

MOMENTUM

Official Publication of the Ohio Board of Nursing

**100 Years:
April 27, 1915 –
First Nurse
Practice Act!**



**1916 – The First Examination
for Nurse Licensure**

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17 South High St., Suite 400
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Phone: 614-466-3947

Fax: 614-466-0388

www.nursing.ohio.gov

President

Maryam Lyon, MSN, RN

Vice President

Janet Arwood, LPN

Executive Director

Betsy J. Houchen, JD, MS, RN

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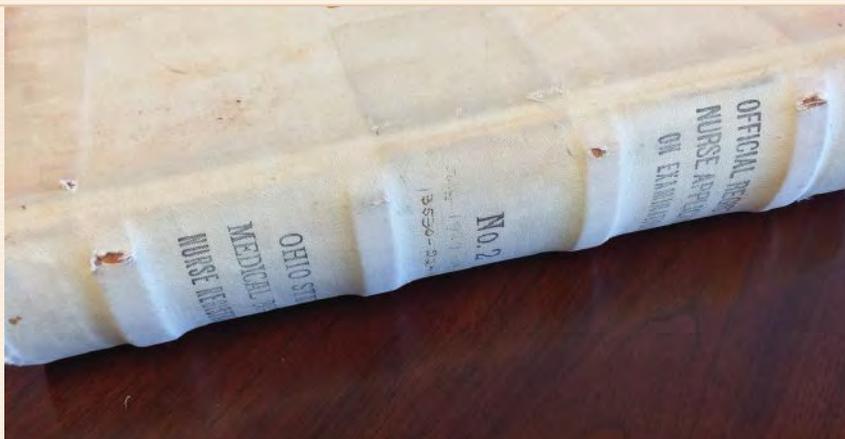
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Created by Publishing Concepts, Inc.
David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Greg Jones • 1-800-561-4686
gjones@pcipublishing.com
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COVER: Cover Photos- left to right
Carline V. McKee, RN, Nurses' Examining Committee, 1921-1931
Harriet L.P. Friend, Chair, Nurses' Examining Committee, 1916
Clara F. Brouse, RN, Nurses' Examining Committee, 1922-1942, Secretary-Treasurer, Board of Nursing, 1942-1952.



Maryam Lyon, MSN, RN
President



The Board celebrates its Centennial Anniversary this year! On April 27, 1915, the General Assembly passed the first Nurse Practice Act establishing what was known as the Nurses' Examining Committee.

The Board's name and structure evolved over the years. In 1928, the Nurses' Examining Committee became the Nursing Department of the State Medical Board. In 1941, an autonomous Board, the "State Nurses' Board," was created with five RN members. In 1956, the name was changed to the "State Board of Nursing Education and Nurse Registration" and the number of Board members expanded to include three practical nurses. In 1988 the name was changed to the Ohio Board of Nursing.

The first Nurses' Examining Committee issued 3,347 certificates to applicants presenting diplomas of graduation (waiver), and recognized 65 "nurse

schools." The first recorded disciplinary review was for three nurses in 1939. Currently the Ohio Board of Nursing regulates over 270,000 licenses and certificates and 180 pre-licensure nursing education programs, and investigates about 9,000 complaints a year.

When the Board celebrated its 75th anniversary, the Greater Cleveland Nursing Roundtable made the following presentation to the Board:

On this, the 75th anniversary of the Ohio Board of Nursing, the Greater Cleveland Nursing Roundtable extends its support and appreciation to the Board for a job very well done. We recognize your work to obtain the new Nurse Practice Act and your ongoing efforts to implement this new Act, we applaud your efforts enhancing the educational requirements for all levels of nursing education. We want to recognize the number of hours and efforts the Board spends in disciplinary hearings. In so doing you protect the public and demonstrate caring, sensitivity, and support required to the nurses in recovery. We also recognize your sup-

port to schools of nursing (LPN/ADN, Dipl/BSN/ND) in assuring that curricula, library and financial resources, and numbers and credentials of faculty meet state regulations. Again, thank you for the efforts you extend upon our behalf.

We as the current Board members and staff are proud of our history and we look forward to our future role as regulators knowing nursing will play a pivotal role in the health care system.

"By virtue of its numbers and capacity, the nursing profession has the potential to effect wide-reaching changes in the health care system...Nurses thus are poised to help bridge the gap between coverage and access, to coordinate increasingly complex care for a wide range of patients, to fulfill their potential as primary care providers to the full extent of their education and training, and to enable the full economic value of their contributions across practice settings to be realized."

Institute of Medicine (IOM) report
"The Future of Nursing: Leading Change, Advancing Health." •

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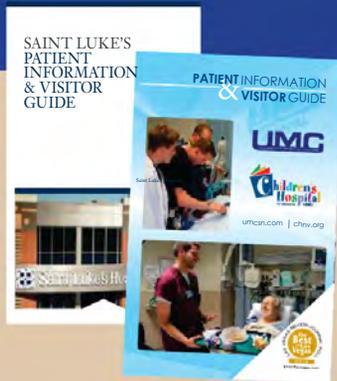
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FROM THE EXECUTIVE DIRECTOR

In 1915, the General Assembly passed the first Nurse Practice Act and established the “Nurses’ Examining Committee.” In this issue, you can read the history of the first Committee’s activities, such as setting up registration of nurses, developing a process for recognizing “training schools,” writing the first examination, etc. The first examination for registration, administered in December of 1916, is printed in its entirety in this issue of Momentum.

The examination has evolved from the first 1916 examination, a two-day essay and proficiency demonstration, to the NCLEX, administered in a computerized adaptive test format.

Regulating nursing practice has also evolved from the Nurses’ Examining Committee registering nurses to the Board licensing LPNs in 1956. In more recent years, legislation has authorized the Board to regulate hemodialysis technicians (2000); community health workers and training programs (2004-2005 budget bill), and certified medication aides and training programs (2006-2007 budget bill).

It wasn’t until 1967 that licensure for nurses was required. Continuing education became mandatory when the Nurse Practice Act revisions were enacted in 1988.

Today, the Board’s top priorities are to efficiently license the nursing workforce and remove dangerous practitioners from practice in a timely manner to protect Ohio patients. The Board has been nationally recognized for a demonstrated track record of ensuring public protection, funding initia-



Betsy J. Houchen,
RN, MS, JD
Executive Director

The examination has evolved from the first 1916 examination, a two-day essay and proficiency demonstration, to the NCLEX, administered in a computerized adaptive test format.

tives to combat the nursing shortage, implementing innovative programs for patient safety, and regulating the largest number of licensed professionals of any agency in the State of Ohio.

We recognize those who over the last 100 years have worked to develop effective nursing regulation in Ohio with the mission of public protection. We are proud of our past and proud of our present work to safeguard the health of the public. •



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Be prepared to attach a CV, cover letter of introduction & contact information for 3 current professional references to your application. Official transcripts will be required before an official hire. EEO/AA/Employer/Vets/Disability

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For complete details and to apply please visit: <http://www.uakron.edu/jobs>. Job#7773.

When submitting the online application (link listed above) please be prepared to attach a curriculum vitae, cover letter, and current references. EEO/AA/Employer/Vets/Disability.

Professor/School Director, Nursing

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For complete details & to apply visit: <http://www.uakron.edu/jobs>. Job #8203.

tman, Ruth Evans, Sister DeChantel, Zella Nicolas, and Celia Cranz. They met for the first time on January 9, 1942. The budget was \$27,690 and 6 staff members were employed.

The Attorney General advised the Board that as an administrative board, its "first duty was not to its profession, but to the public."

The Practical Nurse

Recognition of the practical nurse came after years of debate. In 1948, after a "study of present trends," the Board proposed amendments to the Nurse Practice Act that would provide for licensure of qualified practical nurses. In 1953 all nursing associations agreed to advocate for the licensure of over 6,500 practical nurses in Ohio.

In 1955, the General Assembly passed a bill to license practical nurses. The law became effective on January 1, 1956, and three practical nurses were named to the Board: Mildred Smith, Ethel Fesue, and Nellie Nizon.

Such licensure was viewed as a "sound solution to the serious nurse shortage that threaten(ed) the health of thousands of Ohioans."

By July of 1956, 13 schools of practical nursing were approved and the Board had licensed 4,064 practical nurses. The first practical nurse examination was administered in 1956.

Mandatory Licensure

Licensure was not required for registered and practical nurses until 1967. Registered nurses were to be licensed by January 1, 1968 and practical nurses by April 1, 1971.

Discipline, Practice, and Enforcement

The first recorded disciplinary action was in 1939.

continued on page 10



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"The cases of [M.C. and R.S.] who were notified to appear and explain their practices came on regularly. Both were present and R.S. was accompanied by her parents. The testimony is filed with their applications. After consideration, the Nurse Examining Committee warned both of the offenders and placed them on probation."

Minutes of the Nurse Examining Committee, August 24, 1939

Mrs. E.H. presented credentials belonging to other nurses when applying for Ohio registration on the basis of reciprocity with the State of Wisconsin, and also for employment. She was permitted to return to the care of her family pending her good behavior and her assertion she did not intend to seek further employment at nursing. The Wisconsin Department of Nurse Registration was notified.

Addendum-Minutes of the Nurse Examining Committee, August 24, 1939

In 1966 it was noted that "the nurse and misuse of drugs" was an ongoing problem.

The Board's 1983 Annual Report noted, "There are NO investigators on the staff which critically hampers the ability of the Board to carry out Section 4723.34, ORC.... The degree of surveillance continues to heighten as more and more nurses become involved in the societal problems of drug and alcohol abuse."

A Nursing Compliance Consultant joined Board staff. Since June 1984, this program rendered over 70 complaints about nurses with the greatest majority involving drug abuse. Each referral was followed-up with varying degrees of investigation. A sizeable increase in the number of disciplinary hearings has resulted."

Board of Nursing Education and Nurse Registration Newsletter, March 1985

The Disciplinary/Enforcement Unit of

the Board was established in 1984. In May 1985 the Board met with other regulatory boards, state departments, agencies, and professional associations to discuss the problem of prescription drug diversion.

Effective July 22, 1994, HB 715 revised Section 4723.28, ORC, of the NPA to add three new practice violations: (1) failure to practice in accordance with acceptable and prevailing standards of safe nursing care; (2) in the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse...; (3) in the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse...

In 1995 the Board agreed to participate in the NCSBN study, "A Comparison of Two Regulatory Approaches to the Management of Chemically Impaired Nurses."

In 2000, the Practice Improvement and Intervention Program (PIIP) was implemented as a non-disciplinary confidential program for nurses with practice breakdown issues, but who may benefit from remedial nursing education.

Revisions to the Nurse Practice Act

In 1982 the Board initiated a "Coalition for the Revision of the Ohio Nurse Practice Act." There were 29 organizations collaborating so "nurses and the nursing profession can work together toward a common goal—passage of revisions to the law regulating nursing practice." In 1988, Governor Richard F. Celeste signed HB 529, a bill that significantly revised Ohio's law regulating nursing practice. Some highlights of the revisions were:

- Shortened name to "Board of Nursing" and increased the Board to 10 nurse members (kept the one consumer member)
- Revised definitions of nursing for RNs
- Added mandatory continuing nursing education
- Increased fees: licensure from \$32 to \$50; renewal from \$10 to \$15

- Revised the Board's authority to discipline nurses "who break the law;" authorized summary suspensions
- Moved the responsibility of registering Nurse Midwives from the Medical Board to the Board

... "Talking Points in New Proposed Nurse Practice Act," 5/87

HB 303, effective March 20, 2013, comprehensively modified the Nurse Practice Act. The bill provided updates to laws pertaining to various aspects of the Board's primary responsibilities to license and discipline. The bill deleted programs and procedures that were no longer operational or productive. HB 303 addressed pertinent regulatory issues and requirements for nurses, dialysis technicians, medication aides, and community health workers in a common sense manner and the changes implemented provided greater legal clarity to licensees and the public.

Advanced Practice Nursing

In 1979 the Board adopted a statement, "Position on Role of the Nurse Practitioner."

"Registered nurses who function under the title of "Nurse Practitioner" are practicing the art and science of nursing. While all registered nurses active in the profession are practitioners of nursing, the term Nurse Practitioner is used to delineate a relatively new and evolving area of nursing practice..."

Board Meeting Minutes, January 25-26, 1979

Effective July 1, 1993, a Pilot Program for "Advanced Practice Nurses" was established. The Pilot locations were at Case Western Reserve University, Wright State University, and the University of Cincinnati.

In June of 1996, Governor Voinovich signed SB 154 to recognize APNs and establish title protection and scopes of practices for Certified Nurse Practitioners (CNPs), Clinical Nurse Specialists (CNSs), Certified Nurse Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs).

Effective May 17, 2000, HB 241 granted the Board authority to issue certificates to prescribe for CNPs, CNSs, and CNMs. The Committee on Prescriptive Governance (CPG) was established to develop recommendations to the Board for rules to establish the process and standards for prescriptive authority, including the Formulary.

In 2013, the title of Advanced Practice Nurses was changed to Advanced Practice Registered Nurses through the passage of HB 303. Expanded Schedule II prescribing for APRNs was effective in June of 2012 with the passage of SB 83.

Regulating Other Areas of Nursing Practice

- From 1990 to 1996, the Board approved Nurse Aide Training and Competency Evaluation (TCE) training programs for nurse aides employed in long-term care facilities in Ohio.
- SB 111, effective on June 26, 2000, provided for the regulation of hemodialysis technicians by the Board.
- The 2004-2005 budget bill, HB 95, authorized the Board to certify community health workers (CHWs) and approve community health worker training programs.
- The 2006-2007 budget bill established a Medication Aide Pilot Program for medication aides in nursing homes and residential care facilities. After March 26, 2009, all Ohio nursing homes or residential care facilities were authorized to use certified medication aides.

And More Recently....

- Effective February 1, 2009, the Board eliminated wallet license cards due to fraud issues. The Board fully implemented an online license verification system.
- In 2010 the Board implemented the Patient Safety Initiative, a comprehensive approach to practice breakdown and a joint collaboration between the Board and nursing employers to increase patient safety through effective reporting, remediation, modification of sys-

tems, and accountability.

- In January of 2011 the Board was one of three states participating in the three-year NCSBN Transition to Practice Study, designed to examine the effect of a Transition to Practice model on patient safety and quality outcomes based on the practice of newly licensed nurses transitioning to practice.
- Starting in 2012, two representatives from the Board serve as members of the Ohio Action Coalition Steering Committee, charged with implementation of the recommendations in the Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*.
- The Board streamlined and improved Ohio's licensure and certification processes for veterans, service members and spouses, in furtherance of the Governor Kasich's Executive Order 2013-05K and legislative initiatives in House Bill 98 and House Bill 488 (130th GA).
- Ohio is one of twenty-three state nursing boards participating and submitting TERCAP data to establish a national database regarding patient safety and practice breakdown. TERCAP (Taxonomy of Error, Root Cause Analysis and Practice-Responsibility) is the tool used to gather data regarding nursing practice breakdown.
- The Board joined in the fight against human trafficking, one of the fastest growing criminal enterprises worldwide.

Nurses and other health care providers are often the only professionals able to interact with trafficking victims.

- The Board is actively collaborating with the Governor's office, legislators, law enforcement, and other state boards and agencies in the continued fight against prescription drug abuse. Ohio's commitment to end opiate and other prescription drug abuse is consistent with the Board's mission of public protection. The Board uses the licensure renewal process to link APRNs to OARRS registration.
- In 2013, and for each renewal period thereafter, the Board collected comprehensive nursing workforce data as part of the online renewal process and provided the raw data and summary workforce data reports to the profession and the public.
- Starting in 2014, all nurses are required to renew their license online.
- The Board has funded, since 1990, the Nurse Education Assistance Loan Program (NEALP) to provide financial assistance to students enrolled in approved Ohio nursing education programs.
- The Board has funded, since 2003, the Nurse Education Grant Program (NEGP), to increase student capacity of nursing education programs.

Thank you for taking a moment to reflect on the Board's history! •

At the convention held by the Licensed Practical Nurse Association of Ohio (LPNAO) in 1986, the following resolution was passed:

TRIBUTE

Whereas, One of the first nursing homes in Ohio was established in the southern part of Ohio—by a member of the Licensed Practical Nurse Association of Ohio. The deed for the land whereupon the large house was built for this purpose was signed by George Washington, the first President of the United States;

Whereas, This lady instilled in the hearts of her two daughters, Fae Kimes and Virgie Buckley, the love of caring for the aged and infirm—they in turn encouraged the gentlemen they married, Harold and Paul, to become practical nurses—all five being licensed when licensure became available in 1957—all being members of LPNAO;

Resolved, That the members of LPNAO assembled in convention this first day of November, 1986 stand as a tribute to Mable Swartz, age 94, for her contribution to nursing care;

Resolved, That a copy of this resolution be sent to Mable Swartz.

A photograph of a female nurse in light blue scrubs with a stethoscope around her neck, smiling warmly at an elderly male patient. The patient is looking up at her. The background is a soft-focus hospital setting.

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Developing Leaders in Health Care

The School of Health Sciences at Mount St. Joseph University continues to deliver innovative programs that address current needs in the field of nursing. Dr. Nancy Hinzman, MSN/DNP Program Director at the Mount, answers a few key questions about the Mount's critical role in developing leaders for the health care industry.



Q: What trends in the health care industry support the need for health systems leaders?

According to the Bureau of Labor Statistics, employment of nurse anesthetists, nurse midwives and nurse practitioners is expected to grow by 31 percent, while employment for nursing assistants and orderlies will increase 21 percent. Part of the reason for this is the continued, steady growth in our elderly population. The health care industry needs more care providers, and there is also a strong need for nurse educators and leaders.

Q: What programs does Mount St. Joseph University offer for nurses who want to earn their advanced degrees?

The Mount's MSN program offers three tracks: administration, education,

and clinical nurse leader. At the post-master's level, the Mount offers a DNP in Health Systems Leadership. An important component to every advanced nursing program at the Mount is the focus on preparing nurses for leadership positions where they can create transformative change to improve the health and health care outcomes of individuals, families, groups and populations.

Q: What do students like best about the Mount's programs?

Our students really appreciate the part-time, blended course format, as it enables them to maintain full-time employment while earning their degree. During the semester, each class meets twice on campus, with the remainder of the course work delivered online. The personal attention and interaction with faculty is also a key feature of the Mount's programs. Our faculty shares a very genuine commitment to the success of each one of our students and their role as a health systems leader.

Q: What are the latest developments in financial aid for graduate nursing students at the Mount?

Mount St. Joseph University was recently awarded over \$200,000 to offer the Nurse Faculty Loan Program (NFLP) funded by the Health Resources and Services Administration

(HRSA). The NFLP covers the cost of tuition, fees and other reasonable education costs for eligible students. Up to 85 percent of the loan can be forgiven for those who complete their degree program and teach full time at an accredited school of nursing. The Mount has a rich history in nursing and providing innovative, high-quality nursing education. The NFLP will allow the Mount to expand our MSN and DNP programs with more students and course options.



MOUNT ST. JOSEPH UNIVERSITY

To learn more about the Mount's advanced degree programs in nursing, visit www.msj.edu/graduate or contact Nancy Hinzman at **513-244-4325**.

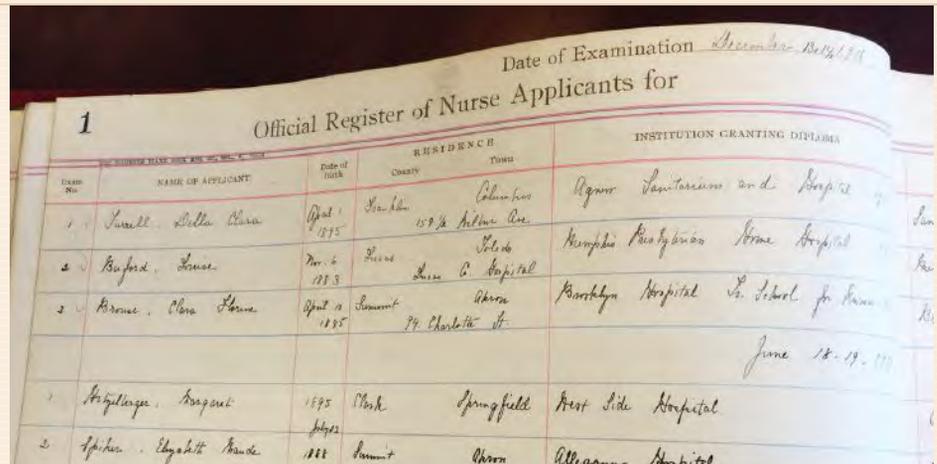
Dr. Hinzman is an associate professor at Mount St. Joseph University and has been a nursing educator for 22 years. She received her D.N.P. from the University of Cincinnati, her M.S.N. with a perinatal clinical specialist focus from Indiana University/Purdue University in Indianapolis (IUPUI) and a B.S.N. from Duke University.

1916 – The First Examination for Nurse Licensure

On April 27, 1915, the General Assembly passed a long-awaited Nurse Practice Act that established the “Nurses’ Examining Committee.” The Committee met for the first time on September 14, 1915. At that time, Anza Johnson, Chief Examiner; Karl D. Swartzel, Entrance Examiner; Augusta Condit and Harriet L.P. Friend, began establishing the process to “register” nurses who completed “nurse school.” On November 2, 1916 the following “Rules Governing Examination” were adopted:

- Applicant shall be known by number only (not by name).
- Assigned number shall be used on all papers.
- Candidates are requested not to bring any books or papers into examination room.
- Paper and other examination material will be provided by the Committee.
- Question papers must be returned with answers.
- Write on one side of paper only.
- Leave a line between each answer.
- Do not copy questions.
- Put number of question in margin, and number your answers in accordance with the number of the questions.
- Examination paper will not be returned to applicant.
- Giving or receiving assistance or communication between candidates will be cause for dismissal.
- Candidates will be required to pass a general average of 75 per cent with no grade below 60 per cent.

Harriet Friend, Augusta Condit and Anza Johnson, the original members of the Nurses’ Examining Committee, wrote the questions. Three nurses, Louise Buford,



Clara Florine Brouse, and Della Clara Farrell, achieved the required 75% passing grade on that first examination. Below is the first examination administered in Ohio on December 13-14, 1916.

Anatomy and Physiology

1. Describe the alimentary canal. (a) What is digestion? (b) What is absorption?
2. Describe the circulation of the blood. What is portal circulation? What is renal circulation?
3. What are the functions of the skin?
4. Name the bones of the pelvis.
5. What is the periosteum? Peritoneum? Pericardium?
6. Describe the lungs.
7. Name and locate the organs of the abdominal cavity.

Hygiene, Sanitation and Bacteriology

1. Name and describe the different methods of sterilization. Which is the most effective in the shortest time?
2. How many ways may bacteria be given off from a diseased body?
3. What precautions would you take in the care of a typhoid patient to protect

yourself and others from infection?

4. What are the conditions most favorable to the growth of bacteria?
5. Outline the hygienic care of tuberculosis.
6. What is quarantine? At what time is it necessary?
7. Define vital statistics. On what are such statistics based?

Materia Medica and Therapeutics

1. Define: diuretic; hypnotic; diaphoretic. Give an example of each.
2. Give the average adult dose of the following: morphine sulphate; paregoric; strychnine.
3. How would you prepare a 1% cocaine solution from a 4% solution?
4. What is meant by the cumulative action of a drug? Give example and explain effect upon the system.
5. What symptoms would cause you to discontinue the following drugs until you had made a report to the physician: digitalis sodium salicylate; Fowler’s solution; quinine; potassium iodide?
6. If you had no special order, what interval would you allow between food and medicine?
7. How would you prepare normal salt

solution? In what way is it usually administered?

Cookery and Dietetics

1. How would you modify milk? What utensils would you use and how would you proceed?
2. Outline two days dietary for patient on liquid diet only.
3. Why is a mixed diet necessary?
4. How would you cook a chop? A steak? Why? Give reasons for given method.
5. How may foods be classified? Give examples of each kind.
6. Describe one special diet and give reasons for it.
7. State correct methods of preparing tea, coffee, albumen water, cocoa.

Nursing of Medical and Communicable Diseases

1. How would you care for the mouth of a

fever patient?

2. How would you induce sleep without the administration of drugs?
3. What would lead you to suspect as (sic) overfull bladder? An impaired rectum?
4. Mention various ways of applying heat.
5. Describe nursing care of scarlet fever. What are the complications?
6. Describe general nursing care of patient with diphtheria.
7. Give in detail preparation of patient who is about to be released from quarantine.

Surgical Nursing

1. Describe preparation of a room for immediate surgical emergency. What difference would you make in the preparation of the same room for operation the next day?
2. What is the procedure for preparation for administering a general anesthetic?
3. What are the symptoms of shock? What would you do until the physician arrives?

4. Why should urine be examined before and after operation?
5. Describe two methods of artificial respiration.
6. What is your method of doing a dressing where absolute asepsis is demanded?

Pediatric Nursing

1. Describe the care of nursing bottles and rubber nipples. Why should a baby never be left alone to nurse from a bottle?
2. Describe the method of colon irrigation, equipment and position of infant.
3. How would you collect a specimen of urine from small children of both sexes?
4. What are the chief causes of infant mortality?
5. How would you entertain a convalescent child about four years old?
6. Describe care of a premature infant.
7. How would you take the temperature

continued on page 16

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of a sick child? Why? What are the most frequent causes for sudden rise of temperature in children?

Obstetrical Nursing

1. What advice along hygienic lines would you give a pregnant woman?
2. What would you do for a pregnant woman in convulsion, until the physician arrives?
3. Outline fully the care of a patient immediately following delivery.
4. Give full details for care of breasts before and after delivery.
5. What care should be given a newborn infant's eyes? Why? What would you do to induce a baby to nurse?
6. Outline the care to be given a patient the first week after delivery.

Ethics of Nursing

1. What is your attitude toward the super-

intendent of nurses, when you are called in as a special nurse for a patient in a hospital?

2. State a difficulty that has arisen in your nursing experience and tell how you solved it.
3. What does nursing ethics mean to you?
4. If you felt that your patient did not like you, what would you do?
5. What is your obligation toward your patients' belongings, personal and otherwise?
6. What advice along ethical lines would you give a student who was entering a nurse school?
7. What are the duties of a nurse towards physicians?

Later, the examination was administered twice a year and over a two-day period. In 1921, the examination changed to three days.

In 1941 the essay examination was changed to a 100-point objective examina-

tion in nine subjects. In 1946 Ohio used the National League State Board Test Pool for the examination test. In 1982 the Board adopted the National Council Licensure Examination (NCLEX) for testing. In 1956, the first practical nurse examination was administered.

Currently, the NCLEX, administered through a computerized adaptive testing (CAT) format, is used for the licensing of nurses across the United States and in Canada. It is designed to test the knowledge, skills and abilities essential for the safe and effective practice of nursing at the entry-level. Individuals are scored by their ability to think critically about decisions involving nursing care.

Kudos to the nurses who 100 years ago recognized that a regulatory Board would protect the public and help develop the nursing profession by setting regulatory standards for nurses and nursing education programs. Their work set the stage to advance nursing as a profession in Ohio and the United States! •

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Meet the Members of the Ohio Board of Nursing



Maryam Lyon MSN, RN

When were you appointed as a Board member? First term beginning January 2010.

Why did you want to become a Board member? I was exposed to the purpose and function of the Board when I was involved in drafting legislation for the purposes of regulating the practice of technicians in dialysis. I wanted to become a board member for two reasons. Most importantly, my most vital role as a nurse is to be a patient advocate and the boards' mission to protect the public is perfectly aligned with that commitment. I also wanted to maintain the presence of a board member familiar with the specialty practice of dialysis care.

What is your nursing background? I have practiced nursing in Ohio for 39 years. My initial practice was in surgical and cardiovascular intensive care. I have been involved in the care of patients with Chronic Kidney Disease, in a few different capacities since

1986. I am currently an Education Coordinator for a dialysis provider.

What do you believe you can bring to the Board of Nursing? Professional and ethical behavior by individuals in nursing practice is critical. Ohio law and rules related to the practice of nursing outline the expectations required to continue to practice in the state. I want to ensure that as a Board member I serve as a barrier between the public and persons who are in violation of the Nurse Practice Act.

What is one of the greatest challenges of being a Board member? The biggest challenge is to be able to allot an adequate amount of time to review discipline cases. This is my second term on the Board and unfortunately the volume of cases is increasing. It is very important that each case is given sufficient consideration as the career of the health care worker is impacted by Board decisions.

How would you describe your experience as a Board member? My experience as a Board member has been outstanding. The transition from private citizen to public service was facilitated by a talented, efficient and supportive Board staff. I have learned so much about the Nurse Practice Act since I joined the Board. The benefits associated with my collaboration with fellow Board members have been immeasurable.

What would you say to someone who is considering becoming a Board member? If I may borrow from a commercial phrase, just do it. The work is very important and is the next level of supporting the nursing profession and serving the public.



Janet Arwood, LPN

When were you appointed as a Board member? I was appointed in the summer of 2010 and my first meeting was in September of 2010. I was reappointed in January 2014.

Why did you want to become a Board member? I had always wanted to be a Board Member to see what happened at the meetings and I was hoping to be an advocate for patients and LPNs. My CNO and Director heard about an opening for an LPN on the Board and they asked me if I was interested. I was humbled and honored that they would think of me for that position.

What is your nursing background? I started working as Nursing Assistant in the summer before my senior year of High School. I attended school in the morning and worked in the evenings from 2 pm to 10 pm through my whole senior year. I attended PN School in 1976-1977 at

continued on page 18

Marion General Hospital Marion, Ohio and it was the last year that the school was located in the Hospital. That fall it moved to Tri-Rivers Joint Vocational school. My background is very versatile and I have had the pleasure of working at different specialties over the years. I worked at Ohio State in the Head and Neck Cancer/Plastic surgery unit for 6 years and at a

later time I worked in the Otolaryngology Clinic as well. I worked for several staff agencies and I worked in Industrial Nursing, Nursing home staff relief, home care and staff relief in hospitals. For the last 24 years I have been employed by Ohio Health in Endoscopy, Community Medicine, Cardiac Diagnostic Care Unit and I am currently working at the Ohio Health

Heart and Vascular Physician's Office. I also worked as a contingent at Ohio Gastroenterology for about Seven years.

What do you believe you can bring to the Board of Nursing? I have high standards where nursing is concerned and I believe those standards will help me fulfill our mission to protect the public. A lot has changed over the last 40 plus years and it has been amazing to watch and I am sure there are many more to come as technology and science develops.

What is one of the greatest challenges of being a Board member?

The discipline is one of the most difficult because I feel everyone should have high standards if they choose to be a Nurse and that is not always reflected in some of the cases that we read. The Board strives to achieve a balance between public protection and ensuring a fair process for the Respondent.

How would you describe your experience as a Board member?

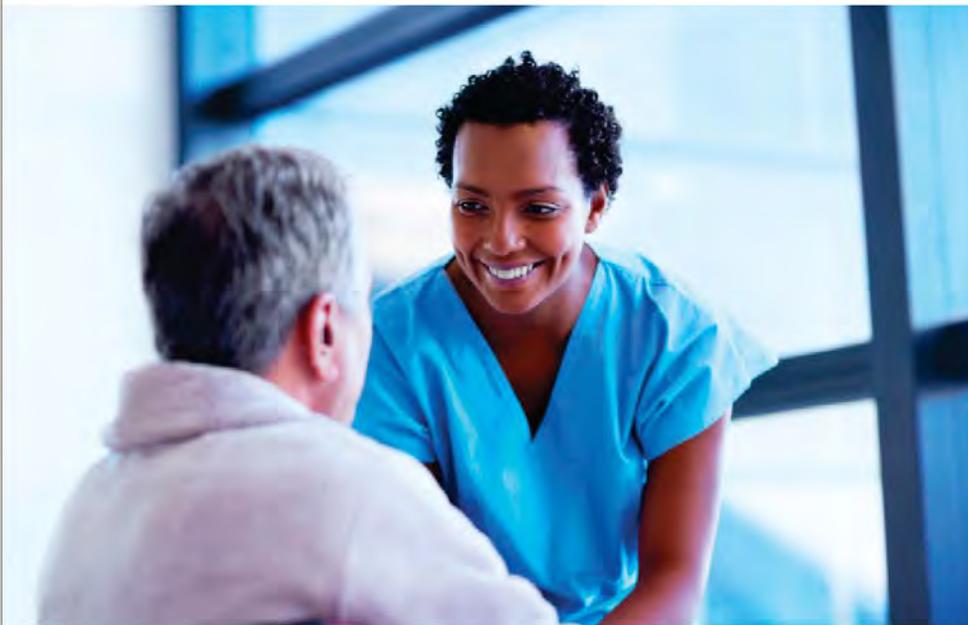
It has truly been a positive experience. I have really enjoyed meeting new people and collaborating with other Nurses and with the Nursing Board Staff. I have also had the pleasure of attending NCSBN meetings as well and it is interesting to meet Nurses from other States and see what challenges they face.

What would you say to someone who is considering becoming a Board member?

I suggest if it's something that you have always been curious about and that it is something that interests you, by all means apply. It is a positive experience and it is extremely interesting to see all the work that goes into compliance and maintaining nursing regulation. •



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APRNs Prescribing Weight Loss Medications

At its May 18, 2015 meeting, the Committee on Prescriptive Governance (CPG) determined that three medications approved by the FDA for long-term weight management may be prescribed by APRNs with a CTP (CTP holder) if agreed to by the CTP holder and his/her collaborating physician and stated within the CTP holder's standard care arrangement. These are two schedule-IV medications, phentermine/topiramate (Qsymia), and locaserin (Belviq), as well as non-controlled naltrexone hydrochloride/bupropion hydrochloride (Contrave). The CPG determination is specific to Qsymia, Belviq and Contrave **only**. CTP holders continue to be prohibited from prescribing all other anorexiant including, but not limited to phentermine (Adipex). The prescribing designation for anorexiant can be located on page 15 of *The Formulary Developed by the Committee on Prescriptive Governance* (The Formulary). The Formulary can be accessed on the Board of Nursing website: www.nursing.ohio.gov under the "Practice APRN" link.

Although the Formulary allows CTP holders to prescribe these three drugs under the circumstances documented by their respective standard care arrangement, there are

other factors that must be considered by the CTP holder prior to initiating Qsymia, Belviq or Contrave prescriptions for patients. These include, but are not limited to:

Whether the care and treatment of obese patients and weight management is new to the APRN's existing practice, and whether this aspect of practice is within the APRN's national certification and patient population specialty, meeting the scope of practice requirements in Section 4723.43, ORC. If not, additional education or an additional certification may be needed. In addition, Section 4723.431(A), ORC, requires the APRN's collaborating physician to be practicing in Ohio in a specialty that is the same or similar to the nurse's nursing specialty.

Section 4723.481(B), ORC, prohibits the prescriptive authority of the CTP holder from exceeding the prescriptive authority of the collaborating physician. Should the collaborating physician have restrictions on his/her ability to prescribe controlled substances including controlled substance weight loss medications, the CTP holder would be limited by the same restrictions.

The administrative rules, *Advanced Practice Registered Nurse Certification and Practice*, contained in Chapter 4723-8, of Ohio Administrative Code (OAC), require all APRNs to utilize and incorporate into the nurse's practice knowledge of Chapter 4731, ORC, and rules adopted under that chapter by the State Medical Board that govern the practice of the nurse's collaborating physician. With respect to the care and treatment of patients with obesity, APRNs are required to incorporate the State Medical Board rules applicable to physicians and prescribing practices. This includes Chapter 4731-11, OAC, Controlled Substances pertaining to the prescribing of schedule II, III, and IV medications for purposes of weight loss. A link to Chapter 4731-11, OAC, is also provided on page 15 of the Formulary.

The nursing law and rules are available for review on the Board's website www.nursing.ohio.gov under the "Law and Rules" link.

The website for State Medical Board of Ohio is: www.med.ohio.gov. •

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FAQs: Dialysis Tasks/Activities Prior to Certification as a DTI

The Board receives questions about dialysis activities that may be performed by individuals who complete a dialysis technician training program but who are not yet certified as a Dialysis Technician Intern (DTI). The FAQs below provide information related to these questions.

For purposes of these FAQs, “unlicensed individual” means an individual who has completed a dialysis technician training program but is not yet certified as a DTI.

Q: I have completed a dialysis technician training program but am not yet certified as a DTI. May I perform dialysis activities since I completed the training program even though I do not have my DTI certificate?

A: No. You may not function as a DTI until your DTI certificate is issued. You are in a similar situation to nursing students who complete their education program, and who cannot practice as a nurse until they receive their nursing license.

Q: What activities may I perform between the time I complete a dialysis technician training program and become certified as a DTI?

A: During this period of time you may function as an unlicensed individual and perform activities delegated to you by a licensed nurse (RN, or LPN at the direction of a RN), in accordance with Chapter 4723-13, Ohio Administrative Code. There is no provision in the Nurse Practice Act for the individuals to engage in dialysis technician care under the supervision of a “preceptor.”

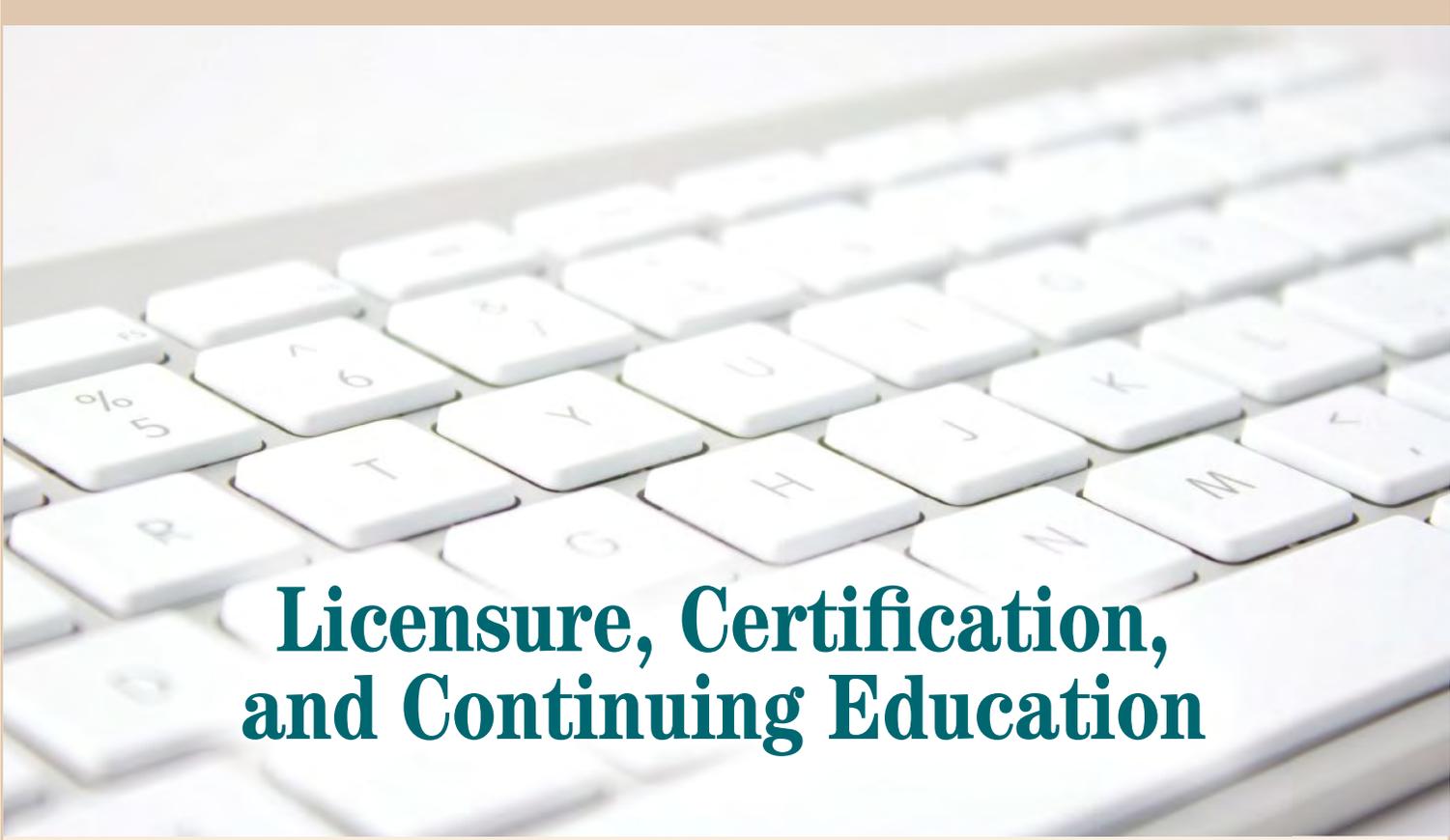
Some of the activities that may be performed if delegated, if the delegating

nurse has determined the unlicensed person has the necessary training, ability and skills, and if appropriate for the patient and the clinical circumstances, include:

- Taking vital signs
- Reviewing dialysis orders with respect to verifying dialyzer, dialysate, bath. Please note that any person may review and check against these against an order, but the authorized person performing dialysis would be ultimately responsible.
- Using a test strip to verify that cleaning agents, e.g., chlorine, are not present
- Connecting the dialysis tubing on the dialysis machine (“stringing”)
- Placing dialysis needles into arteriovenous fistula or graft, if the delegating nurse is present with the unlicensed individual and the specific patient and determines it is appropriate
- Removing access needles and hold site until hemostasis is achieved

Any procedures involving performing the dialysis, IV fluids, anticoagulants, or any other medications cannot be delegated by a licensed nurse and therefore, you may NOT perform these activities as an unlicensed individual. Examples include the following:

- Priming blood tubing and dialyzer with normal saline
- Administering heparin boluses
- Starting the dialysis run
- Resolving a pressure alarm by adjusting machine settings or administering fluid boluses cannot be delegated.
- Returning blood to patient because it involves the administration of normal saline



Licensure, Certification, and Continuing Education

2015 RN and Advanced Practice Registered Nurse (APRN) Renewal

This is a final reminder that if you hold an active RN license, certificate of authority (COA), or certificate to prescribe (CTP) in Ohio, your license/certificate will lapse after August 31, 2015. A lapsed license/certificate is one that was not renewed by the deadline, and thus “expires” without any communication from the licensee/certificate holder. If you do not intend to practice nursing in Ohio, temporarily or permanently, you may notify the Board in writing (including e-mail and fax) that you are requesting that your license/certificate be placed on “inactive” status.

All RNs who are eligible to renew their license were sent a renewal notice through the mail to the address of record with the Board. APRNs were mailed one notice to notify them to renew their RN, COA, and CTP, as applicable.

The renewal notice this year was a postcard with instructions on how to renew your license/certificate. You can access your User ID and Password, and renew your license/

certificate on the Board website at www.nursing.ohio.gov. All nurses are required to renew their license/certificate online.

You may be able to verify the renewal of your license/certificate through the Board’s website at www.nursing.ohio.gov in as little as three business days. When renewing online you can pay the required application fee using Master Card or VISA credit cards, or debit cards with a MC or VISA logo.

It is strongly recommended that you renew your license/certificate as soon as possible. APRNs are required to renew their RN, each COA and CTP, if applicable, separately within the system. Don’t forget to log back into the system if you have an RN license and multiple certificates to renew this year!

To practice, APRNs must renew both their RN license and COA

To prescribe, APRNs must renew 3 things: RN license, COA, CTP

Fees for renewal are as follows:

July 1, 2015 through August 31, 2015

RN – \$115 (includes late processing fee)

APRN – each COA - \$135 (includes late processing fee)

CTP – \$50

After August 31, 2015 – you must request a reinstatement packet

The Board conducts a random audit each year to determine compliance with continuing education requirements. If you were notified of an audit of your continuing education for the period of September 1, 2011 through August 31, 2013 and have not submitted the information required by the Board, you will not be eligible to renew for 2015-2017 until you complete the audit requirements.

Board staff are available to assist you in taking the necessary steps to renew your license/certificate. If you have questions about the renewal process, please contact the Board by e-mail at renewal@nursing.ohio.gov, or if you are an APRN, please contact the Board by e-mail at aprn@nursing.ohio.gov. •

Regulation of Pre-license Nursing Education Programs Frequently Asked Questions

1. Under what circumstances must a program require a student, who did not report to clinical due to unforeseen circumstances, to make up their missed clinical hours?

Pre-license nursing education programs determine how to best address student clinical absences. It is within the sole discretion of the education program, as long as any missed clinical experiences are made up in a manner that enables the program to implement its approved curriculum and student progression policy. Chapter 4723-5, OAC, places requirements on the nursing education program that include, but are not limited to, the program's curriculum, minimum qualifications for faculty, teaching assistants and preceptors, supervision of nursing students, and implementation of specific written policies. The program is required by Rule 4723-5-12, OAC, to have policies addressing a student's progression through and completion of the program. The progression policy must include the level of achievement a student must maintain in order to remain in the program, or to progress, and the requirements for satisfactory completion of each course required in the nursing curriculum. When the Board surveys a nursing education program, the program's implementation of its written policies is verified.

2. Is it acceptable to forgo a previously scheduled clinical day (8 hours) when the clinical agency notifies the program it cannot accommodate the student clinical group due to unforeseen circumstances?

Each nursing education programs is

required by Rule 4723-5-13, OAC, for registered nurse programs and 4723-5-14, OAC, for practical nurse programs to implement its curriculum that includes an amount of clinical experience hours required by specific courses. It is the program's responsibility to contract with clinical agencies to provide the specified number of clinical experience hours to meet the course objectives. There are no circumstances in which a program may choose not to provide the clinical experience hours that are stated in its curriculum for specified courses. Further, Rule 4723-5-04 (E), OAC, requires the Board to place a program on Provisional approval when a program fails to provide clinical experiences.

3. When is a program required to have an associate administrator and what is the relationship of an associate administrator to a program administrator?

Rule 4723-5-09 (C)(1), OAC provides that when a program has more than one location, each additional location that is more than sixty miles from the program must be administered by a registered nurse who meets associate administrator qualifications established in Rule 4723-5-10, OAC, for registered nurse programs, and Rule 4723-5-11, OAC, for practical nurse programs. If Registered Nursing Program "A" is located in Columbus, and Program A opens a new location (A2), in Cleveland, then A2 must be administered by a registered nurse who meets the qualifications of Rule 4723-5-10 (A)(2), OAC, and must act at the direction of the Program A administrator. The Board may also require a program administrator to appoint as associate administrator when the distance between

the program and its additional location is less than sixty miles after considering the average student census at the locations; the total number of program locations; geographic proximity of locations to one another; and the Board's approval status of the program.

4. What is the Board's authority with respect to the controlling agency of a Board approved pre-license nursing education program?

The Board's authority is over the pre-license nursing education program, ensuring that "the program" meets and maintains all requirements of Chapter 4723-5, OAC. A "controlling agency" is the entity under which an education program is organized and administered, that grants credentials upon completion of a program. Rule 4723-5-03, OAC, requires that the controlling agency notify the Board and provide the Board information (e.g., the name of the program administrator) when the controlling agency plans to implement a change of control of a program at least 30 days prior to the effective date of the change of control. Rule 4723-5-09, OAC, requires that if a program administrator vacates the position, the controlling agency must ensure continuity of the administrative responsibilities for the program, including timely notifying the Board of the vacancy and a replacement for the administrator. Rule 4723-5-24, OAC, provides that when an education program closes, the controlling agency is responsible for providing for the safekeeping of the program's records, and for notifying the Board if the location of the records changes. Generally, however, from the point that the controlling agency appoints its program's administrator, the administrator is account-

able and responsible for all aspects of the program, and the administrator is the person to whom the Board addresses questions pertaining to the program meeting and maintaining the requirements of Chapter 4723-5, OAC. The controlling agency's appointment of a qualified administrator is necessary for the Board's initial approval and continued approval of the pre-license nursing education program. The Board's approval of the program will be affected if the controlling agency fails to appoint a qualified administrator or fails to timely appoint a qualified administrator to a vacated position.

5. Many of our contracted clinical sites require our faculty and students to complete its institution-specific computer training as a condition of our clinical site use. Can this time be counted toward our curriculum clinical hours? It would seem that it should be allowed, since it is required by the clinical institution, and Rule 4723-5-20 (C) (5), OAC, requires the program to provide an orientation of each student to the clinical site.

A program's provision of student orientation to a clinical site is not the same as a student engaging in clinical experience to meet a course's clinical objectives. Rule 4723-5-20 (C)(3), OAC, Responsibilities of faculty, teaching assistants, and preceptors in a clinical setting, states that the faculty member providing direction shall "[p]rovide for orientation of each student to the clinical site, including introduction to staff." This faculty-directed clinical site orientation is not included in Rule 4723-5-13, OAC, Curriculum for registered nurse program, nor Rule 4723-5-14, OAC, Curriculum for practical nurse program. These curriculum rules, and not Rule 4723-5-20, OAC, establish the program's minimum curriculum requirements, including but not limited to the number of clinical experience hours determined by the program through which students achieve the clinical

course objectives and progress within the program. The term "clinical experience" as defined in Rule 4723-5-01 (E), OAC, "means an activity planned to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the supervised delivery or nursing care to an individual or group of individuals who require nursing care." The activities that may be counted towards "clinical hours" are dependent on whether the activity is planned to meet the clinical course objectives in a structured setting and meet the definition of "clinical experience."

6. I am new to the role of nursing education program administrator. What information can the Board provide me with respect to my responsibilities?

The Board provides a workshop twice a year to update program administrators and/or their representatives on changes to Chapter 4723-5, OAC, and other law and rules enforced by the Board that may affect programs. The Board provides contact emails through which questions to the various units or programs of the Board may be addressed. For a complete email contact list, please refer to the Board's website: www.nursing.ohio.gov and access the "Contact the Board" link. The role of the Board with respect to pre-license nursing education programs is to ensure that nursing education programs that prepare individuals to apply for and attempt the NCLEX-RN or NCLEX-PN meet the law and rules for pre-license nursing education programs, specifically Chapter 4723-5, OAC. As a registered nurse appointed by a controlling agency to administer a program, it is your responsibility to ensure you are qualified and prepared for the role.

7. Can I substitute a percentage of a course's stated clinical clock hours with a computerized simulation experience, since these experi-

ences are very life-like and effective according to the NCSBN's Simulation Study published in 2014?

Programs may use simulation for students to meet a course's outcomes and objectives, but the hours in simulation must be identified as "laboratory experience," and any amount of clinical experience hours identified for a course must be provided in the stated amount. The definition of "laboratory experience" (Rule 4723-5-01(Q), OAC) includes the use of computerized models and simulator programs. The definition of "clinical experience" (Rule 4723-5-01(E), OAC) is the delivery of nursing care to individuals who require nursing care. The number of clinical experience and laboratory experience hours included in a program curriculum is determined by each program, as Chapter 4723-5, OAC, does not establish minimum numbers of hours. However, the number of clinical experience and laboratory experience hours determined by a program must be accurately identified in the program's curriculum plan that is distributed to each student as well as in each applicable course syllabus. A program's stated clinical experience hours cannot be replaced with "simulation" or any other activity that does not meet the definition of "clinical experience."

8. I teach the required curriculum content for IV therapy in my pre-license practical nurse program. To teach this course effectively, I need to fully understand authorized practice for an LPN who is IV therapy certified. How can I accomplish this?

The authority for LPNs with IV therapy certification to perform IV therapy is established in Section 4723.18, Ohio Revised Code, and in Chapter 4723-17, OAC. Specific questions with respect to licensed nursing practice, that include but are not limited to IV therapy should be directed by email to practice@nursing.ohio.gov. •

Down Syndrome Information Sheet

HB 552 (130th GA), effective March 23, 2015, established new requirements for Certified Nurse-Midwives and other health care professionals and facilities

to provide Down syndrome information, developed and published by the Ohio Department of Health (ODH), to patients under their care who receive test

results indicating Down syndrome or a prenatal or post natal diagnosis of Down syndrome. See Section 3701.69, ORC. The ODH Down syndrome information sheet is to provide a description of Down syndrome, causes of the syndrome, the effects of the condition, how it is diagnosed and how it is treated. The information sheet will contain contact information for Down syndrome education and support programs.

In addition to Certified Nurse-Midwives, physicians, genetic counselors, hospitals registered under Section 3701.07, ORC, maternity units, newborn care nurseries, or maternity homes licensed under Chapter 3711, ORC, and free standing birthing centers licensed under Section 3702.30 ORC, are included among the health care professionals and facilities specified in the law that are required to provide the Down syndrome information sheet to their patients. The ODH anticipates making the information sheet available on its website: www.odh.ohio.gov by early July 2015. Certified Nurse-Midwives are encouraged to check the ODH website often to obtain a copy of the publication as soon as it becomes available. Although Certified Nurse-Midwives are encouraged to also work with facility administration and their collaborating physicians to determine how best to incorporate the provision of this information into their practices, each Certified Nurse-Midwife is individually responsible to provide the information as required by the new law. •



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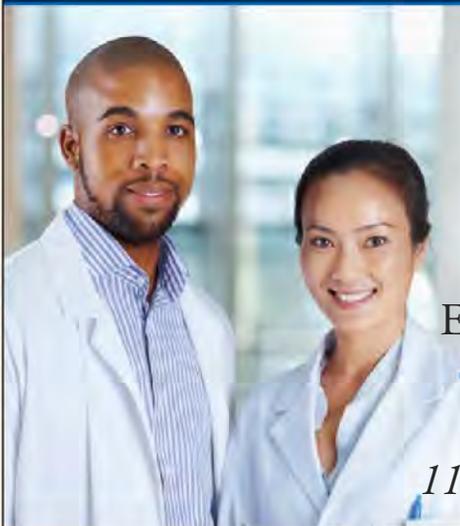


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ADVISORY GROUPS AND COMMITTEES

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 614-466-6940 to determine any change in the location, date or times.

Advisory Group on Continuing Education — *Chair: Jane McFee*
July 2, 2015; October 16, 2015

Advisory Group on Dialysis — *Chair: Maryam Lyon*
June 9, 2015; October 27, 2015

Advisory Group on Nursing Education — *Chair: Patricia Sharpnack*
June 11, 2015; October 8, 2015

Committee on Prescriptive Governance — *Chair: Jeanne Bauer*
May 18, 2015; October 19, 2015



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Judith Church, RN
Supervising Member for Disciplinary Matters
Miamisburg 2016

Nancy Fellows, RN
Willoughby Hills 2016

Lisa Klenke, RN
Coldwater 2015

Lauralee Krabill, RN
Sandusky 2017

J. Jane McFee, LPN
Perrysburg 2017

Sanrda Ranck, RN
Ashtabula 2018

John Schmidt, RN
Cleveland 2018

Patricia Sharpnack, RN
Chardon 2017

Sheryl Warner, JD,
Consumer Member
Canal Winchester 2015

Vacant, LPN Member

BOARD DISCIPLINARY ACTIONS

The following includes lists of Board disciplinary actions taken at public meetings regarding licensed nurses or certificate holders. You can review the type of action taken by checking the individual's credential at the Ohio eLicense Center at: <http://www.nursing.ohio.gov/Verification.htm#VERInfo>, or by clicking on **License and Certificate Verification** on the Board of Nursing's website (www.nursing.ohio.gov). You may also request a copy of a public disciplinary record by completing the electronic form on the Board's website at: <http://www.nursing.ohio.gov/iw-DisciplineRecReq.htm> or by clicking on **Discipline Records Requests** on the Board's website.

May 2015 Monitoring Actions

Name	License #	Name	License #
Bahns, Todd	R.N. 283692	King, Amber	R.N. 294858
Bair, Matthew	R.N. 356226	Kinnamon, Brandon	R.N. 390934
Beightler, Jason	P.N. 156015	Langhorn, Dawn	P.N. 155165
Bostick, Vincent	P.N. 157406	Love, Patrick	R.N. 379335
Brown, Malkia	P.N. 143541	Morrison, Kathleen	R.N. 265618
Carter, Nicole	R.N. 295656, NP 12666, CTP 12666	Norris, Matthew	R.N. 259498
Christian, LaTanya	R.N. 347911, P.N. 100910	Quinnie, Carolyn	R.N. 175681
Church, Stacy	P.N. 127309	Redifer, Shannon	P.N. 101388
Davis, Kristi	R.N. 270426	Rucker, Edla	R.N. 268770, COA 10100, CTP 10100
Foster III, Robert	R.N. 345817	Rutkowski, Barbara	R.N. 230961
Galloway, Carmen	R.N. 327947	Samloff, Andrea	R.N. 348135
Haley, Stacy	R.N. 392813	Sanzen (Lee), Jessica	R.N. 315813
Hartley, Kevin	R.N. 394686	Shreve, Noelle	P.N. 151984
Holbrook, Sherry	R.N. 313079	Smith, Sandra	R.N. 240287
Huelsman, Holly	P.N. 147878	Swallow, Jennifer	P.N. 155066
Ivery, Michelle	R.N. 398412, P.N. 148523	Vandervort, Mary	R.N. 286620
Jagodzinski, Andrea	R.N. 385451	Williams, Melissa	R.N. 337121
Johnson, Dawn	R.N. 291264	Zebrowski, Michael	R.N. 357917
Kelley, Michael	P.N. 118237		

May 2015 Disciplinary Actions

Name	License #	Name	License #
Age, Verna	R.N. 370118, NA 12412	Brooks, Rikki	P.N. 142883
Aitken, Tiffany	R.N. 318321	Brown, Deborah	R.N. 314889, P.N. 085782
Alexander II, Clifton	R.N. 401157, P.N. 146592	Brown, Yvette	P.N. 099257
Allen, Jr., Martin	R.N. NCLEX, P.N. 141135	Bruender, Christopher	R.N. 380378
Amato-Secriskey, Kimberly	R.N. 225750	Burcham, Christine	P.N. 136926
Anderson, Deborah	R.N. 255995	Burcher, Amy	R.N. 295654
Andrews, Julia	R.N. 216681	Burgess, Patricia	R.N. 261520
Atwood, Rishelle	R.N. 369115	Byrd, Jennifer	R.N. 332656
Austin, Julie	R.N. 328783	Caja, Michael	R.N. 331193
Azbell, Stacy	P.N. 132658	Canestraro, Bryan	P.N. 152562
Bainbridge, Melissa	R.N. 271670	Caramela, Angela	P.N. 159289
Baker, Chester	R.N. NCLEX	Caringi, Racheal	R.N. 328230
Banc, Kathleen	R.N. 413990	Carpenter, Anthony	R.N. 375158
Banks, Samocki	P.N. 117565	Carpenter, Sarah	P.N. 111523
Barosky, April	R.N. 359562, P.N. 131352	Carr, Jessica	P.N. 106537
Barton, Alan	R.N. 310481	Cellura, Rita	P.N. 098234
Bass, Judith	R.N. 376375	Cirillo-Harper, Carmen	R.N. 365588
Bastardo, Angel	P.N. 156020	Clark, Barbara	P.N. 109791
Beachy, Terra	R.N. 317224	Clements, Kelly	R.N. 322278
Beattie, Toni	R.N. 196156	Combs, Michele	R.N. 290346
Bell, Jason	R.N. 273956	Compton, Deborah	R.N. 316883
Bisbee, Savanna	MAC 00257	Connell, Tara	R.N. 317189
Boyer, Reid	P.N. 128404	Cooley, Evonne	P.N. 130231
Braden, Teri	P.N. 131912	Cox, Beth	R.N. 302006
Brasko, Benjamin	R.N. 314937	Coyle, Anne	R.N. 386126
Brenner, Brian	R.N. 413991	Crawford, Brook	R.N. 413993
Briones, Heather	R.N. 413992	Critchlow, Amy	P.N. 103191
		Dalessandro, Susan	R.N. 382637



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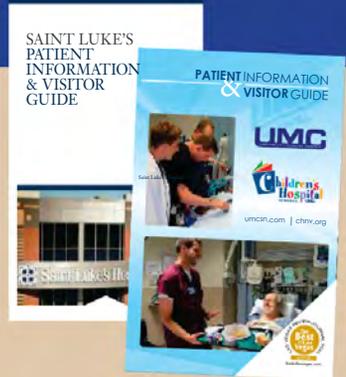
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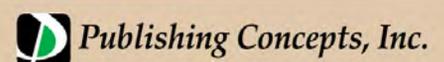
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Dauphinee, Nicole	R.N. 382618	Jackson, Mary	P.N. NCLEX
Davis, Latrice	R.N. 309816	Jacobs, Heidi	R.N. 289533
Davis, Megan	R.N. 340641	Jenkins, Alvinetta	R.N. 336115
Dean, Barbara	P.N. 088538	Johnson-McKinnie, Darlene	P.N. 135225
Dean, Elizabeth	P.N. 145035	Johnston, Marie	R.N. 363311, P.N. 110584
Dearth, Amy	P.N. 133142	Jones, Kathleen	R.N. 192160
Degoh, Magdaline	P.N. 143725	Jones, Linda	P.N. 096725
Dembie, Jr., William	R.N. 365135, P.N. 100466	Jones, Patricia	R.N. 218225
Dennison, Christina	P.N. 134261	Jordan, Robert	R.N. 313222
Dodge, Ashley	R.N. 371584	Judy, Renee	R.N. 392413
Durbin, Michael	R.N. 297387	Kaderly, Christina	R.N. 394392
Eldridge, Vickie	R.N. 299639	Keeper, Michelle	R.N. 309618
Eyster, Tonya	P.N. 111398	Keith, Eileen	R.N. 364056, P.N. 118457
Fannon, Elyn	R.N. 352186	Kinsey, Barbara	R.N. 388574, P.N. 112223
Farraj, Mohammad	P.N. 159290	Kish, James	R.N. 196032
Fasulko, Joseph	R.N. 324051	Kleman, Brandon	R.N. 412762
Finnerty, Betsy	R.N. 172746	Knowles, Terri	R.N. 194700
Fisher, Kathryn	R.N. 382352, P.N. 123935	Koepf, Kortnie	R.N. 342075
Flood, Tory	R.N. 346654, P.N. 105071	Komarek, Kathleen	R.N. 211080
Ford, Dawn	R.N. 252282	Koshar, Maria	R.N. 278003
Fortenberry, Amber	R.N. 301571	Laird, Susan	P.N. 125958
Fowlkes, Mary	P.N. 081020	LaJoye, Jennifer	R.N. 267800
Fracasso, Tara	R.N. 344204	Lamuth-Gregory, Marguerite	R.N. 348944
Frazier, Cassandra	P.N. 137293	Lawrence, Charles	R.N. 318418
Frycklund, Laura	R.N. 211753, NP 07766, CTP 07766	Liebling, Rebecca	R.N. 303504
Funkhouser, Sheena	R.N. 390734	Lindsey, Adrian	R.N. 401700
Gaddis, Katie	R.N. 356626	Lucas, Amy	R.N. NCLEX
Gallenstein, Bridget	P.N. 118783	Luginbuhl, Janet	P.N. 145066
Garcia, Gilbert	P.N. 148723	Lyons, Susan	R.N. 317037
Garcia, Sarah	R.N. 320390	Lytsell, Ronda	R.N. 363822, P.N. 123482
Gerndt, Martin	P.N. 104264	Mahaney, William	R.N. 332074
Gibbs, Sheryl	P.N. 077845	Maines, Timothy	R.N. 275152
Ginn, Norman	R.N. 275711	McBeth, Christina	R.N. 292877
Gitche, Jr., Thomas	R.N. 377484	McClintock, Melissa	R.N. 274415
Glitt, Douglas	P.N. 117412	McPeck, Brian	R.N. 341037
Glover, Caroline	P.N. 108359	McPherson, Lenai	R.N. 326988
Goldman, Denise	R.N. 297497	McQueen, Jana	P.N. 105018
Goudy, Eric	DTI applicant	McRae, Melanie	R.N. 295277
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Green, Rebecca	P.N. 129953	Meyers, Robert	R.N. 318611
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Hall, Ronisha	P.N. 152795	Mitchell, Muriel	R.N. 128503, NA 03643
Halloran, Rosemary	R.N. 302304	Moodie-Adams, Claudia	R.N. 316369
Hardy, Katie	R.N. 338862	Moore, Charles	P.N. 130340
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Hillman, Coreen	R.N. 285653	Ordonez, Tiffani	R.N. 379097
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Hinton-Robinson, Shelly	R.N. 348315, P.N. 118590	Orth, Michelle	R.N. 214082
Holmes, Jessica	P.N. 139327	Owusu, Nana Yaa	R.N. 378330, P.N. 128745
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Hoskins, Laron	P.N. 159291		

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Parrigin, Rebecca	P.N. 158945	Stover, Danielle	R.N. 364340
Patrick, Cheryl	P.N. 50504	Strohmeinger, Dru	R.N. 397410
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Pettitt, Angelina	P.N. 113733	Swarr, Brette	P.N. 109847
Pry, Brittany	R.N. 383424	Swiger, Charlotte	R.N. 359816
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Ralston, David	R.N. 338472	Thomas, Scott	R.N. 414540
Rambeau, Jeanine	R.N. 365019	Tipps, Samantha	P.N. 154970
Rasicci, Anthony	R.N. 336629	Turner, Christine	P.N. 130804
Reed, Connie	R.N. 323888	Turner, Cindy	R.N. 365768, P.N. 135211
Reed, Robin	P.N. 156802	Turner, Tia	P.N. 113964
Reed (Morris), Tonya	R.N. 346650	Turpish, Elizabeth	R.N. 267255, NS 09240, CTP 09240, NP 17329
Reeves, Amy	P.N. 136906	Tweel, Stephanie	R.N. 324693
Riley, Bonnita	R.N. 343854	Vunak, Thomas	P.N. 133937
Ritchie, Melissa	P.N. 157478	Waid, Candace	R.N. 395694, P.N. 108571
Roach, Misty	P.N. 130374	Wallis, Johnny	R.N. 322827
Roberts, Teresa	R.N. 413181, COA 17259, CTP 17259	Wasko, Jennifer	R.N. 339362
Rosenstengel, Caprice	R.N. 375193	Watkins, Karen	P.N. 054693
Sawyer, Anna	R.N. 342702	Watson, Rachel	P.N. 140414
Schelat, Debra	P.N. 136908	Watts, Donna	R.N. 352529, P.N. 126789
Schiller, Anne	R.N. 259102	Webb, Ronald	R.N. 330755
Schulze, Joseph	R.N. 335171	Weber, Anthony	P.N. 151232
Scott, Amy	R.N. 266901	West, Nikkilah	P.N. 125775
Scott, Stephanie	P.N. 126191	Wickline, Meagan	R.N. 364453
Sensabaugh, Danelle	R.N. 325424	Wilke II, Robert	R.N. 355597
Sesay, Yealie	P.N. 118445	Wilks, Sarah	P.N. 112427
Sharrer, Diana	R.N. 329644	Williams, Cathy	R.N. 246124
Shoup, Tammy	P.N. 120881	Williams, Charlise	D.T. 04088
Skrabak, Jonathan	R.N. 357641	Williams, Dianne	R.N. 331452
Sloan, Brock	DTI 04362	Williams, Goldtina	R.N. 324312, P.N. 109832
Slone, Johnny	P.N. 116462	Williams, Tiffany	P.N. 142287
Smith, Sandra	P.N. 102540	Woods, Lamar	P.N. 113283
Smith, Steven	R.N. 289600	Wright, Cynthia	P.N. 128152
Sontowski, Nancy	R.N. 247262	Wright, Kristen	P.N. 118059
Sowers, Heather	R.N. 349975	Wright-King, Lida	R.N. 107296, NP 01985
Spriggs, Maria	R.N. 322732	Yaged, Maxine	R.N. 211703, NM 01467
Stafford, Ashley	R.N. 382519	Yonkers, Melissa	P.N. 113804
Stephenson, Kimberlee	R.N. 277061	Zabrocki-Malaczewski, Joan	R.N. 344003
Stergis, Latasha	R.N. 335840, NP 15820, CTP 15820	Ziegler, John	R.N. 382750, P.N. 136106
Stewart, Qiana	R.N. 345318	Zupan, Mia	P.N. 121622
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