

MOMENTUM

Fall 2006 • Volume 4 Issue 4

***Celebrating
90 Years of
Regulating
the Practice
of Nursing***

**Circumcisions
and Certified
Nurse-Midwives**

**Complaints
Filed with
the Board
Increase**

**Lessons
Learned
From LPN
Renewal**





-Brandon, RN, Good Samaritan Hospital

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MOMENTUM

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The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

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Momentum reaches every Nurse and Dialysis Technician, every Hospital and Nursing School Administrator in the State of Ohio. Over 192,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.



Cynthia A. Krueger
RN, MSN
Board President

At the May and September 2006 Board meetings, representatives of the National Nurses Organizing Committee (NNOC) addressed the Ohio Board of Nursing (Board) during the Open Forum portion of the Board meetings. They explained that NNOC, founded by the California Nurses Association in 2004, is a national union and professional organization for registered nurses, advanced practice nurses and registered nurse organizations throughout the country, and has approximately 250 Ohio members and continues to grow in membership.

At the May Board meeting NNOC conveyed the organization is pursuing patient advocacy to promote the interests of patients and direct care nurses. NNOC is requesting the Board consider amending the Ohio Nurse Practice Act as follows:

Registered Nurses have the independent professional responsibility and therefore the right to act as patient advocates, as circumstances require, by initiating actions to improve health or to change decisions or activities, which in the professional judgment of the registered nurse are against the interest and wishes of the patient, or by giving the patient the opportunity to make informed decisions about health care before it is provided. Registered Nurses must always act in the exclusive interest of the patient.

NNOC conveyed this language is in the California law for nurses and their organization is promoting it as a national standard. Ohio is the first state NNOC approached to ask the Board to amend its Nurse Practice Act.

In a response letter to NNOC, the Board expressed appreciation of NNOC's perspective and the intent of the proposed language. However, for the following reasons, at this time, the Board does not plan to advocate legislation adopting this language.

First, the existing legal framework in Ohio appears to adequately address the indicated issue. Employees in Ohio, including licensed nurses, who in good faith report violations of law, potential public health hazards, or imminent risk of physical harm to an individual, for example, are afforded extensive immunization from lia-

bility or retaliatory employment action (see Sections 4113.52, ORC; 4723.341, ORC; 124.31, ORC (public employees). For example, if a licensed nurse believes that a course of treatment violates the Ohio Medical Practices Act or rules adopted thereunder, he or she would receive whistleblower protection in reporting the violation. Licensed nurses are also specifically immunized in reporting violations of the Nurse Practice Act (see Section 4723.33, ORC).

In addition, a licensed nurse is not required to implement any order or direction for a client if the nurse believes the order or direction is inaccurate; not properly authorized; not current or valid; harmful, or potentially harmful to a client; or contraindicated by other documented information. (See Ohio Administrative Code Rules 4723-4-03 (E), 4723-4-04 (E)).

Second, even if the Board believed it necessary to implement more extensive employment protection for licensed nurses, it is likely beyond the scope of the Board's legal authority to regulate the workplace as has been suggested. Generally speaking, the Board is limited in its jurisdiction to regulation of individual nurses and pre-licensure nursing programs (see Section 4723.06, ORC). The Board has no legal authority to regulate employer-employee relations, or to regulate the employment policies adopted by facilities, such as hospitals or nursing homes. Similarly, the Board does not inspect or license long term care facilities or hospitals.

Finally, as a paramount part of complying with prevailing standards of safe nursing care, licensed nurses in Ohio are required to consider both patient safety and the individual interests of the patient. See, e.g., Ohio Administrative Code Rules 4723-4-06 (H); 4723-4-06 (J) (2). This includes recognition of a client's right to refuse a course of treatment.

At the September Board meeting NNOC again conveyed that they are pursuing patient advocacy to promote the interests of patients and direct care nurses and that NNOC is requesting the Board reconsider amending the Ohio Nurse Practice Act using the NNOC proposed language.

NNOC discussed employment situations where nurses were reassigned to other units and NNOC stated they believe employers retaliate against nurses when nurses object to reassignments when nurses think that patients may be put at risk. The Board asked if the nurses involved in the situations NNOC described had an opportunity to appeal or arbitrate within their facility, as most, if not all, facilities provide a "right of review" process. The Board also asked, should the Board decide to adopt the NNOC proposed language, would it end what NNOC states is retaliation; the discussion was that it would not. The Board encouraged NNOC to educate nurses about the employment processes for appeal or arbitration available to nurses.

The Board, for the same reasons as specified above, does not plan to advocate legislation adopting this language. The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care. The Board believes that the current statutory and regulatory framework accomplishes the objectives sought in the language NNOC proposes. ■

Cynthia A. Krueger

Greetings! It is with great pleasure that we recognize the 90th Anniversary of the Ohio Board of Nursing! To celebrate and reflect on 90 years of history, we take great pride in providing excerpts from a booklet, *Ohio Board of Nursing, Celebrating 75 Years of Regulating the Practice of Nursing 1916-1991*.

- For ten years, graduate nurses in Ohio worked to achieve passage of a law that would regulate the practice of nursing. On April 27, 1915, the General Assembly passed the long-awaited Nurse Practice Act thereby establishing what today has become the Ohio Board of Nursing.

“Within sixty days after this act becomes operative, the State Medical Board shall employ a secretary, entrance examiner, and three nurses; said three nurses with the secretary of the State Medical Board shall constitute the Nurses’ Examining Committee.” Section 1 of the Law Regulating the Practice of Nursing, 1915.
- A Nurses’ Examining Committee (Committee) was appointed and the first nurses were actually registered on January 11, 1916.
- The Committee adopted minimal educational standards including a three-year course of study totaling 357 hours. A minimum of one year of high school was required for those wishing to study nursing.
- The first examination questions were written by Committee members. The day-long essay and demonstration test covered nine subject areas: Anatomy and Physiology; Hygiene, Sanitation, and Bacteriology; Materia Medica and Therapeutics; Cooking and Dietetics; Nursing of Medical and Communicable Diseases; Surgical Nursing; Pediatric Nursing; Obstetrical Nursing; and Ethics of Nursing. Candidates also had to demonstrate proficiency in such tasks as preparation of a bed for delivery, application of a sling or breast binder, catheterization, etc. Three nurses were able to receive the required 75 percent passing grade on that first examination.
- The first Committee recognized 65 nurse schools and received certification applications from 3,946 nurses.
- On May 7, 1941 Ohio legislators approved a bill that established the State Nurses Board as a separate entity. Five nurses were appointed by the Governor to serve on the first Board. The Attorney General advised the Board that its “first duty was not to its profession but to the public.”
- As early as 1917, Ohio entered into agreements with ten neighboring states to provide “reciprocity” for nurses licensed in other states.
- In arguing for national “endorsement” (determined to be a more appropriate term than “reciprocity”), a national council of federation of nurse examiners was proposed to “establish a standard examination of such character that the certificate awarded the successful candidate could safely be accepted by all boards of nurse licensure...”
- Recognition of the practical nurse as a member of the health care team came about after years of debate. In 1948, after a

“study of present trends,” the Board voted to develop amendments to the nurse practice act that would provide for licensure of qualified practical nurses. In 1955, the General Assembly approved a bill to license the practical nurse and the Board became known as the Board of Nursing Education and Nurse Registration. By July 1956, thirteen schools of practical nursing were approved and 4,064 practical nurses had been licensed.

- By 1966 there were 47,150 registered nurses and 59 approved schools of registered nursing educating 7,363 students. In addition, 17,120 practical nurses had been licensed and thirty practical nursing programs were recognized.
- The Nurse Practice Act was revised to require mandatory licensure for all nurses in 1967. Registered nurses had to be licensed by January 1, 1968 and practical nurses by April 1, 1971.
- The Nurse Practice Act was again revised in 1988, establishing educational standards, developing better means to measure a nurse’s competency to practice, and protecting the public from unsafe practitioners. The amended Act strengthened the Board’s disciplinary authority and changed the composition of the Board to eight registered nurses, four licensed practical nurses, and for the first time, a consumer member.
- The first recorded disciplinary action taken by the Committee occurred in 1939, and the Disciplinary/Enforcement Unit was established in 1984.
- The Board established a computerized licensure database to generate all examination, endorsement and licensure renewal documents in 1986.

MORE RECENTLY....

- In 2000, the General Assembly enacted legislation creating certified Dialysis Technicians and Dialysis Training Programs to be regulated by the Board.
- Authority for Advanced Practice Nurses was obtained through the legislature in 1996 and in 2000, authority for Clinical Nurse Specialists, Certified Nurse-Midwives, and Certified Nurse Practitioners to prescribe drugs was enacted through legislation.
- In 2003, the General Assembly enacted legislation to create Certified Community Health Workers and Training Programs.
- In 2005, the General Assembly created, through the budget bill,



Betsy J. Houchen
RN, MS, JD
Executive Director

H.B. 66, a new category of health care worker, certified medication aides, to be regulated by the Board. The legislation authorized nurses to delegate the administration of certain medications to certified medication aides working in nursing homes and residential care facilities.

AND NOW....

The Board regulates over 210,000 licensees and certificate holders as compared to approximately 191,000 in 2002. This Board regulates more licensees and certificate holders than any other regulatory board in Ohio.

The mission of the Board is to actively safeguard the health of the public through the effective regulation of nursing care. The Board carries out its responsibilities pursuant to Chapter 4723. of the Revised Code and the rules promulgated thereunder. A thirteen-member Board and Board staff implement legislative mandates, regulatory requirements, and other measures designed to protect the citizens of Ohio.

The public expects safe nursing care will be delivered and unsafe or incompetent practitioners will be appropriately dealt with. The Board provides these assurances by reviewing and approving pre-licensure nursing education programs; issuing and renewing licenses and certificates only to those who meet the requirements; establishing and interpreting scopes of practice; establishing regulatory requirements for registered nurses, licensed practical nurses, advanced practice nurses, dialysis technicians, certified community health workers, and medication aides; and, if these licensees and certificate holders violate the law or rules, imposing discipline and monitoring their practice.

Thanks for taking a moment to reflect on our history and thanks to all former Board members and staff who made history! As current Board members and staff, we are not only proud of our past, we are proud of the contributions we make to the profession of nursing today and the work we do to safeguard the health of the public. ■



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ADVISORY GROUPS AND COMMITTEES

All meetings of the advisory groups begin at 10:00 a.m. (unless otherwise noted) and are held in the Board office. If you wish to attend one of these meetings, please contact the Board office at 614/466-9970 to determine any change in the location, date or times from those listed.

The **Advisory Group on Nursing Education**—February 9, August 10, October 12, and December 7.

Chair: Kathleen Driscoll

The **Advisory Group on Dialysis**—February 21, August 15, and October 17.

Chair: Debra Broadnax

The **Advisory Group on Continuing Education**—February 17, June 16, and October 20.

Chair: Lisa Klenke

The **Committee on Prescriptive Governance**—April 24 and October 16.

Chair: Jacalyn Golden, MSN, CNP

2006 Members Ohio Board of Nursing

		Term Expires
Cynthia A. Krueger, RN, MSN, <i>President</i>	Napoleon	2007
Teresa L. Williams, LPN, <i>Vice President</i>	West Union	2007
Anne Barnett, BSN, RNC, CWS	Junction City	2006
Bertha Lovelace, RN, BA, CRNA <i>Supervising Member for Disciplinary Matters</i>	Cleveland	2006
Judith Brachman, <i>Consumer Member</i>	Columbus	2007
Debra Broadnax MSN, RN, CNS	Columbus	2008
Elizabeth Buschmann, LPN	Oregon	2008
Kathleen O'Dell, RN, M.Ed., N.C.S.N	Greenville	2008
Janet L. Boeckman, RN, MSN, CPNP	Mansfield	2009
Patricia Burns, LPN	Mentor	2009
Kathleen Driscoll, JD, MS, RN	West Chester	2009
Lisa Klenke, MBA, RN, CNAA	Coldwater	2009
J. Jane McFee, LPN	Perrysburg	2009

PAYMENT FAILURES

There is often a lag-time between when a payment is processed by the bank and when the Board receives notification of error or insufficient funds. Even though a renewed license may have been received in the mail, failure of a payment to clear the bank will cause an application to become incomplete. The purpose of publishing this list is to notify current and potential employers and to reach the individual when other avenues have failed.

Each person listed here has been notified by certified mail, using the last known address of record, and given 30 days (or more) to render proper payment to the Board. These applications, certificates, or licenses will not be considered complete until proper payment has been rendered. If payment is not received within 30 days after notice is provided, licensee information is turned over to the Compliance Unit and recommended for investigation on charges of working without a license. Individuals found to be working on a lapsed license may be subject to discipline.

Below is a list of those nurses and dialysis technicians whose renewal applications, certificates, or duplicate

licenses are incomplete due to payment failure related to insufficient funds. The licensee and certificate holders listed below failed to render payment by the date this publication went to press.

Registered Nurses

RN179628 Cheryl Balogh
RN234395 Robert Clarke
RN284031 Deborah Conner
RN231846 Cordelia Farrish
RN081572 Mary Hartmann
RN254146 Ann Jarven
RN099852 Jane McCutcheon
RN256289 Linda McDaniel
RN227234 Cassandra Norris
RN169684 Bernadette Queener
RN288354 Shelia Smith
RN229036 Dundee Sweetland
RN152613 Venita Yetsko
RN300574 Jacque Young

Licensed Practical Nurses

PN116288 Nikki Armstrong
PN111993 Liza Avenson
PN080412 Vera Bazemore
PN038360 Daisy Brown
PN075771 Gail Carpenter
PN109961 Sandra Carter
PN084044 Marla Cook
PN030448 Patricia Curtis
PN106911 Emily Dabner

PN107371 Patricia Edington-Wallace
PN077423 Barbara Freeman
PN105124 Lisa Groves
PN104119 Daniel Harville
PN102088 Mildred Highlander
PN089727 Janice Jenkins-Williams
PN087786 Kristi Jones
PN026851 Eugenia Lauinger
PN090330 Vickie Lawson
PN044725 Patricia Prokop
PN106406 Kelley Raines
PN095293 Susan Runion
PN007905 Carol Tatum
PN109807 Stacey Townsend
PN075285 Becky White
PN099429 Paige Wilson
PN099756 Wende Wilson
PN068305 Jeanease Zimmerman

Dialysis Technicians

DT1459 Lisa Miljour

If your name is listed here, please contact the Board at 614-466-9976 to arrange for proper payment of your fees. Because the name of a licensee may be the same as another, **please do not assume from the name alone** that a particular individual has a payment failure. You may verify the license number on the Board's web site at www.nursing.ohio.gov by clicking on Verification.

DATES AND LOCATION OF SCHEDULED BOARD MEETINGS

The Ohio Board of Nursing meets six times per year with the meetings beginning on Thursday and continuing until business is completed on Friday. The Board may also meet on Wednesdays prior to the Board meeting as a whole or in small groups to discuss specific items or issues, to participate in continuing education activities, or to conduct a public rules hearing (generally in November). Watch for formal notification of the date, time, and location of rules hearings. Summaries of these meetings or hearings are presented to the full Board during a regularly scheduled Board meeting for information and possible action by the Board. The Thursday meeting begins promptly at 9:00 a.m. The public is invited to attend. Please contact the Board office at 614/466-6940 prior to the scheduled meeting to determine if there have been any changes. ■

17 South High Street, Suite 400
Columbus, Ohio 43215

2006

January 19-20, 2006
March 15-16-17, 2006
April 18-19 (retreat)
May 18-19, 2006
July 20-21, 2006
September 21-22, 2006
November 15-16-17, 2006

2007

January 18-19, 2007
March 15-16, 2007
(retreat - T.B.A)
May 17-18, 2007
July 19-20, 2007
September 27-28, 2007
November 14-15-16, 2007



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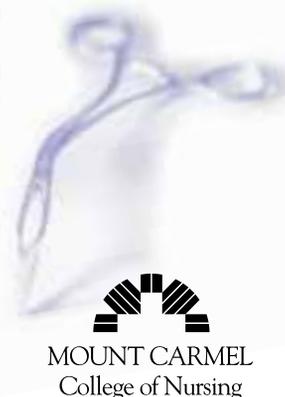
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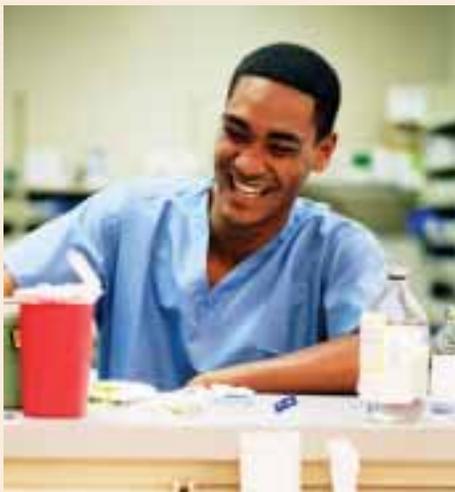


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Lessons Learned From LPN Renewal

LPN renewal occurs in the Spring of each even-numbered year (while RN renewal occurs in the odd-numbered years). Each year, and this was no exception, license renewal catches many nurses off guard and they are not prepared to renew on time.



Perhaps the following may be “Helpful Hints” for License Renewal:

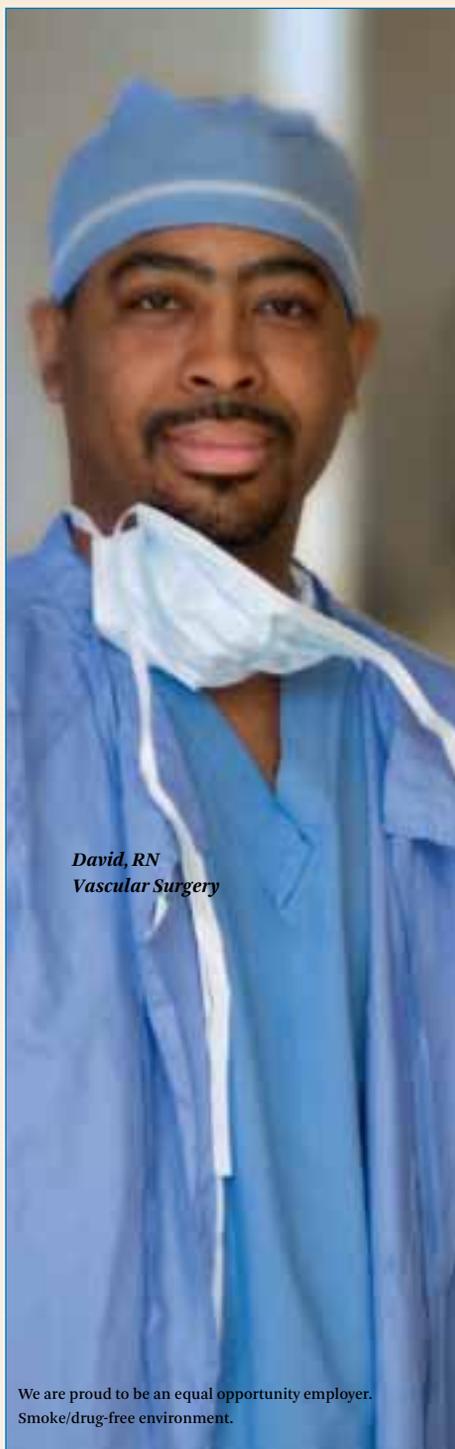
- Maintain your continuing education certificates in a file by “licensing period” (September 1, even year through August 31, then next even year) rather than by calendar year.
- Do not count on your employer to save the documentation of continuing education for you. This is your responsibility as an individual nurse.
- Remember to notify the Board office of any address or name change
 - o Address changes may be made by email, fax or letter;
 - o Name changes must be accompanied by a certified court document.
- When you buy your new calendar each year, mark June 1 as a day to check to see if your renewal notification has come – June 1, odd year if you are an RN and June 1, even year if you are an LPN. If you have not received your application by then, e-mail the Board office at renewal@nursing.ohio.gov.
- Avoid the late fee, avoid the late rush, avoid the aggravation; renew early!

ON-LINE RENEWAL

On-line renewal was available in 2005 for registered nurses and this year for licensed practical nurses. Only 20% of LPNs used the on-line system, and for

those using it, over 95% of them found it “fast and easy”, “helpful”, “very user-friendly.”

You may want to consider using on-line renewal next time around. ■



*David, RN
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Complaints Filed with the Board Increase

The number of complaints the Board receives regarding licensees and certificate holders has tripled since 2001. The breakdown is as follows:

2001	1,085
2002	1,402
2003	1,817
2004	2,580
2005	3,701

Factors contributing to the increase are changes to the mandatory reporting law requiring employers to report any conduct that would be grounds for disciplinary action, education of employers regarding the reporting requirements, implementation of criminal records checks for licensure applicants, and an increased number of licensees and cer-

tificate holders contacting the Board directly to self-report potential violations of the law and rules.

Some licensees and certificate holders have expressed dismay at the increased number of complaints received. However, the percentage is small considering the fact that the Board regulates over 210,000 individuals. Further, more than 50% of the complaints received are closed without any Board action.

Update on Priority III and IV complaints

The Summer 2006 issue of Momentum contained information about the Board's process for evaluating and prioritizing complaints.

In March 2006, the Board implemented a new process for investigating Priority III and IV complaints in order to address concerns regarding the length of time between the Board's receipt of a lower priority complaint and initial contact with a licensee or certificate holder.

Between March 2006 and October 2006, the Board issued 245 letters to licensees and certificate holders for Priority III and IV complaints. The number of responses received was 186, higher than anticipated. The majority of the responses contained sufficient information to complete the investigation and 136 complaints were closed after review.

If you have questions, contact the Compliance Unit at disciplinary@nursing.ohio.gov.

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Circumcisions and Certified Nurse-Midwives

Q Is it within the scope of practice of a Certified Nurse-Midwife (CNM) to perform newborn circumcision?

A No.

During the spring 2006 meetings of the Ohio Board of Nursing APN Task Force, the Certified Nurse-Midwife (CNM) participants queried the Board regarding newborn circumcision as it relates to the current scope of practice of CNMs in Ohio. At that meeting, the CNMs referenced that it was the practice of CNMs to perform circumcisions when CNMs were previously registered with the State Medical Board prior to 1988, after which CNM registration was moved to the Board of Nursing.

The Board clarified CNM practice prior to 1988, and discussed the past practice of CNMs with Medical Board staff who stated that circumcision was not an authorized practice for CNMs prior to 1988. We have been unable to identify a Medical Board statute, rule, or policy indicating that CNMs were authorized to perform newborn circumcisions while registered by the State Medical Board.

Further, minutes from an October 14, 1994 “CNM Focus Group” meeting of Board of Nursing staff and CNM representatives discussed the CNM scope of practice in relation to various types of instruments used and procedures performed, and included a specific recommendation that three procedures were “prohibited in the scope of practice” of the CNM: C-sections, forceps deliveries, and circumcisions.

Currently, the Nurse Practice Act defines the CNM scope of practice in Section 4723.43 of the Revised Code:

A certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may provide to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience.

(A) A nurse authorized to practice

as a certified nurse-midwife, in collaboration with one or more physicians, may provide the management of preventive services and those primary care services necessary to provide health care to women antepartally, intrapartally, postpartally, and gynecologically, consistent with the nurse’s education and certification, and in accordance with rules adopted by the Board. (emphasis added)

No certified nurse midwife may perform version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal condition, except in emergencies. Division (A) of this section does not prohibit a certified nurse-midwife from performing episiotomies or normal vaginal deliveries, or repairing vaginal tears. A certified nurse-midwife who holds a cer-

tificate to prescribe issued under section 4723.48 of the Revised Code may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

The plain language of the statute provides that a CNM may provide care to women before, during, and after their pregnancy. There are certain newborn activities performed by CNMs that are directly related to intrapartum and postpartum care of women that include but are not limited to the care of the newborn at the time of delivery, maternal-child bonding, and lactation counseling. However, the performance of newborn circumcision is not a procedure that is necessary to provide intrapartum, postpartum and/or gynecological health care to women and therefore is not included in the CNM scope of practice. ■

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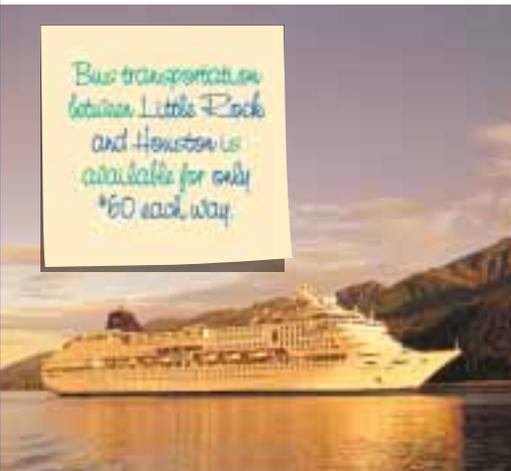
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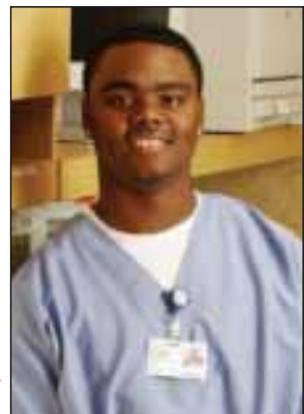
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Terri Grefer, RN, Good Samaritan Hospital Medical Oncology



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 214000 Barbara Foreman
 149199 Patricia Flanagan
 226484 Theresa Riggie
 260497 Teresa Morgan
 177762 Helen Winston
 321204 Laurie Hojak
 313493 Christopher Disimile
 287551 Susan Moore
 313714 Rachell Purnell
 126217 Sheila Hardin
 219365 Denise Donatelli
 215573 Kathleen Craley
 312590 Katherine Schirtzinger
 221692 Debbie Schmitz
 267590 Kellie Walsh
 258257 Nicole Tipton
 150364 Katherine Enders
 255212 Robin Childs
 296950 Donald Mchone
 292834 Jamie Novak
 222072 Karen Babcock
 133923 Christine Rinta
 291417 Theresa Lehman
 279330 Kelli Staley
 227018 Franciena Williamson
 119450 Kathleen Kern
 324319 Annette Pritchett
 224085 Linda Meier
 117369 Nancy Bowman
 187884 Suzanne Blute
 205583 Janice Billings
 198442 Nicolas Hammerschmidt
 311773 Sharon Hollman-Daniels
 210943 Marcina Silver
 155663 Mary Ann Brolinson
 247383 Valarie Morris
 260321 Bonnie Chavis
 244708 Lisa Sharpensteen
 285472 Jean Stoner
 313780 Megan Hawk
 118979 Marty Sermersheim
 147459 Mary Crawford

211115 Gina Doberstyn
 321292 Alicia Hanson
 142697 Zauzi Travis
 268720 Jana Ebbert
 192631 Judith Hill
 270404 Sharon Balthis
 247331 Joan Sickora
 305006 Jacqueline Cunnard
 194923 Rebecca Silver
 144732 Donna Greer
 213890 Jeri Hinkle
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 278708 Faelyn Fellhauer
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 314680 Jamie Emery
 300633 Patricia Wilburn
 288639 Tammy Freeman
 042768 Theresa Bontempo
 311110 Laurie Doyle
 251447 Sonya Kidd
 231484 Jill Newlen
 266221 Rhonda Counts
 228208 Geneva Dillon
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 281958 Melissa Tackett
 319006 Louisa Murphy
 301187 Jennifer Lunsford
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 275806 Muriel Garcia
 190576 Colleen Neely
 262967 Loretta Neeley
 257667 Karen Morin
 284365 Maridah Akram
 264195 Patricia Mc Vay
 277615 Mariana Stone
 126416 Dianne Juenger
 180927 Dorothy Welch
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 265100 Jennifer Simpson
 206946 Sheila Gabbard
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 280168 Ann Rodgers
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 271698 Crystal Irons
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 234378 Katherine Borovic
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 300554 Abosede Obikunle
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 178425 Janice Uhlman
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 304281 Erica Baumann
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 111531 Leslie Barton
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 120452 Candies Black
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 106552 Patricia Lowe
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 094029 Karen Chaffin
 031627 Theresa Nicolen
 100294 Susan Testa
 081394 Carol Westfall
 067106 Bertha McAfee
 064593 Fayette Williams
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 091273 Jay Sprague
 072121 Penney Raabe
 074395 Jo Anna Knauf
 092871 Winona Asher
 106563 Pamela Moore
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 111391 Amy Freeman
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 047724 Kathleen Braucher
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 108456 Christine O'Rourke
 108141 Mandy Adkins
 123077 Susan Neitzel
 098634 Stephanie Tyo
 058274 Vickie Vitali
 042422 Patricia Brelo
 099496 Diana Rogers
 119252 Teresa Heasley
 067035 Judith Hukill
 123483 Jessica Martin
 052334 Rosanne Pierce
 110050 Brittany Levering
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