

**SC Board of Nursing  
Nursing Scope of Practice Opinion Request Form**

Instructions: To pose a question to the Board of Nursing's Practice & Standards Committee regarding scope of practice, answer all of the questions on the Nursing Scope of Practice Opinion Request Form. Provide supporting documents as indicated. Mail or e-mail your opinion request with supporting documents to:

**Mailing Address**

SC Board of Nursing  
P.O. Box 12367  
Columbia, SC 29211

**E-mail**

[nurseboard@llr.sc.gov](mailto:nurseboard@llr.sc.gov)

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Background Information for Person Submitting the Form	
Name:	
Licensure: <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> APRN	Date:
Employer:	
E-mail Address:	

Please answer questions 1 – 12 below.	
1	Check the licensure level(s) to which your question applies.  <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> APRN
2	State your question.
3	Describe the practice/procedure that you are questioning. (Use the questions outlined in Step 1 of the Scope of Practice Decision Tree as a guide.)
4	Is there a reference in the SC Nurse Practice Act or one of the Board of Nursing Advisories that is related to your question? If so please list the section(s) of the Nurse Practice Act and/or the Advisory number(s).
5	Has a professional nursing organization developed a position on the practice/procedure? If so, attach a copy.  <input type="checkbox"/> Copy attached. <input type="checkbox"/> No professional nursing organization has developed a position.
6	Does the employing organization or facility have policies and procedures related to the practice/procedure? If so, attach a copy.  <input type="checkbox"/> Copy attached. <input type="checkbox"/> No policies and/or procedures currently exist.
7	Briefly describe the circumstances/environment in which this practice/procedure will take place.

8	What type of education, training, and skills assessment will be provided to nurses who will perform this practice/procedure?
9	Are nurses performing this practice/procedure within this state or other states? If yes, where? Provide copies of policies or procedural guidance being used if available.
10	List reasons why nurses should engage in this practice/procedure. Provide documentation of information and/or literature that supports the practice/procedure.
11	List reasons why nurses should not engage in the practice/procedure. Provide documentation of information and/or literature that advises against nurses performing the practice/procedure.
12	Provide a summary of your institution's or agency's nursing practice committee discussions. What were the challenges that the committee encountered in resolving the question.