

## **Understanding the Relationship between the APRN Consensus Model and the APRN Compact**

The Advanced Practice Registered Nurse (APRN) Consensus Model was developed in 2008 to provide clarity and uniformity among states for the APRN role, population foci, specialty areas, scope of practice and educational requirements.

The Consensus Model is a result of the collaborative work of the APRN Consensus Work Group and National Council of State Boards of Nursing APRN Advisory Committee with extensive input from the APRN stake-holder community.

For states to adopt the APRN Compact they must comply with the key provisions of the APRN Consensus Model. Currently Iowa does meet the majority of the key provisions to move forward with the adoption of the APRN Compact.

To be in full compliance of the APRN Consensus Model Iowa must change the title from Advanced Registered Nurse practitioner (ARNP) to Advanced Practice Registered Nurse (APRN) and do so legislatively. At this point in time the current title ARNP will not prevent Iowa from moving forward with the APRN Compact, primarily because 10 states must legislatively adopt the APRN Compact for it to be implemented. Currently, two states, Idaho and Wyoming have adopted the APRN Compact and it is estimated that three to four states will adopt the APRN Compact yearly until 10 states have joined. Therefore, Iowa has time to make the title change with the support of all four advanced practice roles.

The following are the foundational requirements for licensure by Boards of Nursing to be congruent with the APRN Consensus Model as identified in the APRN Joint Dialogue Group Report, July 7, 2008.

Boards of Nursing will:

1. license APRNs in the categories of Certified Registered Nurse Anesthetist (CRNA), Certified Nurse-Midwife (CNM), Clinical Nurse Specialist (CNS) or Certified Nurse Practitioner (CNP) within a specific population focus;
2. be solely responsible for licensing Advanced Practice Registered Nurses;
3. only license graduates of accredited graduate programs that prepare graduates with the APRN core, role and population competencies ;

4. require successful completion of a national certification examination that assesses APRN core, role and population competencies for APRN licensure;
5. not issue a temporary license;
6. only license an APRN when education and certification are congruent;
7. license APRNs as independent practitioners with no regulatory requirements for collaboration , direction or supervision;
8. allow for mutual recognition of advanced practice registered nursing through the APRN Compact;
9. have at least one APRN representative position on the board and utilize an APRN advisory committee that includes representatives of all four APRN roles; and,
10. institute a grandfathering clause that will exempt those APRNs already practicing in the state from new eligibility requirements.

The Iowa Board of Nursing is in the process of reviewing and revising 655 Iowa Administrative Code, Chapter 7, Advanced Registered Nurse Practitioners, to be consistent with the Consensus Model. The rules will define the roles, population foci, educational and licensing requirements, and scope of practice for the advanced practice nurse.

A grandfathering clause will be in place for currently practicing ARNPs once the state adopts the Consensus Model [in its entirety](#). The ARNP will be permitted to practice as long as they retain their licensure and certification.

Refer to the diagram which outlines the four roles, current population foci for each role and the core educational requirements.