

Method of Evaluation

The method of competency evaluation must be documented as part of the apprentice's record. Competencies are evaluated using the following method:

D = demonstration/skills lab

DO = direct observation

K = instruction/classroom/knowledge

I. Management of Care <i>The registered nurse provides and directs nursing care that enhances the care delivery setting to protect the client and health care personnel.</i>			
Competencies	Hours	Date Completed	Initial
A. Integrate advance directives into client plan of care			
B. Delegate and supervise care of client provided by others (e.g., LPN/VN, assistive personnel, other RNs)			
C. Organize workload to manage time effectively			
D. Practice and advocate for quality and cost effective care			
E. Initiate, evaluate and update client plan of care			

F. Provide education to clients and staff about client rights and responsibilities			
G. Advocate for client rights and needs			
H. Identify and collaborate with multi-disciplinary team members when providing client care (e.g., physical therapist, nutritionist, social worker)			
I. Manage conflict among clients and staff			
J. Maintain client confidentiality and privacy (e.g., social media, disclosure of information)			
K. Provide and receive hand off of care (report) on assigned clients			
L. Use approved terminology when documenting care			
M. Perform procedures necessary to safely admit, transfer and/or discharge a client			
N. Prioritize the delivery of client care based on acuity			
O. Recognize and report ethical dilemmas			
P. Practice in a manner consistent with the nurses' code of ethics			
Q. Verify the client receives education and client consents for care and procedures			
R. Receive, verify and implement health care provider orders			
S. Utilize resources to promote quality client care (e.g., evidence-based research, information technology, policies and procedures)			

T. Recognize limitations of self and others and utilize resources			
U. Report client conditions as required by law (e.g., abuse/neglect and communicable diseases)			
V. Provide care within the legal scope of practice			
W. Participate in performance improvement projects and quality improvement processes			
X. Assess the need for referrals and obtain necessary orders			
Y. Perform care for clients to support unbiased treatment and equal access to care, regardless of culture/ethnicity, sexual orientation, gender identity and/or gender expression			
TOTAL HOURS	275		

II. Safety and Infection Control <i>The registered nurse leads the protection of clients and health care personnel from health and environmental hazards.</i>			
Competencies	Hours	Date Completed	Initial
A. Assess client for allergies and intervene as needed			
B. Assess client care environment			
C. Promote staff and workplace safety			
D. Protect client from injury			
E. Properly identify client when providing care			

F. Verify appropriateness and accuracy of a treatment order			
G. Participate in emergency planning and response			
H. Use ergonomic principles when providing care			
I. Follow procedures for handling biohazardous and hazardous materials			
J. Educate client on safety issues			
K. Acknowledge and document practice errors and near misses			
L. Report, intervene, and/or escalate unsafe practice of health care personnel (e.g., substance abuse, improper care, staffing practices)			
M. Facilitate appropriate and safe use of equipment			
N. Follow security plan and procedures (e.g., newborn security, violence, controlled access, environmental)			
O. Apply principles of infection prevention (e.g., hand hygiene, aseptic technique, isolation, sterile technique, universal/standard enhanced barrier precautions)			
P. Educate client and staff regarding infection prevention measures			
Q. Follow requirements when using restraints			
TOTAL HOURS	225		

III. Health Promotion and Maintenance

The registered nurse provides and directs nursing care of the client that incorporates the knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health.

Competencies	Hours	Date Completed	Initial
A. Provide care and education for the newborn, infant, and toddler client from birth through 2 years			
B. Provide care and education for the preschool, school age and adolescent client ages 3 through 17 years			
C. Provide care and education for the adult client ages 18 through 64 years			
D. Provide care and education for the adult client ages 65 years and over			
E. Provide prenatal care and education			
F. Provide care and education to an antepartum client or a client in labor			
G. Provide post-partum care and education			
H. Assess and educate clients about health risks based on family, population, and community			
I. Assess client's readiness to learn, learning preferences, and barriers to learning			
J. Plan and/or participate in community health education			
K. Educate client about preventative care and health maintenance recommendations			
L. Provide resources to minimize communication barriers			

M. Perform targeted screening assessments (e.g., vision, nutrition, depression)			
N. Educate client about preventive care and health maintenance recommendations			
O. Assess client ability to manage care in home environment and plan care accordingly			
P. Perform comprehensive health assessments			
TOTAL HOURS	200		

IV. Psychosocial Integrity

The registered nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client experiencing stressful events as well as clients with acute or chronic mental illness.

Competencies	Hours	Date Completed	Initial
A. Assess client for abuse or neglect and report, intervene, and/or escalate			
B. Incorporate behavioral management techniques when caring for a client			
C. Assess client for substance misuse and/or toxicities and intervene as appropriate (e.g., dependency, withdrawal)			
D. Assess client's ability to cope with life changes and provide support			
E. Assess the potential for violence and use safety precautions			
F. Incorporate client cultural practices and beliefs when planning and providing care			
G. Provide end-of-life care and education to clients			

H. Assess client support system to aid in plan of care			
I. Provide care for a client experiencing grief or loss			
J. Provide care and education for acute and chronic psychosocial health issues (e.g., addictions/dependencies, depression, dementia, eating disorders)			
K. Assess psychosocial factors influencing care and plan interventions (e.g., occupational, spiritual, environmental, financial)			
L. Provide appropriate care for a client experiencing visual, auditory, and/or cognitive alterations			
M. Recognize non-verbal cues to physical and/or psychological stressors			
N. Use therapeutic communication techniques			
O. Promote a therapeutic environment			
TOTAL HOURS	200		

V. Physiological Adaptation <i>The registered nurse manages and provides care for clients with acute, chronic or life-threatening physical health conditions.</i>			
Competencies	Hours	Date Completed	Initial
A. Assist with invasive procedures (e.g., central line, thoracentesis, bronchoscopy)			
B. Implement and monitor phototherapy			
C. Maintain optimal temperature of client			
D. Monitor and care for clients on a ventilator			

E. Monitor and maintain devices and equipment used for drainage (e.g., surgical wound drains, chest tube suction, negative pressure wound therapy)			
F. Perform suctioning			
G. Perform wound care and dressing change			
H. Provide ostomy care and education (e.g., tracheal, enteral)			
I. Provide pulmonary hygiene (e.g., chest physiotherapy, incentive spirometry)			
J. Provide postoperative care			
K. Manage the care of the client with a fluid and electrolyte imbalance			
L. Monitor and maintain arterial lines			
M. Manage the care of a client with a pacing device			
N. Manage the care of a client on telemetry			
O. Manage the care of a client receiving hemodialysis or continuous renal replacement therapy			
P. Manage the care of a client with alteration in hemodynamics, tissue perfusion, and hemostasis			
Q. Educate client regarding an acute or chronic condition			
R. Manage the care of a client with impaired ventilation/oxygenation			
S. Evaluate the effectiveness of the treatment plan for a client with an acute or chronic diagnosis			

T. Perform emergency care procedures			
U. Identify pathophysiology related to an acute or chronic condition			
V. Recognize signs and symptoms of client complications and intervene			
W. Monitor and maintain internal monitoring devices (e.g., intracranial pressure monitor, intrauterine pressure catheter)			
TOTAL HOURS	200		

VI. Pharmacological and Parenteral Therapies – Level II Apprentices <i>The registered nurse provides care related to the administration of medications and parenteral therapies.</i>			
Competencies	Hours	Date Completed	Initial
A. Administer blood products and evaluate client response			
B. Access and/or maintain central venous access devices			
C. Perform calculations needed for medication administration			
D. Evaluate client response to medication			
E. Educate client about medications			
F. Prepare and administer medications using rights of medication administration			
G. Review pertinent data prior to medication administration (e.g., contraindications, lab results, allergies, potential interactions)			
H. Participate in medication reconciliation process			

I. Titrate dosage of medication based on assessment and ordered parameters			
J. Dispose of medications safely			
K. Handle and maintain medication in a safe and controlled environment			
L. Evaluate appropriateness and accuracy of medication order for client			
M. Handle and administer high-risk medications safely			
N. Monitor intravenous infusion and maintain site			
O. Administer medications for pain management			
P. Handle and administer controlled substances within regulatory guidelines			
Q. Administer parenteral nutrition and evaluate client response			
TOTAL HOURS	220		

VII. Reduction of Risk Potential <i>The registered nurse reduces the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.</i>			
Competencies	Hours	Date Completed	Initial
A. Assess and respond to changes and trends in client vital signs			
B. Perform testing within scope of practice (e.g., electrocardiogram, point-of-care testing, fetal monitoring)			
C. Monitor the results of diagnostic testing and intervene as needed			
D. Obtain blood specimens			

E. Obtain specimens other than blood for diagnostic testing			
F. Insert, maintain, or remove a nasal/oral gastrointestinal tube			
G. Insert, maintain, or remove a urinary catheter			
H. Insert, maintain, or remove a peripheral intravenous line			
I. Maintain percutaneous feeding tube			
J. Apply and/or maintain devices used to promote venous return (e.g., anti-embolic stockings, sequential compression devices)			
K. Use precautions to prevent injury and/or complications associated with a procedure or diagnosis			
L. Evaluate client responses to procedures and treatments			
M. Recognize trends and changes in client condition and intervene as needed			
N. Perform focused assessments			
O. Educate client about treatments and procedures			
P. Provide preoperative and postoperative education			
Q. Provide preoperative care			
R. Manage client during a procedure with moderate sedation			
S. Manage client following a procedure with moderate sedation			
T. Monitor the results of diagnostic testing and intervene as needed			
TOTAL HOURS	220		

VIII. Physiological Integrity

The registered nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

Competencies	Hours	Date Completed	Initial
A. Assist client to compensate for a physical or sensory impairment (e.g., assistive devices, positioning)			
B. Assess and manage client with an alteration in bowel and bladder elimination			
C. Perform irrigations (e.g., of bladder, ear, eye)			
D. Perform skin assessment and implement measures to maintain skin integrity			
E. Apply, maintain, or remove orthopedic devices			
F. Implement measures to promote circulation (e.g., active or passive range of motion, positioning and mobilization)			
G. Assess client for pain and intervene as appropriate			
H. Recognize complementary therapies and identify potential benefits and contraindications (e.g., aromatherapy, acupressure, supplements)			
I. Provide non-pharmacological comfort measures			
J. Evaluate the client's nutritional status and intervene as needed			
K. Provide client nutrition through tube feedings			
L. Evaluate client's intake and output and intervene as needed			
M. Assess client performance of activities of daily living and assist when needed			
N. Perform post-mortem care			

O. Assess client sleep/rest pattern and intervene as needed			
P. Maintain client dignity and privacy during care			
TOTAL HOURS	200		

IX. Facility Specific Competencies <i>The LPN/VN will demonstrate competencies in the following areas that are site-specific.</i>			
Competencies	Hours	Date Completed	Initial
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
TOTAL HOURS	150		

Source: [2026_RN_Test Plan_English_FINAL.pdf](#)

Registered Nursing Apprenticeship Skills List

Background

The list below of skills can be utilized as a guide to establish appropriate scopes of practice for registered nurse apprentices as well as appropriate policies and procedures for healthcare organizations. The below skills may not be applicable to every RNA. Additionally, these skills may not, in a stand alone fashion, be representative of scopes of practice in unique healthcare organizations. The following things should be understood regarding the below skills list:

- The nurse apprentice is unlicensed personnel (UP). Licensed nurses delegating to UPs, including apprentices, must adhere to the regulations found in 244 CMR 3.05 Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel.
- The institution's policies and procedures determine scope of practice, not this document. The policies and procedures of the organization should be the determining factor regarding apprenticeship scope of practice and duties.
- Because policies and procedures vary from facility to facility, it is understood that there will likely be variations to the skill lists below.
- Apprentices should be deemed competent to perform the skills below prior to performing them under direct supervision.
- The skills below are not reflective, nor do they relate to the skills and competencies that are required by the academic institution for course progression.

Method of Evaluation

The method of competency evaluation must be documented as part of the apprentice's record. Competencies are evaluated using the following method:

D = demonstration/skills lab

DO = direct observation

K = instruction/classroom/knowledge

Registered Nursing Apprentice I Skills List	
Skill	Competency
1. Perform hand hygiene	
2. Apply personal protective equipment	
3. Assist patient with ambulation, including, but not exclusive, to use of mobile assist devices such as walkers, canes, crutches, gait belts, and wheelchairs	
4. Assist patients with hygiene and activities of daily living such as feeding, clothing, care of teeth and hair, toileting, bathing, etc.	

5. Position and transfer patients	
6. Perform restorative care to include active and passive range-of-motion exercises and contracture care	
7. Perform skin care and pressure injury prevention, turning	
8. Apply sequential compression stockings and/or devices	
9. Communicates with patients and families using therapeutic communication methods	
10. Documents vital sign and patient care activities	
11. Admission and Ongoing Assessment: Contributes to data collection, report information and records objective and subjective data	
12. Obtain vital signs, including blood pressure, pulse, respirations, height/weight, and oxygen saturation	
13. Obtain and chart accurate intake and output	
14. Obtain blood glucose readings, document, and report findings	
15. Administer enemas	
16. Perform dressing changes	
17. Apply cold and heat therapies	
18. Provide care for casts, traction, pins, and air splints	
19. Operate appropriate medical equipment safely	
20. Administer incentive spirometer therapy	
21. Follow safety precautions for fall prevention, seizures, etc.	
22. Perform end-of-life care	
23. Perform post-mortem care	
24. Care planning: contributes to the plan of care established for a patient by recording and reporting to the appropriate person his or her observations by collecting basic patient data.	
25. Performs circulation, movement, sensation data collection.	
26. Assists with the discharge of patients	
27. Apply steri-strips, remove bandages, remove staples/sutures	
28. Perform basic physical data collection.	

Registered Nursing Apprentice II Advanced Skills List <i>Includes all competencies of the RNA I</i>	
Skill	Competency
1. Perform comprehensive, advanced physical assessment to include identification of normal and abnormal findings	
2. Monitor patient's condition and charting and report/escalate any changes	
3. Perform 12-lead EKG	
4. Perform ostomy care	
5. Collect non-intravenous and non-arterial specimens (i.e. wound culture, etc.)	
6. Apply steri-strips, remove bandages, remove staples/sutures	
7. Provide suction to a nasogastric tube	
8. NG Tube: insertion and care of NG tube	
9. Administer enteral and nasogastric tube feedings	
10. Administer oxygen therapy and perform airway management	
11. Provide oral, nasal, tracheal, and endotracheal suctioning	
12. Administer medication by oral, intra-muscular, intradermal, subcutaneous, otic, ophthalmic, nasal, nebulizer, or tube routes excluding racemic epinephrine by nebulizer. <i>Administer narcotics only as allowed by facility policy and under the supervision of the supervising nurse (i.e., preceptor).</i>	
13. Foley catheters: insertion, site care, care of patient with, emptying drainage bag, discontinuation, retention	
14. Straight catheter insertion and removal	
15. IV therapy: start and remove peripheral line or peripheral access device, administer IV fluids w/o additives or medications, peripheral and central venous IV site care, flush, lock	
16. Administer IV piggyback medications. <i>IV push medications administered ONLY by facility policy and procedure.</i>	
17. Converting a primary IV line into a saline lock	
18. Perform peripheral lab draw using a butterfly needle and syringe	
19. Discontinue IV therapy	
20. Perform tracheostomy care, suctioning, and dressing changes	
21. Perform sterile dressing procedures	
22. Perform routine care of chest tubes	
23. Assign tasks to other healthcare personnel and follow-up appropriately	

24. Recommend to appropriate provider drugs, medical devices, other forms of treatment, inhalation therapy, or related therapeutic procedures to enhance patient care	
25. Interpret and evaluate diagnostic tests to identify and assess patient's condition	
26. Perform patient and family teaching	
27. Perform orthostatic blood pressures; performs trending pulse oximeter readings	
28. Perform patient teaching related to disease process, treatment, medication, discharge, post-procedural care, etc.	