

I believe that the Boards' interpretation of the *Criteria for Evaluation of Nurse Practitioner Programs* is grossly inaccurate and therefore the rule 221.3 is invalid and must be changed. As highlighted below, an overlap of clinical hours across two roles may occur and the 500 supervised hours are for post-graduate students who are not already NPs. The TxBON should be embarrassed by their incompetence and misleading.

The TxBON rule 221.3 requires someone like myself, who is an Adult Nurse Practitioner, licensed in Texas and nationally certified, who wants to expand practice into an additional population, Family Nurse Practitioner, must complete 500 separate, non-duplicated clinical hours in that new population area. The TxBON states that they base this rule on guidelines from The National Task Force on Quality Nurse Practitioner Education. Texas is the only State with such a rule.

From The National Task Force on Quality Nurse Practitioner Education, the basis of the TxBON rule,

Criterion III.E: The NP program/track has a minimum of 500 supervised *direct patient care clinical hours* overall. *Clinical hours* must be distributed in a way that represents the population needs served by the graduate.

Dual track nurse practitioner programs include content in two NP *population-focused* areas or in both primary care and acute care and prepare students who are eligible for *certification* in these same two NP population-focused areas or for both primary care and acute care NP practice. Content and clinical experiences in both *population-focused* areas must be addressed and clinical experiences in both areas must be completed. **While a minimum of 500 clinical hours is needed in each single *population-focused* area of practice to meet the NP competencies, an overlap of clinical hours might occur across the two roles (primary care and acute care) or the two NP *population-focused* areas.** However, NP programs must document how the clinical hours address the preparation for the two areas of practice. **The population foci of the dual tracks will determine the extent to which overlap may occur.**

Criterion III.F: Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic *graduate NP program* through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students **who are not already NPs are required to complete a minimum of 500 supervised *direct patient care clinical hours*.**

NPs returning for a post-graduate certificate or academic degree in an NP population focused area in which they are not currently practicing or certified:

Special consideration should be given to NPs expanding into another NP *population-focused* area of practice by allowing them to challenge selected courses and experiences; however, didactic and clinical experiences shall be sufficient to allow the student to master the competencies and meet the criteria for national certification in the new population-focused area of practice. **These students must complete a sufficient number of *direct patient care clinical hours* to establish competency in the new *population-focused* area of practice.** *;- I completed 235 clinical hours in my Post-Masters' FNP program which included 70 hours of OB and 165 hours in pediatrics. This is inarguably the only difference between Adult NP and Family NP program. I met the criteria for national certification.*

Travis Read