

STAFFING

1. REASON FOR ISSUE: This issuance changes Part II, Chapter 3, Section C, paragraph 9, "Location of Boards;" replaces Part II, Chapter 3, Appendix G6, "Nurse Qualification Standard;" changes Part II, Appendix H5, paragraph 2c, "Appointment to Nurse IV or V" and paragraph 2d, "Promotion to Nurse IV or Nurse V"; and changes Part III, Chapter 4, paragraph 6f(3), "Promotions to Nurse IV and Nurse V for Registered Nurses Other Than Those Cited in Subparagraph (2) Above," all dated April 15, 2002.

2. SUMMARY OF CONTENTS/MAJOR CHANGES:

a. Location of Boards. On the effective date of this change, all appointments, advancements, probationary reviews, and reassignments involving employees (other than Nurse Executives) in Nurse IV are to be sent to the appropriate VISN Nurse Professional Standards Board (NPSB) for review and recommendation. The exception is waiver of education requirements at Nurse IV, which are to be sent to the Central Office NPSB for review. All appointments, advancements, probationary reviews, and reassignments involving Nurse Executives positions at Nurse IV and all of actions involving positions at Nurse V are to be sent to the Central Office NPSB for review and recommendation. The change is being made to provide for more uniform application of the qualification standards.

b. Nurse Qualification Standard:

(1) The criteria for Nurse I and Nurse II are changed to provide that nurses may be appointed to or advanced within Nurse I and appointed or promoted to Nurse II if they possess an Associate Degree or Diploma in Nursing, a bachelors degree in a related field, and the required length of experience. Current employees who meet the new qualifications and the administrative requirements for promotion shall be promoted on the first day of the first pay period after the effective date of this change.

(2) New basic requirements concerning certification for nurse practitioners and clinical nurse specialists are being established. These standards apply on and after the effective date of this change.

(3) Nurse qualification standards effective on and after December 10, 1999, were to have been applied if employees had breaks in service of 1 day or more. This change clarifies the meaning of breaks in service and provides that standards effective on and after December 10, 1999, shall only be applied after breaks in service of 1 year or more. This change also provides for prospective adjustment of employees' grades and step rates if they were adversely affected by the former policy.

(4) Editorial changes were made to emphasize that the Nurse Qualification Standard also apply to registered nurses appointed on a without compensation and fee basis, to remove passed dates, and to clarify language relating to State approval and accrediting bodies.

(5) Graduates of foreign nursing schools are now required to possess a Certificate from the Commission on Graduates of Foreign Nursing Schools (CGFNS) prior to appointment.

(6) The title of paragraph 2b was changed from "Grade Requirements" to "Definitions" to more closely reflect its contents. In addition, the definition of "Successful Nursing Practice," was modified to clarify that it applies to both applicants and current employees.

(7) Language relating to accreditation at each grade and level are removed as language in the basic requirements and waiver paragraphs of the Standard are sufficient.

(8) The paragraph regarding deviations (now 2d) is changed to provide that accreditation by the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE) may be waived for any grade level, provided the institution is regionally accredited at the time the candidate graduates. Waivers are not required at the doctoral level if the institution was regionally accredited at the time the candidate graduates.

c. Advancement to Nurse IV and Nurse V. This change adds new procedures for considering employees for advancement to Nurse IV and Nurse V, and provides that basic or advanced certification are desired for advancement to these grades.

3. RESPONSIBLE OFFICE: The Human Resources Management Programs and Policies Service (051), Office of the Deputy Assistant Secretary for Human Resources.

4. RELATED DIRECTIVE: VA Directive 5005, "Staffing."

5. RESCISSIONS: VA Handbook 5005, "Staffing," Part II, Chapter 3, Section C, paragraph 9, "Location of Boards;" Part II, Chapter 3, Appendix G6, "Nurse Qualification Standards;" Part II, Appendix H5, Paragraphs 2c, "Appointment to Nurse IV or V" and paragraph 2d, "Promotion to Nurse IV or Nurse V;" and Part III, Chapter 4, paragraph 6f(3), "Promotions to Nurse IV and Nurse V for Registered Nurses Other Than Those Cited in Subparagraph (2) Above," all dated April 15, 2002.

CERTIFIED BY:

**BY DIRECTION OF THE SECRETARY
OF VETERANS AFFAIRS:**

/s/John A. Gauss
Assistant Secretary for
Information and Technology

/s/Jacob Lozada, Ph.D.
Assistant Secretary for Human
Resources and Administration

9. LOCATION OF BOARDS

- a. **Central Office Boards.** Boards are established in VA Central Office to act on appointments, advancements, probationary reviews and promotion reconsideration requests for Central Office and VISN office employees. In addition, the Central Office Physician Professional Standards Board acts on appointments and probationary reviews for Chiefs of Staff, as well as appointments, advancements, and probationary reviews for other Executive Grade field positions (such as VISN product line manager). The Central Office Nurse PSB acts on all promotion reconsideration requests from registered nurses[, all waivers of education requirements at Nurse IV (for employees who are not in Nurse Executive positions), and on all appointments, advancements, probationary reviews, and reassignments involving Nurse Executive positions at Nurse IV, as well as all actions involving positions at Nurse V].
- b. **Facility Boards.** Facility boards will be established to act on all appointments, advancements and probationary reviews, when a board can be properly constituted as provided in paragraph 5 above.
- c. **VISN Boards for Nurse Positions at [] Nurse IV.** [The VISN NPSB shall consider the appointment, advancement, change in assignment and reassignment of registered nurses in Nurse IV (other than Nurse Executives). The appropriate VISN NPSB is identified in appendix II-H5.]
- d. **VISN Boards for RTs, PTs, LPNs/LVNs, OTs and Pharmacists.** A VISN PSB for each occupation will be established within each VISN, at the facility designated by the Network Director, to consider appointments and advancements of individuals in these occupations. The VISN Board will act on appointments and advancements when a facility board cannot be properly constituted, and will consider requests for reconsideration or review of promotions initially considered by a facility Standards Board. An alternate board will be established within each VISN, at another facility designated by the Network Director, to process appointments and advancements initiated by the facility where the primary board is located and to serve as a substitute board when the primary board cannot be properly constituted.

APPENDIX G6. NURSE QUALIFICATION STANDARD

Veterans Health Administration

1. SECTION A. COVERAGE

a. Appointments

(1) Effective on or after December 10, 1999, individuals appointed to VHA RN positions will be subject to all qualification requirements stated in section B of this Qualification Standard. These requirements apply to:

- (a) Individuals not on VA rolls, and
- (b) VA employees in other positions who are appointed or reappointed as RNs

(2) [RNs Appointed Prior to December 10, 1999:

(a) RNs who have had a break in service of more than one year who are subsequently considered for the same or different RN position are subject to all qualification requirements stated in this Nurse Qualification Standard.

NOTE: *Facilities are to review the grades and step rates of employees affected by the provisions of paragraph 1a(2) of the Nurse Qualification Standard dated April 15, 2002, which required application of the requirements in Section B after a break in service of one day or more, to determine whether prospective adjustment of that grade or step rate are appropriate.*

(b) RNs initially appointed prior to December 10, 1999, who are reappointed after a break in service of one year or less, are not considered to have had a break in service.

(c) Employees separated due to work-related injuries, or restored based on military service are not considered to have had a break in service for purposes of applying all the qualification requirements in this Nurse Qualification Standard, provided the employee is reappointed within 1 year of becoming eligible for reappointment.

NOTE: *Employees in paragraphs 1a(2)(b) and (c) above are still subject to all the qualification requirements in this Nurse Qualification Standard on and after October 1, 2005.]*

b. Promotions and Advancements

(1) [] RNs covered by this Qualification Standard [who are eligible for promotion consideration shall] be considered for promotion and advancement under the procedures in chapter 4 of part III, this handbook.

(2) [Deleted.]

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(3) [Deleted.]

(4) From June 18, 2001 to September 30, 2005, RNs appointed before December 10, 1999, will be considered for promotion and advancement based on the Interim Educational Requirements in section C of this Standard and the nine "dimensions" contained in section B of this Standard.

(5) Effective October 1, 2005, all VA RNs will be considered for promotion and advancement based solely on the criteria in section B of this Standard.

(6) RNs appointed before December 10, 1999, who maintain continuous employment in VHA as a RN will not be reduced in grade based on application of this Standard.

(7) The Under Secretary for Health or designee is authorized to act upon requests for promotion reconsideration for RNs.

c. **Periodic Step Increases.** RNs appointed before December 10, 1999, will not be denied a periodic step increase on the basis of not meeting the educational requirements specified in section B of this Qualification Standard for their current grade.

d. **Transfer and Reassignment.** RNs appointed before December 10, 1999, will not be subject to the educational requirements in section B of this Qualification Standard until October 1, 2005, for the purpose of transfer or reassignment to another position at the same grade. All RNs appointed on or after December 10, 1999 will be required to meet the educational requirements in section B for transfer or reassignment.

2. SECTION B. NURSE QUALIFICATION STANDARD**a. Basic Requirements**

(1) **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

(2) Graduation from School of Nursing

(a) Graduate of a school of professional nursing approved by the appropriate State [] agency [, and accredited by one of the following accrediting bodies] at the time the program was completed by the applicant.

(b) [Deleted.]

1. The National League for Nursing Accrediting Commission (NLNAC), an accrediting arm of the National League for Nursing located at 61 Broadway, 33rd Floor, New York, New York 10006 or call (800) 669-1656 extension 153. [The NLNAC accredits all levels of nursing programs.] Additional information may be obtained from the [\[NLNAC web site\]](#); **or**

2. The Commission on Collegiate Nursing Education (CCNE), an accrediting arm of the American Association of Colleges of Nursing (AACN). [The CCNE accredits bachelors and masters degree programs, and] is located at One Dupont Circle N.W., Suite 530, Washington, DC 20036 or call (202) 463-6930. [Additional information may be obtained from [the [CCNE web site](#).]

(c) In cases of graduates of foreign schools of professional nursing, possession of current, full, active, and unrestricted registration (see paragraph [(3)] below) [and the possession of a Certificate from the Commission on Graduates of Foreign Nursing Schools (CGFNS)] will meet the requirement of graduation from an approved school of professional nursing.

[NOTE: *The CGFNS Certification Program is a three-part program designed to predict an applicant's likelihood of passing the NCLEX-RN® examination and becoming licensed as an RN in the United States. The three parts of the program include a credentials review, a Qualifying Exam of nursing knowledge, and an English language proficiency examination (i.e., the Test of English Language Proficiency, or TOEFL). Additional information about the CGFNS may be obtained from the [CGFNS web site](#).*

(d) [Deleted.]

(3) **Registration**

(a) **Condition of Employment.** A nurse will have a current, full, active and unrestricted registration as a graduate professional nurse in a State, Territory, or Commonwealth (i.e., Puerto Rico) of the U.S. or in the District of Columbia. The appointing official may waive this registration if the RN is to serve in a country other than the U.S. and the RN has registration in that country (e.g., Philippines). *The RN must maintain a current, full, active and unrestricted registration to continue employment with VA.*

(b) **Impaired Registration.** Any registration(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status. A nurse who has or ever had any such impairment to their registration as listed above may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 15 of this part.

(4) **Physical Standards.** See VA Directive and Handbook 5019.

(5) **English Language Proficiency.** RNs appointed to direct patient care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 7407(d).

[(6) **Nurse Practitioners and Clinical Nurse Specialists.** On and after the date of this change, nurses appointed or otherwise moving into these assignments must meet and maintain the following additional qualifications. This includes employees appointed before this change who obtain such qualifications on or after the date of this change.

(a) **Nurse Practitioners.** A nurse practitioner must be licensed or otherwise recognized as a nurse practitioner in a State, and maintain full and current certification as a nurse practitioner from the American Nurses Association or another nationally recognized certifying body.

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(b) Clinical Nurse Specialists. A clinical nurse specialist must possess a Masters degree from an academic program accredited by the NLNAC or CCNE with a major in the clinical nursing specialty to which the nurse is to be assigned.

(c) Prescriptive Authority. This handbook does not address any additional requirements that nurse practitioners and clinical nurse specialists must meet before they are granted prescriptive authority.]

b. [Definitions]

(1) **Successful Nursing Practice.** Documented evidence of [] experience as [an] RN that is determined to be [sustained and consistently at or above] an acceptable level of quality. This may include experience as a Graduate Nurse Technician (GNT) provided the candidate was utilized as a professional nurse and passed the State licensing (board) examination on the first attempt[, and] experience as a Nurse Technician Pending Graduation provided the candidate possessed an active, current registration to practice nursing in a State and was utilized as a professional nurse (See chapter 3, section G, paragraph 5, this part). [It may also include performance as a VA nurse that is at or above the fully satisfactory level.] Professional nursing experience should be documented on [the Proficiency Report, VA Form 10-2623, the] VA Form 10-2850a, Application for Employment – Nurses and Nurse Anesthetists, or on a candidate’s resume.

(2) **Length of Nursing Practice (Experience).** The amount of time documented on VA Form 10-2850a or on a candidate’s resume. (A performance evaluation or reference covering the candidate’s most recent employment as a RN is essential.) Part-time experience as a RN is credited according to the relationship it bears to the full-time workweek. For example, a RN who worked 20 hours a week (i.e., on a half-time basis) would receive one full-time workweek of credit for each 2 weeks of such service.

(3) **Degree in a Related Field.** Baccalaureate and graduate degrees in fields related to nursing from a college or university which was accredited by the state at the time the candidate completed the program. Information on accredited colleges and universities is contained in Accredited Institutions of Post-secondary Education, published annually by the American Council on Education, One Dupont Circle NW, Washington, DC 20036, or call (202) 939-9300. Information can be obtained from [the [ACE web site.](#)]

(4) **Level Within a Grade.** The Locality Pay System (LPS) recognizes that some employees at the Nurse I grade have higher qualifications assignments than other employees within the same grade. The qualification requirements for attainment of a higher level within the Nurse I grade are contained in [paragraph c], Grade Determinations, below.

(5) **Nine Dimensions of Nursing.** Nine criteria define the performance requirements for RNs at each grade and/or level in the Nurse Qualification Standard. These requirements listed below, are based on the American Nurses Association (ANA) Standards of Care and Standards of Professional Performance.

(a) **Practice.** Extent to which the RN effectively uses the nursing process components of assessment, diagnosis, outcome identification, planning, implementation, and evaluation in varied practice settings.

(b) **Quality of Care.** Extent to which the RN systematically evaluates and improves the quality and effectiveness of nursing practice and health care delivery.

(c) **Performance.** Extent to which the RN evaluates his/her own nursing practice as well as the performance of others.

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(d) **Education/Career Development.** Extent to which the RN acquires and uses current knowledge for self and others.

(e) **Collegiality.** Extent to which the RN contributes to the professional development of peers, colleagues, and others.

(f) **Ethics.** Extent to which the RN makes decisions and takes action in an ethical manner.

(g) **Collaboration.** Extent to which the RN collaborates with clients, significant others, and other health care and service providers.

(h) **Research.** Extent to which the RN uses research in practice.

(i) **Resource Utilization.** Extent to which the RN considers factors related to safety, effectiveness, and cost in planning and delivering care.

[c.] **Grade Determinations.** In addition to the Basic Requirements specified in paragraph a above, the following criteria must be met in determining the grade assignment of candidates, and if appropriate, the level within a grade. With regard to the "dimension" requirements, the requirements for all "dimensions" at a particular grade/level must be met in order for a RN to be qualified at that particular grade/level.

[(1)] Nurse I Level 1

Scope: Delivers fundamental, knowledge-based care to assigned clients while developing technical competencies.

NURSE I LEVEL 1

EDUCATION	EXPERIENCE	DIMENSION REQUIREMENTS
Associate Degree or Diploma [in Nursing]	None	<p>1. Practice: Uses the nursing process (assessment, diagnosis, outcome identification, planning, implementation, and evaluation). Accurately documents care of clients.</p> <p>2. Quality of Care: Describes the quality improvement process, roles and responsibilities, and identifies quality improvement activities on the unit.</p> <p>3. Performance: Participates in appraisal of own performance.</p> <p>4. Education/Career Development: Seeks opportunities to acquire and develop basic skills.</p> <p>5. Collegiality: Establishes professional relationships with peers. Seeks out colleagues for mutual information exchange.</p> <p>6. Ethics: Safeguards client privacy and confidentiality. Provides care in a non-judgmental, non-discriminatory manner, respecting the values and beliefs of members of all cultures.</p> <p>7. Collaboration: Communicates with clients and other healthcare providers regarding client care.</p> <p>8. Research: Assists in identifying problem areas in nursing practice.</p> <p>9. Resource Utilization: Provides care in a safe and cost-effective manner.</p>

NOTE: As used in this and subsequent tables, “Experience” refers to total years of successful nursing practice rather than experience at current grade level.

[(2)] Nurse I Level 2

Scope: Demonstrates integration of biopsychosocial concepts, cognitive skills, and technically competent practice in providing care to clients with basic or complex needs.

NURSE I LEVEL 2

EDUCATION	EXPERIENCE	DIMENSION REQUIREMENTS
Associate Degree or Diploma [in Nursing]	Approx. 1 year	<p>1. Practice: Demonstrates competency using the nursing process in providing care for clients. Directs others who provide care.</p> <p>2. Quality of Care: Uses quality improvement findings to guide and direct own practice.</p>
(OR)		
[Associate Degree or Diploma in Nursing and bachelors degree in a related field]	[None]	<p>3. Performance: Incorporates feedback regarding performance and interpersonal skills to enhance professional development. Participates in the performance evaluations of others.</p> <p>4. Education/Career Development: Seeks knowledge and skills appropriate to the practice setting to improve performance.</p>
(OR)]		
Bachelor of Science in Nursing (BSN) []	None	<p>5. Collegiality: Shares knowledge/skills with colleagues/others.</p> <p>6. Ethics: Assumes responsibility and accountability for individual nursing judgments and actions. Acts as a client advocate.</p> <p>7. Collaboration: Participates effectively on teams to plan and manage client care.</p> <p>8. Research: Demonstrates awareness of research application to practice.</p> <p>9. Resource Utilization: Plans and organizes care based on client needs and provider competencies to assure safe, efficient and cost-effective care.</p>

[(3)] Nurse I Level 3

Scope: Demonstrates proficiency in practice based on conscious *and* deliberate planning. Self-directed in goal setting for managing complex client situations.

NURSE I LEVEL 3

EDUCATION	EXPERIENCE	DIMENSION REQUIREMENTS
Associate Degree or Diploma [in Nursing] (OR)	Approximately 2-3 years	<p>1. Practice: Demonstrates proficiency using the nursing process in providing care for clients with complex nursing care needs. Guides and directs others who provide care.</p> <p>2. Quality of Care: Participates in established quality improvement studies and/or activities.</p>
[Associate Degree or Diploma in Nursing and bachelors degree in a related field. (OR)]	[Approximately 1-2 years]	<p>3. Performance: Conducts self-assessment of performance and identifies own learning needs. Assesses performance of others.</p> <p>4. Education/Career Development: Implements an ongoing educational plan to support own professional development.</p> <p>5. Collegiality: Provides feedback regarding the practice of others to improve client care.</p>
BSN [] (OR)	Approximately 1-2 years	<p>6. Ethics: Identifies ethical issues in practice and takes appropriate action.</p> <p>7. Collaboration: Refers to, consults with, and makes provision for continuity of care with other health care providers.</p>
Master's degree in nursing or related field with a BSN []	None	<p>8. Research: Uses a body of research to validate and/or change own professional practice.</p> <p>9. Resource Utilization: Delegates care in a safe, efficient, and cost-effective manner. Assists clients in identifying and securing appropriate services.</p>

NOTE: *Employees at Nurse I must successfully advance through each level of the grade before being promoted to Nurse II.*

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[(4)] **Nurse II**

Scope: Demonstrates leadership in delivering and improving holistic care through collaborative strategies with others.

NURSE II

EDUCATION	EXPERIENCE	DIMENSION REQUIREMENTS
BSN [] (OR) [Associate Degree or Diploma in Nursing and bachelors degree in a related field (OR)]	Approximately 2-3 years [Approximately 2-3 years]	<p>1. Practice: Applies the nursing process to systems or processes at the unit/team/work group level to improve care. Demonstrates leadership by involving others in improving care.</p> <p>2. Quality of Care: Initiates/participates in quality improvement activities that result in approved outcomes.</p> <p>3. Performance: Evaluates practice of self and others using professional standards, relevant statutes, and regulations. Takes action to improve performance.</p> <p>4. Education/Career Development: Acquires knowledge and skills to maintain expertise in area of practice. Participates in educational activities to improve clinical knowledge and enhance role performance.</p>
Master's degree in nursing or related field with BSN [] (OR)	Approximately 1-2 years	<p>5. Collegiality: Educates colleagues and/or students and serves as a preceptor and/or mentor.</p> <p>6. Ethics: Supports and enhances client self-determination. Serves as a resource for clients and staff in addressing ethical issues.</p>
Doctoral degree in nursing or [meets basic requirements for appointment and has doctoral degree in related field]	None	<p>7. Collaboration: Uses group process to identify, analyze, and resolve care problems.</p> <p>8. Research: Uses a body of research to validate and/or change work group practice.</p> <p>9. Resource Utilization: Identifies and assesses resource utilization and safety issues, taking appropriate action.</p>

[(5)] Nurse III

Scope: Executes position responsibilities that demonstrate leadership, experience, and creative approaches to management of complex client care.

NURSE III

EDUCATION	EXPERIENCE	DIMENSION REQUIREMENTS
Master's degree in nursing or related field with BSN [] (OR) Doctoral degree in nursing or related field []	Approximately 2-3 years Approximately 2-3 years	<ol style="list-style-type: none"> 1. Practice: Provides leadership in the application of the nursing process to client care, organizational processes and/or systems, improving outcomes at the program or service level. 2. Quality of Care: Initiates interdisciplinary projects to improve organizational performance. 3. Performance: Uses professional standards of care and practice to evaluate programs and/or service activities. 4. Education/Career Development: Implements an educational plan to meet changing program or service needs for self and others. Maintains knowledge of current techniques, trends, and professional issues. 5. Collegiality: Coaches colleagues in team building. Makes sustained contributions to health care by sharing expertise within and/or outside the medical facility 6. Ethics: Provides leadership in identifying and addressing ethical issues that impact clients and staff, including initiating and participating in ethics consultations. 7. Collaboration: Uses the group process to identify, analyze, and resolve care problems. 8. Research: Collaborates with others in research activities to improve care. 9. Resource Utilization: Manages program resources (financial, human, material, or informational) to facilitate safe, effective, and efficient care.

[(6)] Nurse IV

Scope: Executes leadership that is characterized by substantial and continuous responsibility and accountability for population groups or integrated programs that cross service and/or discipline lines and influence organizational mission and health care.

NURSE IV

EDUCATION	EXPERIENCE	DIMENSION REQUIREMENTS
Master's degree in nursing or related field with BSN [] (OR) Doctoral degree in nursing or related field [(AND) Appropriate basic or advanced certification desired]	Approximately 4-5 years Approximately 3-4 years	<p>1. Practice: Uses an analytical framework, such as the nursing process, to create an environment that facilitates the delivery of care. Coordinates and evaluates integrated programs or demonstrates clinical excellence in management of population groups.</p> <p>2. Quality of Care: Provides leadership in improving and sustaining the quality and effectiveness of care in diverse or complex programs.</p> <p>3. Performance: Implements standards of professional practice and accrediting bodies, and applicable regulations.</p> <p>4. Education/Career Development: Develops staff for career progression. Forecasts new knowledge needs for changing practice environments/population groups. Plans, implements, and evaluates strategies to meet those needs.</p> <p>5. Collegiality: Contributes to the professional growth and development of colleagues and other health care providers at the local, regional, state, or national level.</p> <p>6. Ethics: Provides leadership in addressing ethical issues that impact clients and staff in or beyond the organization and the local health care community.</p> <p>7. Collaboration: Demonstrates leadership in developing productive working relationships with groups in other programs, services, academic settings, and community agencies.</p> <p>8. Research: Collaborates with staff, other disciplines, faculty, and peers in developing, conducting, and evaluating research activities and programs.</p> <p>9. Resource Utilization: Designs, modifies, and implements systems compatible with professional standards and with the mission and goals of the organization to improve the cost-effective use of resources.</p>

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[d.] **Deviations**

(1) **Waiver of NLNAC or CCNE Accreditation Requirement.** The approving official may authorize a waiver of the requirement for NLNAC or CCNE accreditation of the baccalaureate or masters degree in nursing provided the college or university has regional accreditation [at the time of the candidate's graduation] and the composite qualifications of the applicant warrant such consideration. [Waivers at the doctoral level are not required; however, the program must be regionally accredited at the time of the candidate's graduation.]

(2) **Waiver of Experience and/or Degree Requirements.** The approving official may authorize a waiver of experience and/or the degree requirements for individuals whose professional accomplishments, performance, and qualifications warrant such consideration based on demonstrated ability to meet the requirements for promotion to the next higher grade or advancement to a higher level within the grade. Waivers of degree requirements are not authorized for appointments. If a waiver of education requirements above Nurse III level is recommended, the recommendation will be forwarded through the approving official who will forward [it] to the [] Central Office NPSB (HQ/NPSB)[.] The [] HQ/NPSB will evaluate the request by using the nine "dimensions" of nursing and scope of assignment. After review, the recommendation of the board will be forwarded to the approving official for a decision.

3. SECTION C. INTERIM EDUCATIONAL REQUIREMENTS FOR RNs. From June 18, 200[1] to September 30, 2005, RNs appointed before December 10, 1999 will be considered for promotion and advancement based on the following Interim Educational Requirements for RNs and the nine "dimensions" contained in section B of this Qualification Standard.

Minimum Requirements for:	Education
Nurse I Level 2	Associate degree or diploma in nursing
Nurse I Level 3	Associate degree or diploma in nursing
Nurse II	Associate degree or diploma in nursing
Nurse III	Baccalaureate degree in nursing from NLNAC/CCNE-accredited program
Nurse IV	Master's degree in nursing or related field with a BSN from a NLNAC/CCNE accredited program
Nurse V	Master's degree in nursing or related field with a BSN from a NLNAC/CCNE accredited program

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forward applications of all qualified applicants to the Search Committee or other group designated to review the applications.

(2) The Search Committee, or other group, will rate applicants “Qualified” or “Highly Qualified” and forward all applications to the approving official for a tentative selection.

(3) The approving official will forward the tentative selection to the appropriate Nurse Professional Standards Board (NPSB). The NPSB will review the scope of the position and the candidate’s qualifications to determine if assignment of Nurse IV or V is warranted and will make a recommendation to the approving official.

NOTE: *Except as specified in subparagraph 3a of this appendix, VA Central Office NPSB is appropriate for VA Central Office [employees,] Veterans Integrated Service Network (VISN) staff, [and on all appointments to Nurse Executive and Nurse V positions.] The NPSB for the VISN (see paragraph 4) acts on [other] appointments to Nurse [IV which do not require a waiver of education]. Under no circumstances are facilities to use other boards at local facilities, or another VISN Board, in lieu of using the VISN Board designated for their network.*

(4) The facility Director or designee will approve the selection. All candidates will be advised of their selection or non-selection for the position.

d. Promotions to Nurse IV or Nurse V

(1) The recommending official forwards the proposed functional description, employee’s curriculum vitae and the latest two proficiency reports (or their equivalent) to the appropriate NPSB for review.

NOTE: *VHA Central Office NPSB is appropriate for VHA Central Office [employees, VISN staff, all Nurse Executives, and Nurse V positions]. All other promotions and advancements [to or within Nurse IV which do not require a waiver of education] are to be reviewed by the [VISN] NPSB [] (see paragraph 4).*

(2) The NPSB reviews the employee’s qualifications and the scope of the position to determine whether the proposed grade is warranted and makes a recommendation regarding the employee’s promotion to the approving official (facility Director or designee).

(3) The approving official approves or disapproves the promotion.

NOTE: *To recommend an action covered by paragraph d, the NPSB must find that the individual meets the qualifications for the position and that the scope and complexity of the assignment are comparable to the corresponding Nurse Executive assignment. The corresponding Nurse Executive assignment means that: a Nurse IV assignment must be comparable to a Nurse Executive assignment at a Level III or IV (complexity index) facility; a Nurse V assignment must be comparable to a Nurse Executive at a Level I or II (complexity index) facility.*

[e. **Employee Education System.** The VISN NPSB acts on actions below Nurse V not requiring a

waiver of the education requirement.

f.]. **Reassignments and Changes in Assignment**

NOTE: *A reassignment is a change from one position to another. A change in assignment is a change in the duties and responsibilities of a specific position.*

(1) **Reassignment.** If a nurse is reassigned and the reassignment does not involve a change in grade, an NPSB review and recommendation are not required. If a change in grade is involved, the procedures in paragraph 2d will be used.

(2) **Change in Assignment.** If the duties and responsibilities of a position are significantly changed, the procedures in paragraph 2d will be used to determine whether the employee should be advanced to a higher grade. Minor changes in duties and responsibilities may be accomplished by revising or amending the employee's functional statement.

3. APPOINTMENT, ADVANCEMENT, REASSIGNMENT, AND CHANGE IN ASSIGNMENT OF NURSE EXECUTIVES. Procedures for the recruitment, appointment, advancement, change in assignment and reassignment of Nurse Executives are the same as in paragraph 2, except as follows:

a. **Waivers of Complexity Level.** VHA Central Office NPSB is the appropriate NPSB for all appointments and advancements involving a waiver of facility complexity level.

b. **Notification of VISN and VA Central Office.** When a selection is made for one of these positions, facility officials will notify the appropriate Network Director and the [Office of Nursing Services (108)] in VA Central Office.

4. NPSBs FOR VISNs

a. **Location.** Each VISN is assigned to an NPSB as follows:

- (1) **New York NPSB.** VISNs 1, 2, 3
- (2) **Pittsburgh (Aspinwall) NPSB.** VISNs 4, 5, 6
- (3) **Gainesville NPSB.** VISNs 7, 8, 9
- (4) **Indianapolis NPSB.** VISNs 10, 11, 12, 13, 14
- (5) **Denver NPSB.** VISNs 15, 19
- (6) **Oklahoma City NPSB.** VISNs 16, 17, 18
- (7) **Seattle NPSB.** VISNs 20, 21
- (8) **Long Beach NPSB.** VISN 22

(b) The NPSB reviews the employee's qualifications and the scope of the position to determine whether the proposed grade is warranted and makes a recommendation regarding the employee's promotion to the approving official (facility Director or designee for nurse executives, the Under Secretary for Health or designee for VISN and Central Office staff).

(c) The approving official approves or disapproves the promotion.

(d) Notification of VISN and VA Central Office. When a selection is made for one of these positions, approving officials will notify the appropriate Network Director and the [Office of Nursing Services (108)] in VA Central Office.

(3) Promotions to Nurse IV and Nurse V for Registered Nurses Other Than Those Cited in Subparagraph (2) Above

(a) Procedures for advancement are the same as in paragraph (2) above, except subparagraph (d) does not apply to those covered by this paragraph.

(b) [A]pproximately 120 days before the anniversary date of the registered nurse's assignment to Nurse III or IV, the AAC will send to the facility a VA Form 5-97, Notice of Pending Personnel Action, in duplicate. The servicing Human Resources Management Office will retain the duplicate [] as a suspense copy and forward the original to the Nurse Executive. The Nurse Executive will review the registered nurse's assignment and compare it with the criteria in the VA Nurse Qualification Standard for the grade for which the registered nurse is being considered and the criteria in paragraph 6c above. [] If the Nurse Executive recommends advancement, the front of the VA Form 10-2543, Board Action, will be completed[, and a special Proficiency Report shall be prepared if the most recent Proficiency Report does not accurately reflect the employee's current performance.] The recommendation, the Board Action, the registered nurse's personnel folder, and a description of the assignment's responsibilities will be forwarded [] to the facility Director. If the [] Director concurs, the Director will send the documents, along with the recommendations, to the appropriate NPSB. [If the Nurse Executive does not recommend advancement, the facility Director does not concur, or the facility Director disapproves the advancement after review by the NPSB, the recommending, concurring, or approving official is to take the actions prescribed in paragraph 3(d) below.]

(c) Recommendations [] will address the individual's personal qualifications as specified in the VA Nurse Qualification Standard and the scope and complexity of the assignment. To recommend an action covered by this paragraph, the NPSB must find that the individual meets the qualifications for the position and that the scope and complexity of the assignment are comparable to the corresponding Nurse Executive assignment. The corresponding Nurse Executive assignment means that:

1. A Nurse IV assignment must be comparable to a Nurse Executive assignment at a Level 4 or 3 (complexity index) facility,

2. A Nurse V assignment must be comparable to a Nurse Executive at a Level 2 or 1 (complexity index) facility.

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(d) If advancement is not recommended[, the facility Director does not concur, or the action is] disapproved[, a] Board Action [is to be completed and approved by the recommending, concurring, or approving official. The Board Action is to] be filed in the personnel folder, and the nurse will be informed of the decision.

(e) Once appropriate officials have determined that the scope and complexity level of the assignment do not warrant promotion to a higher grade, a review of the registered nurse's qualifications and performance is required only when there has been a significant change in the nature of assignment or a reassignment.

(f) Registered nurses who are not recommended or approved for assignment to these grades are not entitled to higher level review[, including promotion reconsideration].

(g) Grade assignments to Nurse IV or above are limited to the registered nurse's current position. Registered nurses who are reassigned will not retain Nurse IV or above unless a determination is made by the appropriate NPSB that the duties of the new position meet the scope and complexity criteria for the contemplated grade. Also, the position vacated will not be filled at the Nurse IV level or above without prior review of the qualifications of the individual registered nurse to be assigned to the position. Such recommendations will be forwarded to the appropriate NPSB.

(4) Promotion Consideration to Nurse III and Below for the Positions of Associate Chief, Nursing Service for Education; Supervisor, Nursing Home Care Unit; Assistant Chief, Nursing Service []; Associate Chief, Nursing Service; and Associate Chief, Nursing Service for Research

(a) Upon receipt of VA Form 5-97, the Human Resources Management office will retain the duplicate copy of the form as a suspense copy and forward the original to the Nurse Executive. This individual will complete the front of VA Form 10-2543. If the most recent proficiency report on file was prepared more than 6 months before the date of promotion consideration, narrative performance evaluations will be prepared by the Nurse Executive and by the Chief of Staff. These evaluations may be in the form of a supplement to the latest proficiency report. The registered nurse's file, including the personnel folder, will then be forwarded, through the facility Director, to the appropriate NPSB for consideration, after the Human Resources Management Officer has made an administrative review of the case.

(b) Following consideration by the appropriate Board, the file will be returned to the facility Director for approval or disapproval.

(5) Promotions and Advancements to a Higher Level within the Grade to Nurse III and Below Other Than for Positions Identified in Subparagraph (4) Above. (Also see appendix III-M, this part, for processing instructions.)

(a) In considering a registered nurse for promotion or advancement to a higher level within the grade, the local NPSB determines whether or not the individual meets the VA Nurse Qualification Standard requirements. If the board determines that requirements are met, the registered nurse is eligible for