G.S. 150B-21.3A Report for 21 NCAC 36, BOARD OF NURSING

Agency - Board of Nursing

Comment Period - February 27, 2026 - May 8, 2026

Date Submitted to APO - Filled in by RRC staff

Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]	Federal Regulation Citation	Public Comment Received [150B-21.3A(c)(1)]	Agency Determination Following Public Comment [150B-21.3A(c)(1)]
	SECTION .0100 - GENERAL PROVISIONS	21 NCAC 36 .0109	SELECTION AND QUALIFICATIONS OF NURSE MEMBERS	Readopted Eff. January 1, 2019	Necessary	No		Yes	Necessary
		21 NCAC 36 .0112	DETERMINATION OF VACANCY	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0113	DETERMINATION OF QUALIFICATIONS	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0119	SUSPENSION OF AUTHORITY TO EXPEND FUNDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018	Necessary	No		No	Necessary
		21 NCAC 36 .0120	DEFINITIONS	Amended Eff. ~~January 1, 2019~~ March 1, 2024	Necessary	No		No	Necessary
		21 NCAC 36 .0121	PETITIONING FOR RULEMAKING	Eff. November 1, 2020	Necessary	No		No	Necessary
		21 NCAC 36 .0122	PETITIONS FOR DECLARATORY RULINGS	Eff. November 1, 2020	Necessary	No		No	Necessary
	SECTION .0200 – LICENSURE	21 NCAC 36 .0201	BIENNAL RENEWAL	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0202	INACTIVE AND RETIRED STATUS	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0203	REINSTATEMENT OF EXPIRED LICENSE	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0207	VERIFICATION TO ANOTHER STATE	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0208	CHANGE OF NAME AND CONTACT	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0211	~~LICENSURE BY EXAMINATION~~ ELIGIBILITY AND APPLICATION FOR LICENSURE BY EXAMINATION	Amended Eff. March 1, 2025	Necessary	No		No	Necessary
		21 NCAC 36 .0213	REEXAMINATION	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0217	INVESTIGATIONS; DISCIPLINARY HEARINGS	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0218	LICENSURE BY ENDORSEMENT	Amended Eff. March 1, 2025	Necessary	No		No	Necessary
		21 NCAC 36 .0219	TEMPORARY LICENSE	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0220	REFRESHER COURSE	Amended Eff. March 1, 2024	Necessary	No		No	Necessary
		21 NCAC 36 .0221	LICENSE REQUIRED	Amended Eff. July 1, 2023	Necessary	No		No	Necessary
		21 NCAC 36 .0223	CONTINUING EDUCATION PROGRAMS	Readopted Eff. January 1, 2019	Necessary	No		Yes	Necessary
		21 NCAC 36 .0224	COMPONENTS OF NURSING PRACTICE FOR THE REGISTERED NURSE	Readopted Eff. January 1, 2019	Necessary	No		Yes	Necessary
		21 NCAC 36 .0225	COMPONENTS OF NURSING PRACTICE FOR THE LICENSED PRACTICAL NURSE	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0226	NURSE ANESTHESIA PRACTICE	Readopted Eff. January 1, 2019	Necessary	No		Yes	Necessary
		21 NCAC 36 .0228	CLINICAL NURSE SPECIALIST PRACTICE	Amended Eff. December 1, 2023	Necessary	No		No	Necessary

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		21 NCAC 36 .0231	EXCEPTIONS TO HEALTH CARE PRACTITIONERS IDENTIFICATION REQUIREMENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018	Necessary	No		No	Necessary
		21 NCAC 36 .0232	CONTINUING COMPETENCE	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0233	OUT OF STATE STUDENTS	Amended Eff. March 1, 2024	Necessary	No		No	Necessary
	SECTION .0300 - APPROVAL OF NURSING PROGRAMS	21 NCAC 36 .0302	ESTABLISHMENT OF A NURSING PROGRAM - INITIAL APPROVAL	Amended Eff. March 1, 2024	Necessary	No		No	Necessary
		21 NCAC 36 .0303	EXISTING NURSING PROGRAM	Amended Eff. March 1, 2024	Necessary	No		Yes	Necessary
		21 NCAC 36 .0309	PROCESS FOR PROGRAM CLOSURE	Amended Eff. March 1, 2024	Necessary	No		No	Necessary
		21 NCAC 36 .0317	ADMINISTRATION	Amended Eff. March 1, 2024	Necessary	No		Yes	Necessary
		21 NCAC 36 .0318	FACULTY	Amended Eff. March 1, 2024	Necessary	No		No	Necessary
		21 NCAC 36 .0320	STUDENTS	Amended Eff. March 1, 2024	Necessary	No		No	Necessary
		21 NCAC 36 .0321	CURRICULUM	Amended Eff. March 1, 2024	Necessary	No		No	Necessary
		21 NCAC 36 .0323	RECORDS AND REPORTS	Amended Eff. March 1, 2024	Necessary	No		No	Necessary
	SECTION .0400 - UNLICENSED PERSONNEL: NURSE AIDES	21 NCAC 36 .0401	ROLES OF UNLICENSED PERSONNEL	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0402	COORDINATION WITH DIVISION OF HEALTH SERVICE REGULATION	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0403	QUALIFICATIONS	Readopted Eff. January 1, 2019	Necessary	Yes If yes, include the citation to the federal law	42 U.S.C.S. 1395i-3 (1987)	No	Necessary
		21 NCAC 36 .0404	LISTING AND RENEWAL	Readopted Eff. January 1, 2019	Necessary	Yes If yes, include the citation to the federal law	42 U.S.C.S. 1395i-3 (1987)	No	Necessary
		21 NCAC 36 .0405	APPROVAL OF NURSE AIDE EDUCATION COURSES	Amended Eff. March 1, 2020	Necessary	No		No	Necessary
		21 NCAC 36 .0406	MEDICATION AIDE TRAINING REQUIREMENTS	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
	SECTION .0500 - PROFESSIONAL CORPORATIONS	21 NCAC 36 .0501	PURPOSE AND DEFINITIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018	Necessary	No		No	Necessary
		21 NCAC 36 .0502	NAME OF PROFESSIONAL CORPORATION	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0503	PREREQUISITES FOR INCORPORATION	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0504	CERTIFICATE OF REGISTRATION	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0505	GENERAL AND ADMINISTRATIVE PROVISIONS	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0506	FORMS	Amended Eff. January 1, 2019	Necessary	No		No	Necessary

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		21 NCAC 36 .0507	FEES	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
	SECTION .0600 - ARTICLES OF ORGANIZATION	21 NCAC 36 .0601	NAME OF PROFESSIONAL LIMITED LIABILITY COMPANY	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0602	PREREQUISITES FOR ORGANIZATION	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0603	CERTIFICATE OF REGISTRATION	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0604	GENERAL AND ADMINISTRATIVE PROVISIONS	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0605	FEES	Amended Eff. January 1, 2019	Necessary	No		No	Necessary
	SECTION .0800 - APPROVAL AND PRACTICE PARAMETERS FOR NURSE PRACTITIONERS	21 NCAC 36 .0801	DEFINITIONS	Amended Eff. June 1, 2021	Necessary	No		No	Necessary
		21 NCAC 36 .0802	SCOPE OF PRACTICE	Amended Eff. June 1, 2021	Necessary	No		No	Necessary
		21 NCAC 36 .0803	NURSE PRACTITIONER REGISTRATION	Amended Eff. June 1, 2021	Necessary	No		No	Necessary
		21 NCAC 36 .0804	PROCESS FOR APPROVAL TO PRACTICE	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0805	EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AND APPROVAL AS A NURSE PRACTITIONER	Amended Eff. June 1, 2021	Necessary	No		No	Necessary
		21 NCAC 36 .0806	ANNUAL RENEWAL OF APPROVAL TO PRACTICE	Amended Eff. June 1, 2021	Necessary	No		No	Necessary
		21 NCAC 36 .0807	CONTINUING EDUCATION (CE)	Amended Eff. July 1, 2024	Necessary	No		No	Necessary
		21 NCAC 36 .0808	INACTIVE STATUS	Amended Eff. June 1, 2021	Necessary	No		No	Necessary
		21 NCAC 36 .0809	PRESCRIBING AUTHORITY	Amended Eff. August 1, 2021	Necessary	No		No	Necessary
		21 NCAC 36 .0810	QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT	Amended Eff. June 1, 2021	Necessary	No		No	Necessary
		21 NCAC 36 .0811	METHOD OF IDENTIFICATION	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0812	DISCIPLINARY ACTION	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0813	FEES	Readopted Eff. January 1, 2019	Necessary	No		Yes	Necessary
		21 NCAC 36 .0814	PRACTICING DURING A DISASTER	Readopted Eff. January 1, 2019	Necessary	No		No	Necessary
		21 NCAC 36 .0815	REPORTING CRITERIA	Amended Eff. June 1, 2021	Necessary	No		No	Necessary
		21 NCAC 36 .0816	DEFINITION OF CONSULTATION FOR PRESCRIBING TARGETED CONTROLLED SUBSTANCES	Eff. May 1, 2018	Necessary	No		No	Necessary

Agency	Rule	Name	Type of Comment	Comment	Agency Response
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North Carolina Board of Nursing	21 NCAC 36 .0109	Selection and Qualifications of Nurse Members	Other Statement	Submitted: 03/01/2026 Submitted by: Anonymous Rule: 21 NCAC 36 .0109 | SELECTION AND QUALIFICATIONS OF NURSE MEMBERS Public Comment: I understand	Thank you for your comments related to the Periodic Review of Existing Rules.

Agency	Rule	Name	Type of Comment	Comment	Agency Response
Copy all columns in this row to the right of this yellow cell and paste in new rows			Select One		
North Carolina Board of Nursing	21 NCAC 36 .0233	Out-of-State Students	Other Statement	Public Comment on 21 NCAC 36 .0233 – Out-of-State Students Western Governors University appreciates the opportunity to provide public comment on 21 NCAC 36 .0233, governing clinical access for unlicensed nursing students enrolled in out-of-state nursing education programs. We support the North Carolina Board of Nursing's responsibility to protect the public and ensure safe, high-quality clinical education. It is in that spirit that we urge the Board to amend Paragraph (a) to allow either the North Carolina clinical agency or the out-of-state nursing education program to submit the required request for Board approval. **North Carolina's Nursing Workforce Crisis Merits Action** North Carolina faces one of the most severe projected nursing shortages in the nation. The Health Resources and Services Administration's December 2025 Nurse Workforce Projections rank North Carolina as having the second-largest projected RN shortage in the country by 2038, with a projected shortfall of 25,710 FTE registered nurses, a 20% deficit. The UNC Sheps Center's NC Nursecast model projects a shortage of 12,459 RNs and 5,044 LPNs by 2033, with hospitals facing the largest absolute shortfall and nursing homes facing the largest proportional shortfall. Governor Stein has recognized that the state will require an estimated 17,500 additional nursing professionals by 2033 and highlighted the need to focus on "reducing barriers for people who want careers in the health care fields." Additionally, North Carolina is a net importer of nursing talent. More than half (56%) of new RNs entering the North Carolina workforce each year come from out of state, and more than one-third (38%) of new LPNs come from out of state, according to UNC Nursecast data. Even a 10% increase in nursing program graduates would do very little to offset the projected shortage, leaving North Carolina with more than 10,000 RN vacancies by 2033 (see https://ncnursecast.unc.edu/briefs/scenarios/). Policies that discourage or impede out-of-state clinical training directly undermine the state's ability to build the workforce it needs. The NC General Assembly's $55 million investment in healthcare education programs and the UNC System's expansion of Clinical Instructor Partnership programs reflect the urgency of this challenge. Regulatory requirements that reduce clinical training capacity without a corresponding patient-safety benefit merit reexamination. **The Current Rule Creates a Barrier Without a Safety Benefit** As currently written, Paragraph (a) of 21 NCAC 36 .0233 imposes a limitation that allows only for the chief nursing administrator or RN designee of a North Carolina clinical agency to submit requests for approval of out-of-state pre-licensure nursing students. This excludes other appropriate, qualified parties, including out-of-state nursing programs, from facilitating these requests. In practice, many clinical agencies view this limiting requirement as administratively burdensome and have declined to participate in otherwise viable clinical partnerships as a result. This has created a significant barrier to student access to clinical education in North Carolina.	Thank you for your comments regarding the Periodic Review of Existing Rules. Your comments will be shared with the full Board as part of the periodic review process.

The current regulatory language unintentionally limits student placement opportunities, reduces participation by willing clinical partners, and constricts the nursing workforce pipeline at a time of ongoing nursing shortages. This restriction does not, however, promote higher-quality clinical experience or more qualified North Carolina nursing students.

The Board's Oversight Is Not Dependent on Who Submits the Request

Importantly, the actual substance of the Board's review and oversight is not dependent on whether the request is submitted by the clinical agency or the educational institution. Educational institutions already maintain and verify all documentation required under Paragraph (a), including program approval, faculty qualifications, preceptor licensure, and institutional authorization. In other words, they are well-equipped to assume this administrative responsibility if and when clinical agencies cannot, without sacrificing accuracy or quality in reporting compliance.

The Board's substantive review criteria under Paragraph (a) would remain entirely unchanged under the proposed amendment. The Board would still evaluate program approval status, faculty qualifications, preceptor licensure, and institutional authorization under G.S. 116-15. These are characteristics of the educational program and its personnel, not of the clinical agency. The educational institution is the natural custodian of this information and is better positioned to compile, verify, and submit it accurately and on time. Allowing the institution to submit the request shifts the administrative burden to the party that already possesses and maintains the required documentation, improving the quality and timeliness of submissions without reducing the Board's oversight in any respect.

To be clear, the proposed amendment would not permit an out-of-state program to place students at a North Carolina clinical agency without the agency's knowledge or consent. Clinical affiliation agreements between the program and the agency would remain a prerequisite. The amendment addresses only who may submit the administrative request to the Board, not who must agree to the clinical placement. The Board's authority to condition approval on available capacity, to prioritize in-state programs, and to withdraw approval for noncompliance under G.S. 90-171.43(2) would be fully preserved.

Other States Have Adopted This Approach While Maintaining Board Oversight

Multiple states permit the out-of-state educational institution to initiate or participate in the clinical placement approval process, and we are not aware of any that have reported a diminishment in oversight or patient safety as a result:

· Oregon (OAR 851-021-0090): Requires the out-of-state nursing program itself to submit a request to the Oregon State Board of Nursing before placing students in clinical experiences within the state.

· Alabama (ABN Admin. Code § 610-X-3-.09(5)): Requires the out-of-state program to submit a letter of intent at least 15 days in advance, including student and facility information, with a nominal annual fee.

· **Massachusetts** (244 CMR 6.03(2) and https://www.mass.gov/info-details/establishing-an-out-of-state-nursing-education-program): Requires the out-of-state nursing program to obtain Board approval directly, at least six months before any learning experiences begin, with supplemental clinical placement information due at least 30 days before each placement.

· Washington (WAC 246-840-571): Allows the out-of-state program to apply directly to the Board of Nursing. Washington has approved dozens of out-of-state institutions across program levels. Notably, Washington limits approved placements to Washington State residents, demonstrating that it is possible to permit program-initiated submissions while still prioritizing in-state workforce needs.

These states have maintained full board oversight and public protection while reducing the procedural friction that discourages clinical partnerships. North Carolina can do the same.

Proposed Amendment

We respectfully request that the Board amend 21 NCAC 36 .0233(a) to allow either the chief nursing administrator or RN designee of the North Carolina clinical agency, or the out-of-state nursing education program (or its designated representative), to submit the required request for Board approval. For the Board's consideration, we offer the following proposed language:

At least 30 days prior to the beginning of the clinical experience, the chief nursing administrator or RN designee of a North Carolina agency, ***or the out-of-state nursing education program,*** *shall submit a request for approval to the Board. The request shall include …*

The remaining requirements of Paragraph (a), including documentation of program approval, faculty qualifications, preceptor licensure, and evidence of licensure under G.S. 116-15, would continue to apply in full.

Conclusion

Allowing educational institutions to submit the request would preserve patient safety, maintain all existing compliance requirements, reduce administrative burden on clinical agencies, and improve access to clinical education without diminishing Board oversight

Agency	Rule	Name	Type of Comment	Comment	Agency Response
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North Carolina Board of Nursing	21 NCAC 36 .0224	Components of Nursing Practice for the Registered Nurse	Public Coment as defined in G.S. 150B-21.3A(a)(5)	Submitted: 02/27/2026 Submitted by: Anonymous Rule: 21 NCAC 36 .0224 | COMPONENTS OF NURSING PRACTICE FOR THE REGISTERED NURSE. Public Comment: I am a Registered Nurse (BSN) and a small business owner in North Carolina. I am writing to provide public comment regarding the periodic review of 21 NCAC 36 .0224 (Components of Nursing Practice for the Registered Nurse). I support the Board's determination that these rules are necessary. Specifically, I advocate for the continued protection of the independent and comprehensive scope of RN practice as defined in 21 NCAC 36 .0224 and the Nursing Practice Act. For the purpose of this review, I would like to highlight the following points: Necessity of Independent Scope: It is clinically necessary that the rules continue to recognize that RN practice does not require supervision by a higher-level provider and encompasses caring for all clients in all settings. Protection of Skilled Nursing: Retaining these rules ensures a clear legal distinction between skilled nursing services (such as clinical advocacy and complex assessments) and custodial home care agency services (ADLs). Preventing Redundancy: Any future move to require solo RN practitioners to obtain a "Home Care Agency" license for non-custodial, skilled nursing services would be redundant and an unnecessary burden on nursing professionals who are already regulated by the NCBON. Thank you for your work in keeping the Nursing Practice Act modern and reflective of the independent clinical leadership that BSN-prepared nurses provide to North Carolinians	Thank you for your comments regarding the Periodic Review of Existing Rules. Your comments will be shared with the full Board as part of the periodic review process.

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North Carolina Board of Nursing	21 NCAC 36 .0226	Nurse Anesthesia Practice	Other Statement	Submitted: 03/02/2026 and 04/28/2026 Submitted by: Anonymous Rule: 21 NCAC 36 .0226 Nurse Anesthesia Practice March 2nd: On behalf of CRNAs across the state, we respectfully ask to be formally recognized as Advanced Practice Providers. This recognition strengthens patient access to high-quality healthcare and affirms the vital role we serve in daily clinical practice. Our work is, and always has been, centered on patients. They are the reason we practice and the individuals we are committed to serving. Policy decisions should prioritize patient care — not the influence of well-funded special interests. April 28th Follow up comment: Thank you. In my setting, office based anesthesia (Piedmont Plastic Surgery and Dermatology) it's a bit of a quandary that I am the "anesthesia provider" while personally obtaining consent to safely administer general anesthesia to all my patients; however, I am not recognized as an advanced practice provider? Seems a bit odd.	Thank you for your comments on the NCBON Periodic Review of Existing Rules. Your comment will be shared with the full Board. The request to be recognized as Advanced Practice Providers is a legislative decision and not under the Board's authority.

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North Carolina Board of Nursing	21 NCAC 36 .0226	Nurse Anesthesia Practice	Other Statement	Submitted: 03/02/2026 and 04/28/2026 Submitted by: Anonymous Rule: 21 NCAC 36 .0226 Nurse Anesthesia Practice March 2nd: On behalf of CRNAs across the state, we respectfully ask to be formally recognized as Advanced Practice Providers. This recognition strengthens patient access to high-quality healthcare and affirms the vital role we serve in daily clinical practice. Our work is, and always has been, centered on patients. They are the reason we practice and the individuals we are committed to serving. Policy decisions should prioritize patient care — not the influence of well-funded special interests. April 28th Follow up comment: Thank you. In my setting, office based anesthesia (Piedmont Plastic Surgery and Dermatology) it's a bit of a quandary that I am the "anesthesia provider" while personally obtaining consent to safely administer general anesthesia to all my patients; however, I am not recognized as an advanced practice provider? Seems a bit odd.	Thank you for your comments on the NCBON Periodic Review of Existing Rules. Your comment will be shared with the full Board. The request to be recognized as Advanced Practice Providers is a legislative decision and not under the Board's authority.

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North Carolina Board of Nursing	21 NCAC 36 .0303	Existing Nursing Program	Other Statement	Submitted: 02/27/2026 Submitted by: Anonymous Rule: 21 NCAC 36 .0303 | EXISTING NURSING PROGRAM. Public Comment: Clinical instructors should have to pass clinical competency and be physically present to instruct and supervise their students.	Thank you for your comments regarding the Periodic Review of Existing Rules. Your comments will be shared with the full Board as part of the periodic review process.

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North Carolina Board of Nursing	21 NCAC 36 .0317	Administration	Other Statement	Submitted: 02/28/2026 Submitted by: Anonymous Rule: 21 NCAC 36 .0317 ADMINISTRATION. Public Comment: There are rumors across the state that there are parties who are trying to remove the two-year full-time faculty experience requirement to be a director. As a prior faculty and director, this requirement is absolutely necessary.	Thank you for your comments related to the Periodic Review of Existing Rules. Your comments will be shared with the full Board as part of the periodic review process.

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North Carolina Board of Nursing	21 NCAC 36 .0813	Fees	Public Coment as defined in G.S. 150B-21.3A(a)(5)	Submitted: 02/27/2026 Submitted by: Anonymous Rule: 21 NCAC 36 .0507 | FEES Public Comment: I am submitting this comment regarding 21 NCAC 36 .0507 as part of the Board's periodic review of existing rules. While I recognize the Board's authority to establish fees necessary to carry out its regulatory responsibilities, I question the necessity and reasonableness of charging a fee to add or change a supervising or collaborating physician. These changes are often administrative in nature and do not alter licensure status, scope of practice, or patient care responsibilities. Of note, comparable updates to supervisory relationships are not subject to a similar fee by the North Carolina Medical Board. This inter-board inconsistency raises questions about whether the fee is redundant or disproportionate to any public-safety function it is intended to serve. Given the frequency with which supervisory or collaborative arrangements may change for routine operational reasons, this fee may unintentionally create an administrative and financial barrier without a clear connection to the Board's mission of protecting the public. As part of this periodic review, I believe it is appropriate for the Board to reassess whether this portion of Rule .0507 remains necessary and reasonable in its current form. I appreciate the opportunity to provide a comment and look forward to the Board's response as part of the final review determination.	Thank you for your comments regarding the Periodic Review of Existing Rules. Both comments will be shared with the full Board as part of the periodic review process. Rule .0507 references required registration and renewal fees for a professional corporation. Based on your comments, I believe you were referring to Rule .0813 which references fees for Nurse Practitioners (NPs). As you are aware, NPs are jointly regulated by the North Carolina Board of Nursing and the North Carolina Medical Board. Your concerns and observations will be reviewed by both Boards during this process.