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Official Publication of the Ohio Board of Nursing

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"Hey, instead of a complaint, I wanted to send you a hearty thank you for a job extraordinarily well done. I moved to another state from my home in Ohio four years ago. I had lived in Ohio for many years and I received infusions either in the hospital or at home. Until I came to the other state, I thought all nurses by definition, "nursed." Not so. Here nurse is simply a noun and not a verb at all.

The nurses I encountered in Ohio were smart, proactive, compassionate, and were always finding a better way to help me. Here, unless I remember to ask, they don't use skin prep or the kind of bandage that's best for my skin and because I ask, they resent it.....

Thank you for all the excellent nursing that I received back home."

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Documentation

RN/APRN Renewal Alert -
Important Information



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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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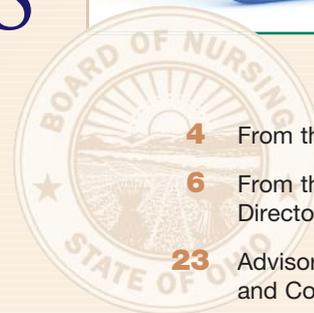
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Patricia A. Sharpnack, DNP, RN
President

We are pleased to welcome four new Board members, including two new APRN members. The Board had one APRN member in the past, but HB 216, effective April 6, 2017, requires two APRN members on the Board. Newly appointed members are: Matt Carle, JD, Consumer member; Barbara Douglas, CRNA; Erin Keels, CNP; and Joanna Ridgeway, LPN. We welcome the new members and we are happy to be working with them!

Board members work diligently to fulfill the Board's mission of public protection. One major initiative this year has been the development of rule language for treatment of acute pain with opioid analgesics. The Board has worked closely with Governor Kasich's office and the State Medical, Pharmacy and Dental boards to develop rule language regarding prescribing for acute pain. It has been a strong collaborative effort and represents one building block in the fight to combat the Ohio opioid crisis. When the Governor announced the initiative, as President of the Board, I was honored to join the other board Presidents to speak about the Board's commitment to this initiative and to fight opiate addiction.

The acute pain prescribing rules have proceeded through a review by stakeholders and interested parties. For example, the Committee on Prescriptive Governance (CPG) and Advisory Committee on Advanced Practice Registered Nursing met in May and June 2017, respectively, to review the proposed rule language for acute pain prescribing and other prescribing changes in Rule 4723-9-10, OAC. At Board meetings, the Board considers recommendations from interested parties. A public rule hearing was held at the July meeting; another hearing, for rules subject to five-year review, will be held in November. If you have questions or wish to provide comments, please email rules@nursing.ohio.gov.

Among other changes, HB 216 established new membership for the CPG and created a new Advisory Committee on Advanced Practice Registered Nursing (APRN Committee). The

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Board solicited applicants for positions on both committees. In April, the Board appointed members for CPG and at the May Board meeting, we appointed members for the APRN Committee.

The CPG met May 15, 2017 and recommended that the Board adopt a new Formulary for prescribing which excludes only the prescribing of drugs prohibited by Ohio or federal law. The Board adopted this exclusionary formulary at the May Board meeting. Please see the article in this issue of Momentum about prescribing and the exclusionary formulary.

The APRN Advisory Committee will advise the Board on the practice and regulation of APRNs. The Committee may also make recommendations to the CPG. The APRN Committee met on June 12th. Among other items, the Committee discussed administrative rules, the exclusionary formulary, and CNP acute and primary care practice.

Please check the Board website for information about practice and licensure and subscribe to eNews at www.nursing.ohio.gov/Subscribe.htm. Subscribers periodically receive news about rules hearings, law changes, practice committees, requests for Board advisory group or committee applications, and related matters. •



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The Board has spent much of 2017 preparing for our largest license renewal period,

RNs and APRNs. Board staff have also devoted a great deal of time to plan and implement HB 216, the advanced practice registered nurse (APRN) bill. In addition to renewal and APRN licensure, the Board is in the midst of our peak licensure months for new graduates.

Implementation of the first stage of APRN licensing started April 7th when the Board began issuing APRN licenses to new APRNs. We are very pleased to report that the APRN licenses are being issued with the Ohio eLicense system licensing process running smoothly!

This next phase for APRN licensure is the conversion from certification to licensure, which started July 1st, for current APRNs. Certified APRNs began obtaining APRN licenses as they completed the RN renewal and COA renewal/APRN license issuance process. Again, we are very pleased to report that this process is also running smoothly!

It is important to remember there are two different renewal deadlines for RNs and APRNs this year: (1) RN license renewal ends on October 31, 2017 and (2) COA renewal/APRN license issuance ends on December 31, 2017, due to HB 216. Additional information about deadlines and late fees is included in this issue of *Momentum*.

With potentially 200,000 licenses and certificates being renewed this year, we anticipate the Board may receive thousands of calls and emails requesting assistance due to questions about the new system. While the Board responds as quickly as possible, at the same time staff must focus their work to complete the processing of applications so renewals and licenses are issued timely.

We regret that there are limited resources to respond immediately in many instances, however, we have worked hard to develop guidance information posted at www.nursing.ohio.gov. This includes registration instructions with screen shots to visually demonstrate the process. Also check the Board website for FAQs and additional information as it becomes available. If you have questions, please email the Board.

◆ Questions about HB 216 and APRNs: practice216@nursing.ohio.gov.

◆ Questions about renewal: renewal@nursing.ohio.gov.

The Board appreciates your cooperation and use of these resources, which will help us serve you better. The Board also greatly appreciates the work of the state Computer Service Center who assisted last year and is responding to calls again this year, particularly to assist with the registration process.

We are happy that the first three weeks of renewal have been successful with over 74,000 nurses renewing or inactivating their licenses and/or certificates! This is more than the number completing the process during the entire renewal period last year.

Please renew your RN license as soon as possible and avoid the late processing fees that go into effect on September 16, 2017.

With your help and understanding, we anticipate continued success for RN renewal and the transition to APRN licensure. •



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

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Additional information about deadlines and late fees is included in this issue of *Momentum*.



RN/APRN RENEWAL ALERT – Important Information

RN/APRN renewal started July 1, 2017. All renewals must be completed online.

The 2017 renewal will be the first RN/APRN license renewal completed in the new 3.0 Ohio eLicense system, a comprehensive professional regulatory license system used by a variety of state licensing boards. This newest licensing system includes several features and upgrades that should help the Board better serve our licensees and the public. The Board continues to be committed to invest in ways to provide the best public protection and customer service possible.

Getting Started

RN and APRN renewal began July 1st. You must register to create a user account in the Ohio eLicense system. All who renew this year must complete this first step.

Beginning the week of May 15th, the Board began sending renewal notification reminders by postal mail. The mailings were staggered by zip codes (not alphabetically), so RNs and APRNs eligible to renew should have received letters through June. The letter includes a Security Code that is needed to register in the system.

If you misplaced your letter, you can obtain your Security Code through the Ohio eLicense system. Directions are included within the registration instructions located on the Board website www.nursing.ohio.gov. If you are both a RN and an APRN, the system account is linked to you individually, **so only one registration is needed**. However, please remember, as a RN and APRN you will need to both renew your RN license and complete the COA renewal/APRN license issuance process.

For questions about the registration process contact Online System Support at 614-466-3947 and select “Option 1” (weekdays 8am-5pm, except for holidays). If you need assistance after business hours, email nursing.registration@das.ohio.gov and include a brief description of the issue, your first and last name, telephone number, email address, and license number, if you have it.

When renewing, you must use a newer version of Google Chrome, Safari or Firefox web browsers. Internet Explorer users, must use IE 11 or Edge. The Google Chrome web browser is recommended for best results.

Licensees may use a computer in the Board office to renew online with staff assistance (if needed) on business weekdays between 8:00 am and 5:00 pm.

RN Fees and Deadlines

- The fee to renew RN licenses is \$65, and the late processing fee goes into effect on September 16, 2017. Those renewing their RN license on or after September 16, 2017 will pay an additional \$50.00 fee.
- The final deadline to renew RN licenses is October 31, 2017.

APRN fees and Deadlines

- The fee to renew your COA is \$135.00
- If you held an active COA, CTP, or CTP-E on or before April 6, 2017, the expiration date established by law has been changed to December 31, 2017. This change coincides with HB 216 being effective on April 6, 2017. Information regarding HB 216 and APRN licensure can be found on the Board website at www.nursing.ohio.gov.



- APRNs must renew their RN license to be eligible to complete the COA renewal/APRN license issuance process.

Must pay by Credit or Debit

- Fees must be paid with either Master Card or VISA credit cards, or debit cards with a MC or VISA logo. If you do not have a personal credit or debit card, you can obtain a pre-paid MC or VISA card at local stores to use for purposes of renewal.
- If the fee is not paid when you submit your application, the application will be incomplete and will not be processed.
- There is a \$3.50 transaction charge for all users of the state's eLicense system that was passed into law by the Ohio legislature.

Additional Information May Be Required

- If you are asked to provide court documents or other information that may be required as part of your application, please be prepared to upload the documents electronically through the online system. This information is usually required of applicants who answer “yes” to one of the additional information questions on the renewal application.
- No hardcopies of court documents or other information required as part of your application will be accepted. Waiting until a deadline or then realizing you do not have all the information or in the format needed to upload the documents electronically through the online system will prevent you from renewing.
- Incomplete renewal applications will not be accepted by the system. If all required documents are not provided electronically, the renewal application is incomplete.

Incomplete Applications

Renew ASAP. Incomplete applications will not be accepted by the online system. Waiting until a deadline and realizing you do not have all the information needed, or encountering any difficulties may prevent you from renewing timely and working as a nurse in Ohio.

Continuing Education Requirements

Please refer to the CE FAQs posted on the Board website.

On the Board website (www.nursing.ohio.gov), you may click on “[Subscribe to eNews, Facebook, and Twitter](#)” on the left side of the page to sign up to receive additional Board updates. •

APRN PRESCRIPTIVE AUTHORITY: UPDATES AND REMINDERS

Prescriptive Authority Through APRN Licensure for CNPs, CNSs, CNMs

HB 216 requires that APRNs practicing with the designation of CRNA, CNP, CNS or CNM be “licensed” in Ohio rather than certified. The transition to becoming licensed for APRNs who hold a Certificate of Authority (COA) began July 1st as part of the 2017 COA renewal/APRN license issuance process.

The bill eliminates the COA and the CTP and replaces these certificates with an APRN license with CNP, CNS or CNM designations.

The bill authorizes, until December 31, 2017, current certificate holders to practice and/or prescribe as CRNAs, CNPs, CNSs or CNMs under the authority of their COA and/or CTP.

The bill mandates that any person who wishes to continue to practice in Ohio as an APRN with a designation of CRNA, CNP, CNS or CNM obtain licensure in Ohio no later than the statutory deadline of December 31, 2017. *Licensure includes prescriptive authority for all CNPs, CNSs, and CNMs who meet the requirements of HB 216.*

Exclusionary Formulary

Prior to HB 216, the Nurse Practice Act required that the Board have an inclusionary formulary. HB 216 mandates that the Board adopt an exclusionary formulary.

At the May 17, 2017 Board meeting, the Board adopted an exclusionary formulary, based upon the recommendation of the Committee on Prescriptive Governance (CPG). The exclusionary formulary was effective immediately upon adoption on May 17th at the meeting.

The exclusionary formulary specifies that CNSs, CNPs and CNMs shall not prescribe any drug in violation of federal or Ohio law. It further states that the prescriptive authority of a CNS, CNP and CNM shall not exceed the prescriptive authority of the collaborating physician or podiatrist. The exclusionary formulary is on the Board website at www.nursing.ohio.gov under “Prescribing Resources.”

Collaborating Physician and APRN Prescribing

Section 4723.481(B), Ohio Revised Code (ORC), requires that the prescriptive authority of a CNS, CNM, or CNP not exceed the prescriptive authority of the collaborating physician or podiatrist. For example, if the collaborating physician is prohibited from prescribing schedule II controlled substances to patients for weight loss (Rule 4731-11-03, Ohio Administrative Code (OAC)), then an APRN is prohibited from doing so. Also, if the collaborating physician does not hold an active DEA registration to prescribe controlled substances, the APRN then cannot prescribe controlled substances.

In addition, Chapter 4723-8, OAC, requires APRNs who collaborate with physicians or podiatrists to incorporate the law and rules established by the State of Ohio Medical Board into their practices. The Medical Board law and rules are at <http://codes.ohio.gov/orc/4731> and <http://codes.ohio.gov/oac/4731>.

For additional information, see *APRNs: Ohio State Medical Board and Ohio State Dental Board Law and Rules*, Spring 2016 *Momentum* on the Board website on the “Publications” page.

Prescriber Number Required on All Prescriptions

APRNs with prescriptive authority, whether authorized by a CTP or CTP-E, through December 31 2017, or authorized by an APRN license, must include the “nurse’s prescriber number on each prescription.” Rule 4723-9-09(I), OAC.

Your prescriber number is your CTP or CTP-E number, if you have not obtained your APRN license yet. Once you are licensed, the prescriber number will be your APRN license number. APRN prescribers are required to include their prescriber number on every prescription they issue.

APRN prescribers must meet the other requirements for prescribing according to the State of Ohio Board of Pharmacy Rule 4729-5-30, OAC, Manner of Issuance of a Prescription. Rule 4729-5-30, OAC, and all other Pharmacy Board regulations are on the Board of Pharmacy website at www.pharmacy.ohio.gov.

Prescriber Resources for APRNs

Prescriber resources and information are available on the Board website on the “Prescriber Resources” page and includes the exclusionary formulary, Ohio Opioid Prescribing Guidelines, prescriber alerts, statement on Naloxone, OARRS updates, etc.

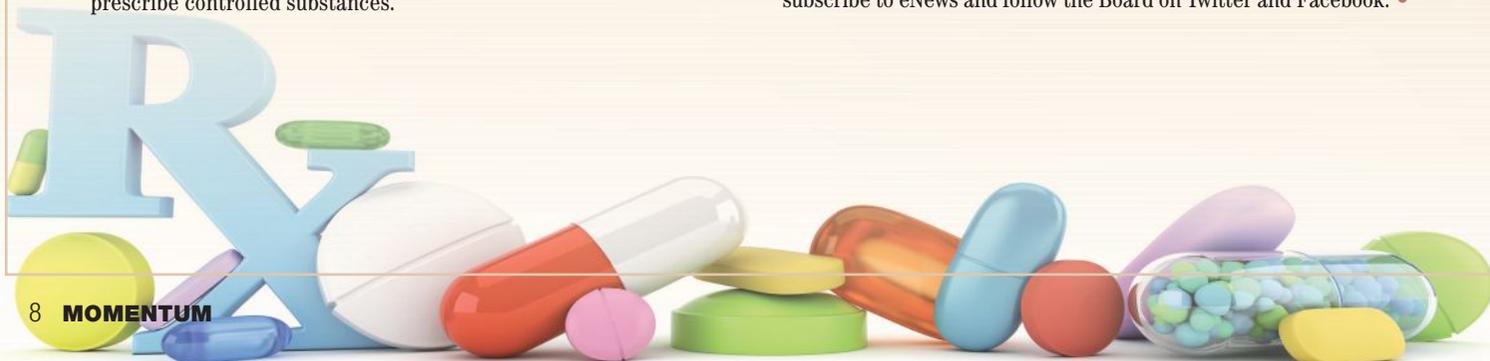
Section 4723.481, ORC, and Chapter 4723-9, OAC, Prescriptive Authority, are on the Board website on the “Law and Rules” page.

Timely information about specific drugs, including recalls, warnings, safety alerts and patient information is available on the Food and Drug Administration (FDA) website at www.fda.gov/oc/oha/default.

CNSs, CNPs and CNMs are also reminded that their prescribing may be limited by the employer and/or by facility privileges.

APRNs with prescriptive authority may wish to subscribe to the State of Ohio Medical Board “E-News Update” at med.ohio.gov and to the State of Ohio Board of Pharmacy “E-News Update” at pharmacy.ohio.gov. While some of the updates relate more directly to physicians and pharmacists, many will be informative for APRNs with prescriptive authority.

For regular updates from the Board of Nursing, go to the website to subscribe to eNews and follow the Board on Twitter and Facebook. •



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How to Create Your User Account in Ohio eLicense 3.0 System

- If you have not used the Ohio eLicense system after July 1, 2016, you are a “**new user**” and must register in order to create your user account. Please note: If you renewed, reactivated, reinstated, applied to be licensed or certified, or changed your name or address after July 1, 2016, you are an “existing user” and this Guide does not apply to you.
- To create a user account, go to the Ohio eLicense homepage <https://elicense.ohio.gov>
- You must use a newer version of Google Chrome, Safari or Firefox web browsers. Internet Explorer users, must use IE 11 or Edge. The Google Chrome web browser is recommended for best results.
- Click on the **LOGIN/CREATE YOUR ACCOUNT** box/button in the middle of the screen.



New Users Must Complete a One-Time Registration Process to Create a User Account

To begin the registration process, choose one of two options and click on one box (see screen shot below).

eLicense.Ohio.gov

New Users

Welcome to the future home of Professional Licensure for the State of Ohio

The current release of eLicense Ohio is for use by:

- Architects Board and Landscape Architects Board (All license types)
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- Dental Board (All license types)
- Medical Board (See link below for list of license types)
- Nursing Board (All license types)
- Occupational Therapy, Physical Therapy and Athletic Trainers Board (All license types)
- Orthotics, Prosthetics, and Pedorthics (All license types)
- Sanitarian Board (All license types)

Click [here](#) for a complete list of license types that are in eLicense Ohio.

Other professionals and those searching for information on **other license types** should go to <https://license.ohio.gov> for their licensure needs.

Create a New Account

Register here for a new eLicense.Ohio.Gov account.

If you currently have a license or previously applied for a license or certificate in Ohio and do not have a login through this portal, please select **I Have a License**.

If you currently do not have a license or have not previously applied for a license or certificate in Ohio, please select **I Don't Have a License**.

I HAVE A LICENSE **I DON'T HAVE A LICENSE**

I HAVE A LICENSE

Select this option if you are licensed/certified by the Nursing Board or have applied for a license/certificate in the past.

Since you previously applied or have been licensed/certified, your records are already in the new system, but they must be paired with your new user account.

After clicking on “**I Have a License**” enter your Social Security Number, Security Code, Date of Birth, Email Address and Password. Those renewing this year should have or will receive the Security Code in the renewal notice mailing sent to the last address you provided to the Board. If you do not have the Security Code, instructions are included below on how to obtain it.

I DON'T HAVE A LICENSE

Select this if you have never been licensed or certified by the Nursing Board and have never applied for a license/certificate. No Security Code is required.

If You Do Not Already Have Your Security Code, Click “Obtain Security Code”

- If you already have your Security Code from the postal mailing sent by the Board, skip this step
- If you do not have your Security Code, you may be able to obtain it by email by following these instructions
- Click on **OBTAIN SECURITY CODE**

eLicense.Ohio.gov HOME LICENSE LOOK-UP FILE A COMPLAINT LOG IN

Existing License

Register here for a new eLicense.Ohio.Gov account associated with your existing Ohio professional licenses. In the event you do not have the required security code, click the 'Obtain Security Code' button. Your social security number is required for accurate identification under federal and state child support enforcement.

* Social Security Number I don't have a Social Security Number

* Security Code **OBTAIN SECURITY CODE**

* Date of Birth

Please be aware that if you are obtaining your Security Code by following these steps through email, it will be sent to the email address you previously provided the Board, which may not be your current email address.

eLicense.Ohio.gov

Forgot Security Code

Email Social Security Number

SUBMIT

SUPPORT REGISTRATION GUIDE CONTACT PRIVACY NOTICE WWW.OHIO.GOV

- If you have multiple email accounts and are not sure which one you used with the Board previously, select “SSN” and enter your social security number. The Security Code will be emailed to the address on record. You can check all of your email accounts for a message from the system.
- If you enter your social security number, the system will email your Security Code to the email address you previously provided the Board, which may be the email address you provided when you renewed in 2015.
- If you provide a new email address, the system will email your Security Code to the email address you previously provided the Board, which may be the email address you provided when you renewed in 2015.

- If you provide an email address and the system returns an *error* it means it was not the email address on record with the Board or you did not previously provide that email address. Check spam or junk mail filters and allow for a delay in email delivery.

If you cannot obtain your Security Code directly from the Ohio eLicense system and get “error” messages, please call 855-405-5514 (State Computer Service Center) for assistance. Due to the large volume of calls and emails during renewal you may experience a longer than normal delay in receiving a response.

Completing the Registration Process

Once that you have your Security Code click on

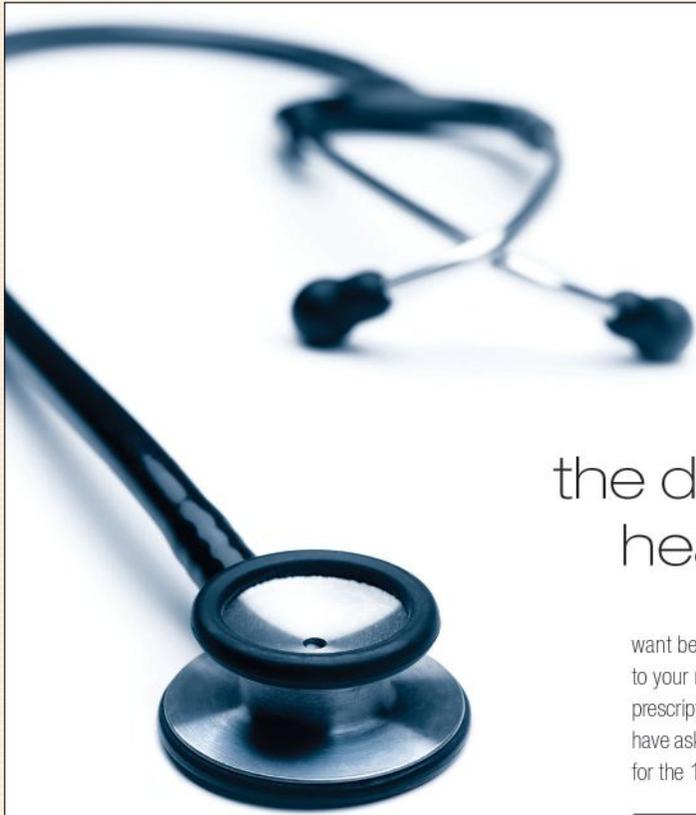
CONTINUE REGISTRATION

Complete all required fields including the Security Code and an Email address. If you are providing the Board with a new email address we recommend using an account that you will continue to have access to such as Gmail, Yahoo, Hotmail etc. **Using work or school email accounts is not recommended.**

Enter your Date of Birth as xx/xx/xxxx

Follow the remaining prompts to complete the registration process. Be sure to keep your email address up to date so the Board can send information, notices and reminders about your licensure.

For assistance registering or logging in to the system, please call State’s Computer Service Center (CSC) at 855-405-5514.



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ADMINISTRATIVE RULE REVISIONS EFFECTIVE APRIL 1, 2017

The Ohio Board of Nursing adopted new rule language, effective April 1, 2017, relating primarily to Ohio Administrative Code (OAC) Chapters 4723-5, Nursing Education Programs; 4723-7, Examination and Licensure; 4723-13, Delegation of Nursing Tasks; and 4723-27, Medication Administration by Certified Medication Aide. The Board also revised certain rule language in Rules 4723-1-03; 4723-2-03; 4723-8-08; 4723-9-02, 4723-9-06; 4723-9-11; 4723-14-01; and 4723-14-03, OAC.

Below is a brief summary of revisions related to Chapter 4723-5, OAC.

For a complete copy of all of the revised rules, go to the Register of Ohio at <http://www.registerofohio.state.oh.us>

Rule 4723-5-01, OAC: Definitions

“Advanced standing” and “Accelerated program” are defined and discussed in the article, *Registered Nursing Education Program Curriculum, and Accelerated Program or Track, and Advanced Standing Policy*, in this issue of *Momentum*. Definitions were added for patient simulation and three different patient simulation fidelity levels: high, mid or moderate, and low. A program must clearly distinguish these three fidelity levels when simulation is used.

Rule 4723-5-05, OAC: Program Reports to the Board

This rule was revised to require programs to submit an Annual Report to the Board if the program is under “continued” Conditional approval. These are programs that are continued on Conditional approval rather than being granted Full approval.

Rule 4723-5-09, OAC: Organization and Administration of the Program

This rule was revised regarding the program’s plan of organization and administration and requires a program’s controlling agency to ensure there is a qualified RN as program administrator or interim program administrator within the specified timeframe.

The rule now authorizes a RN who meets the associate administrator qualifications and has a master’s degree, but does not have an earned doctoral degree, to serve as an interim administrator for a baccalaureate degree granting nursing program for not more than one year.

Rule 4723-5-13, OAC: Curriculum for a Registered Nursing Education Program

This rule pertains to the RN curriculum. The minimum length of the curriculum is two years of full-time study with each year being 30 weeks, unless the curriculum is an accelerated curriculum or a stand-alone curriculum that is truncated for advanced standing.

The rule was revised to allow for an exchange in hours between laboratory experiences and clinical experiences within a specific course, provided the laboratory and clinical experiences are sufficient for student opportunity to achieve the behavioral objectives and requirements established in the course. Faculty and program administrators must maintain records that reflect the hours planned for laboratory and clinical within a specific course, the number of laboratory hours and clinical hours that were actually provided to students in the course, as well as documentation of each student’s achievement of behavioral objectives within the course.

The rule requires the curriculum clinical courses to collectively include clinical experiences in providing care to patients across the lifespan, conception to death. The rule was revised to allow a simulation option for obstetrical patients, the immediate newborn, and pediatrics. The exception applies only to those programs that utilize high, or mid or moderate fidelity simulation for obstetrical, immediate newborn, and pediatric laboratory experiences. These qualified programs may use those simulated experiences instead of providing clinical

experience in those three respective lifespan periods.

The rule was also revised to add specific subject content to the minimum curriculum in prioritization and resource allocation; nursing informatics; humanities; and, within social and behavior science, gender identity and sexuality. RN programs are required to incorporate this content into the curriculum by either integration in one or more courses or an individual course.

The rule also includes the provision of a combination of clinical and laboratory experiences that are provided concurrent with the theory instruction. Programs that use high, or mid or moderate fidelity patient simulation for the specific lifespan periods of obstetrics, immediate newborn care, and/or pediatrics [within a specific course] instead of clinical experience for that specific lifespan period, must have faculty or teaching assistants conducting the simulation who have demonstrated knowledge, skills, and abilities necessary to conduct the simulation obtained from a recognized body of knowledge relative to the simulation. The program must maintain the faculty and/or teaching assistants’ documentation of having obtained the knowledge and skills necessary to provide the simulation. In providing the simulation in this manner, the program must adhere to all requirements of paragraph (F)(8) of Rule 4723-5-13, OAC. The faculty or teaching assistant providing the patient simulation may also use computer technology specialists to assist in operating the computer equipment.

Rule 4723-5-14, OAC: Curriculum for a Practical Nursing Education Program

This rule pertains to the PN curriculum. It was amended to require that the curriculum plan include the units of credit or number of academic or clock hours allotted to theory, laboratory, and clinical experiences “within each course” and to permit an exchange in hours between laboratory experiences and clinical experiences within a specific course, provided the laboratory and clinical experiences are sufficient for student opportunity to achieve the behavioral objectives and requirements established in the course. Faculty and program administrators must maintain records that reflect the hours planned for laboratory and clinical within a specific course, the number of laboratory hours and clinical hours that were actually provided to students in the course, and documentation of each student’s achievement of behavioral objectives within the course.

The rule requires the curriculum clinical courses to collectively include clinical experiences in providing care to patients across the lifespan, conception to death. The rule was revised to allow a simulation option for obstetrical patients, the immediate newborn, and pediatrics. The exception applies only to those programs that utilize high, or mid or moderate fidelity simulation for obstetrical, immediate newborn, and pediatric laboratory experiences. These qualified programs may use those simulated experiences instead of providing clinical experience in those three respective lifespan periods.

The rule now adds specific subject content to the minimum curriculum for social and behavioral science that includes gender identity and sexuality. PN programs are required to incorporate this content into the curriculum by either integration in one or more courses or an individual course. The rule now requires the program to provide a combination of clinical and laboratory experiences concurrently with the related theory instruction.

The part of the rule pertaining to IV therapy, was changed to delete the specific list of clinical skills that were previously required, but the rule continues to require programs to provide didactic, laboratory, and supervised clinical practice that includes nursing care of individuals receiving intravenous therapy, including the clinical experience that provides students the opportunity to achieve technical skills including skills related to intravenous therapy. Programs must provide students with a course or inte-

grated course content in IV therapy that includes laboratory and clinical experiences in IV therapy.

Rule 4723-5-19, OAC: Responsibilities of Faculty Teaching a Nursing Course

The rule incorporates the changes made to curriculum rules. After the course is taught, the responsible faculty must document the course-specific number of planned clinical hours and the course-specific number of clinical hours actually provided to students, report this data to the administrator; and document the course-specific number of planned laboratory hours and the course-specific number of laboratory hours actually provided to students and report this data to the administrator. The program administrator must maintain certain data in a chart form and submit the data with the program annual report to the Board.

Rule 4723-5-21, OAC: Program Records

This rule expands the records and specific content, including the use of simulation, that are to be maintained for currently enrolled students to document the student’s achievement of the specific behavioral and cognitive skills and outcomes to successfully

complete the course and to engage in safe and effective nursing practice. The use of simulation must be documented.

In addition, the rule is revised regarding licensure verification. The verification of licensure at the time of a faculty or teaching assistant’s appointment must be retained, unless it has been reviewed at a previous survey visit. Programs must continue to document verification of the license at renewal.

Rule 4723-5-23, OAC: Program NCLEX Rates

The rule was revised so that the pool of candidates on which the pass rate calculation is based is limited to the program’s test candidates who took the NCLEX examination for the first time within six months of program completion. This will be implemented with 2017 test candidates and programs will see these pass rate calculations in 2018. For all test candidates, programs are encouraged to discuss the importance of accurately entering their program completion month and year at the time the candidate registers with Pearson VUE.

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Controlled Substance Documentation

Complete, accurate and timely documentation administration of controlled substances is required by **Rule 4723-4-06(E), Ohio Administrative Code (OAC)**.

Scenario #1:

Nurse A, while working on the Labor and Delivery unit of a hospital, was subject to a routine narcotic audit. The audit revealed that Nurse A failed to document that she wasted Hydromorphone (Dilaudid) on several occasions. Nurse A's managers then conducted a more in-depth review of Nurse A's documentation and additional incidents of incomplete, inaccurate, and untimely documentation were discovered. Nurse A, upon interview, denied diversion, but admitted to poor practice. Nurse A's "poor practice" included the following with respect to Patient #1.

Patient #1 had physician orders for 1.5 mg of Dilaudid to be given every three (3) hours for a pain level of 8-10 and 1 mg of Dilaudid to be given every three (3) hours for pain level of 5-7. The hospital's drug dispensing system reports show that Nurse A withdrew two (2) 1 mg Ampules of Dilaudid at 2:10 a.m. for Patient #1. Nurse A documented that Patient #1's pain level at 2:10 a.m. to be a 7. Nurse A documented in the medication administration record that she administered 1.5 mg of Dilaudid to Patient #1 at 3:10 a.m. There was no documentation explaining the delay in administering the Dilaudid and no documentation of wasting the remaining 0.5 mg of Dilaudid.

- Nurse A's documentation is not complete and accurate regarding the administration of Dilaudid to Patient #1. The drug dispensing system documentation shows that 2 mg of Dilaudid were removed for Patient #1, but only 1.5 mg is accounted for in Patient #1's medical record. This leaves a question for other medical providers caring for Patient #1 as to whether the patient received 1.5 mg or 2 mg of Dilaudid. This example of "poor" documentation demonstrates a violation of **Section 4723.28(B)(19), Ohio Revised Code (ORC)**, which authorizes the Board to

discipline a licensee for failure to practice in accordance with acceptable and prevailing standards of nursing care. It also demonstrates a violation of **Rule 4723-4-06(E), OAC**, which, as noted above, states that a licensed nurse shall, in a complete, accurate, and timely manner, report and document nursing assessments or observations, the care provided by the nurse for the patient, and the patient's response to that care.

- Another concern is that the physician's order for Patient #1 was for Patient #1 to receive 1.5 mg of Dilaudid for a pain level of 8-10. Nurse A documented that Patient #1 was administered 1.5 mg of Dilaudid for a documented pain level of 7. Administering an amount of medication that exceeds, or in any other way is not in compliance with the physician's order, is a violation of **Section 4723.28(B)(20), ORC, for registered nurses, and Section 4723.28(B)(21), ORC, for licensed practical nurses**. These sections authorize the Board to discipline a licensee for engaging in activities that exceed the nurse's scope of practice. Administering a medication that is not in accordance with the physician's order is also a violation of **Rule 4723-4-03(C), OAC, for a registered nurse, and Rule 4723-4-04(C), OAC, for a licensed practical nurse**. These rules provide that a nurse shall demonstrate competence and accountability in all areas of practice in which the nurse is engaged which includes, but is not limited to: (1) Consistent performance in all aspects of nursing care.
- Additionally, the documentation shows that Nurse A removed the Dilaudid an hour prior to the documented time of administration of Dilaudid and that Patient #1 had to wait for approximately an hour after reporting a pain

level of 7. This example is a violation of Section 4723.28(B)(19), ORC, referenced earlier. This is also an example of a violation of Rule 4723-4-03(E)(1), OAC, for registered nurses, and Rule 4723-4-04(E)(1), OAC, for licensed practical nurses. These rules require that a licensed nurse, in a timely manner, implement any order for a patient unless the nurse believes or should have reason to believe the order is: (a) inaccurate; (b) not properly authorized; (c) not current or valid; (d) harmful, or potentially harmful to a patient; or (e) contraindicated by other documented information. Nurse A did not administer the Dilaudid in a timely manner.

Scenario #2

Nurse B, works in a nursing home. The Director of Nursing (DON) learned that a patient's Percocet was unaccounted for and mandated that all nurses working in the nursing home submit a urine sample for drug testing. Nurse B refused to submit to the drug test. Further investigation into Nurse B's documentation included the following concerns.

Patient #2, an alert and oriented 80-year-old patient, had an order for Oxycodone, a 5 mg tablet to be administered by mouth every eight hours as needed for pain.

Nurse B documented the removal of one Oxycodone 5 mg tablet at 7:30 a.m. on Patient #2's medication withdrawal/scheduled drug record, but did not document administration of the Oxycodone tablet in Patient #2's Medication Administration Record. Nurse B documented that Patient #2 "complained of pain."

Later that same day, Nurse B documented removal of one 5 mg Oxycodone tablet at 3:00 p.m. Nurse B documented on the Medication Administration Record that she administered one Oxycodone

done 5 mg tablet to Patient #2 at 2:30 p.m. Nurse B did not document Patient #2's pain level at 2:30 p.m. At 8:30 p.m. that evening, Patient #2 asked the evening shift nurse for pain medication. When the evening shift nurse reviewed the Medication Administration Record for Patient #2, the evening shift nurse determined and told Patient #2 he was not due for another dose of Oxycodone until 10:30 p.m., Patient #2 stated that he had not received any pain medication for a couple of days.

Nurse B may be charged with several violations of the Ohio nursing laws and rules. In addition to violations of **Section 4723.28(B)(19), ORC, and Rule 4723-4-06(E), OAC, referenced in Scenario #1**, Nurse B may also be charged with a violation of the following rules.

- Rule 4723-4-06(G), OAC, which states that a licensed nurse shall not falsify any patient record or any other document prepared or utilized in the course of or in conjunction with, nursing practice; and
- Rule 4723-4-06(H), OAC, which states that a licensed nurse shall implement measures to promote a safe environment for each patient.

By falsifying Patient #2's medical record, Nurse B creates an unsafe environment for the patient. As shown in this scenario, other health care providers rely on the documentation to provide safe and accurate care to the patient. Falsifying a patient's medical record can lead to another medical provider administering medication too soon, overdosing the patient, or not adequately treating a patient's pain. In this example, if the evening shift nurse had relied solely on the documentation, Patient #2 would have been denied needed pain medication for at least two hours after reporting the pain.

What is often described by a nurse as "poor documentation" is a red flag for drug diversion and will likely lead to further investigation by the employer and referrals to the Board of Nursing and law enforcement. "Red Flags" for drug diversion include, but are not limited to the following:

1. Nurse does not document the administration of controlled substances in a complete, accurate and timely manner.
2. Nurse documents a higher rate of administering controlled substances than

other nurses.

3. Nurse does not document waste of controlled substances or documents waste without a witness.
4. Nurse requests co-workers to document witnessing waste, when they did not witness the waste.
5. Nurse documents administration of pain medication for a patient, but the patient

states that his/her pain medication is not effective or he/she did not receive pain medication.

6. Nurse documents administration of narcotic pain medication for a patient, and when asked, patient states that he/she doesn't need pain medication or that Tylenol or a lesser strength medication controls his/her pain. •



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INSULIN/MEDICATION ORDERS AND DIABETES CARE IN PUBLIC SCHOOL SYSTEMS

Every school year the Ohio Board of Nursing (Board) receives a number of inquiries from nurses practicing within public school systems concerning the requirements for the administration of insulin and other medications to students during school. Nurses ask Board staff what they should do when they have concerns with orders for a specific diabetic student, believing that implementation of the order may be either contraindicated or potentially harmful to the student. Although the provision of health care to public school students while they are at school is largely addressed by law and rules enforced by the Ohio Department of Education (ODE), nurses within the public school systems must also adhere to the scope and standards of practice enforced by the Board. Therefore, nurses must follow applicable school district policy, seek clarification of an order with the appropriate physician when needed, and confer with the student's parent or guardian.

Section 3313.7112(B), Ohio Revised Code (ORC), provides that a school's board or governing authority shall ensure that each enrolled student who has diabetes receives appropriate and needed diabetes care in accordance with an order signed by the student's treating practitioner. The diabetes care to be provided includes any of the following: "(a) Checking and recording blood glucose levels and ketone levels or assisting the student with checking and recording these levels; (b) Responding to blood glucose levels that are outside of the student's target range; (c) In the case of severe hypoglycemia, administering glucagon and other emergency treatments as prescribed; (d) Administering insulin or assisting the student in self-administering insulin through the insulin delivery system the student uses; (e) Providing oral diabetes medications; (f) Understanding recommended schedules and food intake for meals and snacks in order to calculate medication dosages pursuant to the order of the student's treating practitioner; (g) Following the treating practitioner's instructions regarding meals, snacks, and physical activity; [and] (h) Administering diabetes medication, as long as the conditions prescribed [in Section 3313.7112(C), ORC] are satisfied."

Section 3313.7112(C), ORC, provides that diabetes medication may be administered by a school nurse or, in the absence of a school nurse, a school employee who is trained in diabetes care. Section 3313.713(C), ORC, requires that in order for medication to be administered to students, each school district is required to adopt a policy regarding whether medication may be administered in the school, and if so, under what circumstances. If medications are to be administered, the authorized prescriber must submit an order signed by the prescriber that includes but is not limited to: "(a) The name and address of the student; (b) The school and class in which the student is enrolled; (c) The name of the drug and the dosage to be adminis-

tered; (d) The times or intervals at which each dosage of the drug is to be administered; (e) The date the administration of the drug is to begin; (f) The date the administration of the drug is to cease; (g) Any severe adverse reactions that should be reported to the prescriber and one or more phone numbers at which the prescriber can be reached in an emergency; (h) Special instructions for administration of the drug, including sterile conditions and storage." In addition, before medication is administered, the law requires that any other procedures required by the school board be followed.

The Board does not enforce the above ODE law. However, licensed nurses employed in public school systems, in addition to complying with the applicable medication administration policy established by their school system, must also comply with practice requirements set forth in the Nurse Practice Act, Chapter 4723, ORC, and administrative rules. The following rules contain the type of analysis that all licensed nurses, regardless of their nursing specialty or clinical setting, are required to apply when implementing an order.

Chapter 4723-4, Ohio Administrative Code (OAC), contains the standards of practice applicable to registered nurses and licensed practical nurses. Rule 4723-4-03, OAC (registered nurses), and Rule 4723-4-04, OAC (licensed practical nurses), set forth "standards relating to competent practice." These require a nurse to timely implement an order unless the nurse believes or has reason to believe the order is inaccurate; not properly authorized; not current or valid; harmful or potentially harmful to a client; or contraindicated by other documented information. If any of these conditions exist or are believed to exist by the nurse, it is the nurse's responsibility to timely clarify the order. When a nurse makes a decision not to follow the order, the nurse is required to notify the ordering health care provider of the decision, document the notification, and take any other action needed to assure the safety of the client. The Nurse Practice Act and the administrative rules are available on the law and rules page at www.nursing.ohio.gov.

Nurses practicing in school settings may find the "School Nurse Decision Making Model" and the "Practice RN and LPN" Decision Making Model helpful. Both are available on the Board website on the "Practice RN and LPN" page. Additional resources may be available on the Ohio Department of Health (ODH) website and its School Nursing Program that provides assistance about a variety of related matters. The ODH School Nursing Program can be found under "school nursing program" at www.odh.gov.

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REGISTERED NURSING EDUCATION PROGRAM CURRICULUM, an Accelerated Program or Track, and Advanced Standing Policy

Chapter 4723-5 of the Ohio Administrative Code (OAC), Nursing Education Program, establishes the requirements for all pre-license nursing education programs in Ohio. The Board completed the five-year review of Chapter 4723-5, OAC, in 2016, resulting in amendments that were effective on April 1, 2017. Although revisions were made to several rules within the Chapter, the focus of this article is the new definition for “accelerated program” and the revised definition for “advanced standing,” in Rule 4723-5-01, OAC, and how each relates to Rule 4723-5-13, OAC, “Curriculum for a registered nursing education program.”

New and revised definitions

The new definition for “accelerated program” is in Rule 4723-5-01(C), OAC, and means a program or program track that accepts applicants with a non-nursing baccalaureate or higher degree, and that provides a pre-license nursing education program curriculum that meets the requirements of Rule 4723-5-13, OAC, except that the program or program track spans a minimum of fifty-two weeks of clinical courses.

The revised definition for “advanced standing” is in Rule 4723-5-01(B), OAC, and means credit granted for prior nursing courses or transfer credit according to the policy required by paragraph (A)(3) of Rule 4723-5-12, OAC.

Important curriculum requirements

Rule 4723-5-13, OAC, establishes the curriculum for registered nurse programs. Although “curriculum” is defined in Rule 4723-5-01(N), OAC, to mean all theory components, clinical components, and laboratory experiences that must be successfully completed for licensure examinations, the content and the length of time over which the curriculum is taught is set forth in curriculum Rule 4723-5-13, OAC. Below are specific requirements regarding a program curriculum, the minimum length of time over which a program curriculum may be taught, and the two qualifying circumstances established in administrative rule in which a program’s curriculum may be taught over a span that is less than the minimum length.

A registered nurse program may have only one curriculum. This does not, however, prohibit a program from “teaching out” an older curriculum for a more senior student cohort at the same time a revised curriculum is implemented with the program’s newly admitted students. A program may not, though, have two different curricula implemented simultaneously within the same student cohort. Programs that have different tracks, traditional and accelerated tracks, for example, must use the same curriculum, though the accelerated track is “compressed” or taught over a lesser period of time than the traditional program as authorized by Rule 4723-5-13, (D)(1), OAC.

Except for two exceptions in Rule 4723-5-13(D)(1), OAC, a program’s curriculum must span two years of full-time study, with each year containing at least thirty weeks including examination time. The first exception to the two-year span is an accelerated program or accelerated track within a program, where persons who are not nurses, but have a baccalaureate or higher degree, are given credit for the degree and are taught the RN program curriculum to prepare the individual for RN licensure. In this instance the accelerated or compressed curriculum’s clinical course work that students complete must span at least 52 weeks. This 52-week minimum allows time for the individual to learn and adapt to the registered nurse role, responsibilities and accountabilities for practice. The second exception is a program that grants advanced standing, giving credit for prior nursing course work consistent with its written policy, and is discussed below.

Programs with two-year curriculum and an advanced standing policy

RN programs with a curriculum that spans two years in length (two-year program) as discussed above, that admit applicants to start at the beginning of the program’s curriculum, may also have written policies that allow advanced placement or “advanced standing” to qualifying applicants based on the amount of prior nursing course credit or transfer credit. These applicants may begin more advanced coursework within the curriculum, rather than starting at the beginning. Depending on the program’s policy, these qualifying applicants may have completed courses from a previously attended RN program, a practical nurse or paramedic program, or have obtained nursing-related military education or training, and are given credit toward their completion of the RN program curriculum. When a two-year program advance places an applicant within its program consistent with its advanced standing policy, the length of the established curriculum does not change, as the program is implementing a curriculum that spans two years.

Programs that admit only qualified applicants for advanced standing

There are also RN programs with an established curriculum that begins at a specific advanced placement that is shorter than a two-year curriculum. An example is a program that is purposefully designed through its policies and curriculum, to limit its admission to applicants who completed a practical nurse program and hold an active LPN license. This type of curriculum and related policies are usually associated with non-degree granting programs or diploma programs. In this example, the program must establish and implement a curriculum that spans no less than 45 weeks of clinical course work as required by Rule 4723-5-13(E), OAC. •

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October 2, 2017, January 29, 2018, June 11, 2018, October 1, 2018

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October 13, 2017

Advisory Group on Dialysis – Chair: Maryam Lyon, MSN, RN
October 5, 2017

Advisory Group on Nursing Education – Chair: Patricia Sharpnack, DNP, RN
October 19, 2017

Committee on Prescriptive Governance – Chair: Sherri Sievers, DNP, APRN
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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 2017 Monitoring Actions

Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1
Appling	William	R.N.	348410	Greenfelder	Michael	R.N.	196294	Robinson-Brooks	Eiesha	P.N.	144232
Bais	Angela	P.N.	111530	Haley	Stacy	R.N.	392813	Saunders	Heather	R.N.	385627
Baker	Aimee	P.N.	109797	Halloran	Rosemary	R.N.	302304	Scales	Shimmaine	R.N.	410524
Balthazar	Monique	R.N.	357660	Hanson	Ann	R.N.	221711	Schriner	Kenneth	R.N.	280218
		COA	12257	Hendree	Linda	R.N.	138018	Selph	Djhonia	R.N.	357272
		CTP	021491	Hice	Jeffrey	R.N.	308432			P.N.	114538
Bednarz	Dale	R.N.	190484	Hice	Lauren	R.N.	366021	Sexton	Tina	R.N.	435106
Berkemeier	Jacob	R.N.	365586	Hill	Edward	R.N.	373519	Sims	Bryan	P.N.	119536
Betts	Amanda	R.N.	326507	Hinton-Robinson	Shelly	R.N.	348315	Sims	Chad	R.N.	295247
Brown	Carla	R.N.	369214	Howe	Maureen	R.N.	367673	Smith	Denita	P.N.	104383
		COA	18221	Hunter	Emily	R.N.	392205	Smith	Stacey	P.N.	162384
		CTP	18221	Johnson	Margaret	R.N.	137462	Sopko	Leah	R.N.	291868
Brown	Cindy	P.N.	139409	Johnston	Rebecca	R.N.	401838			COA	12361
Burcher	Amy	R.N.	295654			COA	17335			CTP	12361
Cabassa	Tammie	R.N.	276834			CTP	17335	South	Kelly	R.N.	307731
		COA	17310	Jones	Audra	R.N.	297742			COA	17881
		CTP	020755	Kaneski	Jill	P.N.	062272			CTP	17881
Campbell	Kristen	R.N.	393922	Kaszar	Pamela	R.N.	184750	Spencer-McKenzie	Kamisha	P.N.	132020
		P.N.	120500	Keller	John	R.N.	153187	Stacey	Denise	P.N.	116651
Carlyon	Melissa	R.N.	345124	Kilpatrick	Marguerite	P.N.	147935	Stamper	Heather	R.N.	399068
Caywood	Amy	R.N.	307672	Kinnear	Laura	P.N.	126188	Tennie	Nancy	R.N.	242088
		COA	18084	Knox	Kecia	P.N.	149812	Testa	David	R.N.	254128
		CTP	021150	Kosanovich	Amy	R.N.	336557	Thomason	Sandra	R.N.	375998
Clark	Vickie	R.N.	228221			COA	18380	Tolle	Kimberley	R.N.	241723
Clayton	Laura	P.N.	123247			CTP	021155			COA	05237
Combs	Camille	R.N.	351841	Lane	Lisa	R.N.	418902			CTP	05237
Cupps	Rita	R.N.	233002	Latham	Lori	P.N.	163685	Truitt	Valerie	R.N.	284131
David	Julie	R.N.	198208	Loebick	Jennifer	R.N.	347964	Turner	Bernice	P.N.	152076
Davis	Luke	R.N.	368738	Lorenc	Kristi	R.N.	319200	Tyler	Deborah	R.N.	409777
		COA	13524			COA	17585			COA	17063
		CTP	13524			CTP	17585			CTP	17063
Davis	Melissa	R.N.	315492	Mains	Tonya	R.N.	312628	Von Bauer	Diana	P.N.	105650
		COA	17120	Marsh	Rebecca	R.N.	314908	Wallace	Cynthia	R.N.	384190
		CTP	020965	Mathis	Monika	P.N.	100561			P.N.	107771
Dayton	Kolleen	R.N.	263301	McKinney	Velma	R.N.	292831	Webster	Vickie	R.N.	250293
		COA	05431	Metzger	Michael	R.N.	231763	Weiss	Amy	R.N.	265289
		CTP	05431	Milburn, II	John	R.N.	341255	Welling	Jill	R.N.	371258
Deeble	Calandra	P.N.	113203			COA	15213	Werner	Heather	P.N.	139180
Dunn	Kristen	P.N.	134779			CTP	15213	White	Katia	P.N.	160827
Eckert	Tatum	P.N.	141352	Miller	Mary	R.N.	164892	Whitlock	Jessica	R.N.	341769
Ellis	Keri	R.N.	383938	Mollica	Linda	R.N.	238868			COA	14605
Ermacora	Melissa	R.N.	308128	Moodie-Adams	Claudia	R.N.	316369			CTP	021129
Etiendem	Anslem	P.N.	139918	Neiswender	Carley	P.N.	156018	Whritenour	Paula	R.N.	347986
Ferrell	Amber	R.N.	371435	Ngu	Comfort	R.N.	436761	Williams	Shakeya	P.N.	128104
Finck	Martha	P.N.	114845	Nolcox	Daija	R.N.	421618	Wilson	Lakeshea	P.N.	152051
Frazier	Richard	P.N.	117654	Pennington	Stacey	P.N.	124565			D.T.	03072
Fuller	Ronald	R.N.	424105	Pettis	La' Teasha	P.N.	161238	Workman	Penny	R.N.	247668
		P.N.	143414	Plagaman	Charlene	P.N.	120555	Yonkura	Michelle	R.N.	292066
Garrison	Karen	R.N.	328473	Prevot	Leola	R.N.	246330	Youngless	Theresa	P.N.	138359
Goins	Lynette	P.N.	135386			P.N.	078879				

May 2017 Disciplinary Actions

Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1
Abbott	John	R.N.	207714	Conger	Lexi	P.N.	144236	Goble	James	P.N.	092280
		COA	15206	Cosper	Kristina	P.N.	162033	Gomez	Veronica	P.N.	132508
Adamic	Amy	R.N.	358605	Craemer	Glenn	R.N.	379225	Gonczy	Marcy	R.N.	284817
Adkins	Rebecca	R.N.	282637	Crawford	William	R.N.	209542			COA	17648
Alexander	Lori	R.N.	301880	Croucher	Holly	P.N.	138397			CTP	17648
Alexander	Rhonda	R.N.	228328	Cummings Robb	Elizabeth	R.N.	351003	Gonzales	David	R.N.	334766
Alm	Kelsey	P.N.	136316	Daube	Colleen	R.N.	188503	Gottlieb	Rachel	R.N.	388775
Amaning	Kwasi	R.N.	403059	Davis	Ashley	P.N.	143960	Gould	Michelle	P.N.	107657
Anderson	Amanda	R.N.	332697	Davis	James	R.N.	313375	Granc	Candace	P.N.	158482
Anderson	Ella	R.N.	302050	Davis	Julie	P.N.	123594	Hachtel	Kim	R.N.	278919
Archbold	Cassidy	P.N.	134078	Deger	Andrew	D.T.	004016	Hahn	Rachel	P.N.	088764
Arno	Erica	P.N.	142501	DeJohn	Amanda	R.N.	329665	Harmer	Joshua	R.N.	278077
Ashby-Stroup	Justin	P.N.	159654	Delamotte	Derek	R.N.	391249	Harr	Christine	P.N.	103583
Asher	Carrie	P.N.	126947			P.N.	100619	Harvey	Mary	R.N.	165459
Asher	Sheila	R.N.	222364	Delaney	Jennifer	R.N.	342048	Hashman, Jr.	Darrell	R.N.	387560
		P.N.	070811			COA	16216	Hawkins	Jeanette	P.N.	NCLEX
Bailey	Melissa	R.N.	386234			CTP	16216	Hazeltine	Jeremy	P.N.	132938
Baldwin	Tharner	P.N.	130754	Delisle	Eva	R.N.	373086	Heintz	Kimberly	R.N.	endorse
Balogh	Dina	P.N.	122620	Devoll	Myra	R.N.	296556	Henn	Kristen	P.N.	151594
Barger	Michelle	P.N.	090669	Devore	Cynthia	R.N.	369789	Hernon	Jozefa	R.N.	275134
Barone	Daniel	P.N.	154102	Dock	Amy	R.N.	344179			COA	08500
Bauer	Susan	R.N.	208897	Donnally	Anna	P.N.	146170	Herrmann	Emily	R.N.	349563
Baxter	Aaron	R.N.	407645	Dorris	Katrina	R.N.	342994	Hess	Tiffany	R.N.	332349
Bayman	Heather	R.N.	304282	Dosh	Elaine	P.N.	083764	Heuss	Christine	R.N.	336113
Beerman	Joshua	R.N.	411621	Douglas	Jamila	CHW	000384	Hobson	Heather	R.N.	329203
Bennett	Tessa	P.N.	145711	Doyle	Deanna	R.N.	313290			P.N.	109314
Bentley	Trudy	P.N.	107027	Dulaney	Ryan	P.N.	NCLEX	Holdren	Lori	R.N.	NCLEX
Birr	Darby	R.N.	407470	Duval	Jodi	R.N.	322118	Hollin	Cathy	R.N.	249879
Black	Jason	R.N.	395170	Ecklenroad	Carrie	P.N.	111845			P.N.	084322
Blommel	Samantha	R.N.	346014	Ervin	Lindsey	P.N.	140605	Hollon	Anita	R.N.	330355
Bohland	Christopher	R.N.	369466	Fairchild	Donna	R.N.	379284			P.N.	095228
Bollmer	Amy	P.N.	126998			COA	13530	Hovinga	Lindsey	R.N.	382969
Bondarchuk	Gennadiy	R.N.	320873	Fano	Nicole	R.N.	279175			P.N.	127268
Booher	Sara	R.N.	300766	Fetter	Katherine	R.N.	316308	Hudson	Kathleen	R.N.	303100
Booker	Mark	R.N.	311649	Fimognari	Kathleen	R.N.	201746	Hudson	Teaira	DTI	applicant
		COA	16616	Finley	Megan	R.N.	316133	Huffman	Elisabeth	R.N.	390377
Bouts	Tracy	R.N.	310287	Finn-Smith	Elizabeth	R.N.	220444			P.N.	139876
Bowling	Natasha	P.N.	140597	Finnegan	Cindi	R.N.	265591	Irwin	Shelli	P.N.	083624
Boycan Chipps	Sierra	P.N.	153590	Fisher	Peggy	R.N.	341275	Jeffers	Megan	P.N.	148476
Bretz	Michael	P.N.	144508	Fitz	Amy	R.N.	305246	Johnson	Amy	R.N.	319445
Brosch	Annemarie	R.N.	267728	Flaherty	Tamara	P.N.	155406			P.N.	099830
Brower	Benjamin	R.N.	342982	Flood	Thomas	R.N.	345846	Johnson	Lakeysha	R.N.	279534
Brown	John	P.N.	119471			P.N.	124229	Jones	Jennifer	P.N.	155981
Buettner	Jennifer	R.N.	405173			COA	15238	Joseph-Abel	Elizabeth	R.N.	265223
Bullock	Sharon	P.N.	090343			CTP	15238	Keener	Leah	P.N.	157513
Burkhart	Linda	R.N.	201506	Ford-Bowen	Sonya	R.N.	394048	Keith	Jennifer	P.N.	116175
Cammett	Barbara	P.N.	138825	Forgette	Donette	R.N.	326469	Kessler	Ariel	P.N.	163010
Campbell	Mindi	P.N.	094936	Frase	Virginia	P.N.	091527	King	Laura	P.N.	139441
Campbell	Tamara	R.N.	180786	Frazier	Cassandra	P.N.	137293	King	Leslie	R.N.	405524
Capell	Wilburn	DTI	005258	Frazier	Crystal	P.N.	097744	Kiser	Kimberly	R.N.	260449
Carroll	LaTisha	R.N.	357419	Fries	Lisa	P.N.	076959	Kling	Christina	R.N.	272080
Carroll	Tonya	P.N.	132605	Fuller	Tawni	R.N.	333366	Klosterman	Angela	P.N.	155631
Carte	Leslie	P.N.	128088			COA	13453	Kocina	Candice	P.N.	118857
Carter	Michael	R.N.	401160	Garza	Kristy	R.N.	331536	Kolanko	Lindsay	R.N.	333176
Caston	Cherice	P.N.	NCLEX	Geer	Kara	P.N.	145334	Koviak	Christopher	R.N.	347635
Chambers	Valerie	R.N.	337496	Geiger	Patricia	P.N.	123116	Kuhlen	Christy	P.N.	097083
Chanel	Chari	R.N.	NCLEX	George	Taaffe	P.N.	137474	LaMantia	Mary	P.N.	085306
Chapman	Calisha	P.N.	160729	Getz	Debra	R.N.	320542	Lamb	Ethel	R.N.	314000
Cleary	Tami	R.N.	285937	Gibson	Jamie	R.N.	153091	Lawrence	Charles	R.N.	318418
Cluxton	Joshua	P.N.	120155	Given	Vickie	P.N.	060888	Lebreton	Karla	R.N.	368362

Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1
Leeson	Cara	R.N.	390608	Oboczky	Michelle	P.N.	098414	Snyder	Bobbi	R.N.	344483
Lewis	Brooke	R.N.	281700	Oiler	Wanda	R.N.	248711			P.N.	119410
Linkhart	Mary	P.N.	145994	Pace	Alisa	R.N.	284511	Soldner	Dawn	R.N.	186670
Locklayer	Jill	R.N.	303263	Patrick	Ryan	R.N.	372992	Spalding	Therese	R.N.	292985
Lovely	Tiffany	P.N.	144584	Patterson	Traci	P.N.	140838	Spradlin	Wendy	R.N.	329100
Lowe	Kelly	P.N.	120217	Paul-Verzella	Barbara	R.N.	235385	Stevens	Ebony	R.N.	356431
Luketic	Diana	P.N.	081708	Pearce	Tiffany	R.N.	374594	Storey	Alicia	D.T.	003599
Mancini	Rita	R.N.	414724	Pennybacker	John	R.N.	326925	Strohl	Brandy	P.N.	119332
Manista	Christine	R.N.	215982	Perry	Felecia	P.N.	151002	Summers	Kelly	R.N.	311988
Manley	LaShena	R.N.	303306	Perry	Kimberly	P.N.	141638	Sutherland	Melinda	R.N.	383675
Mann	Alicia	P.N.	124638	Petroff	Denise	R.N.	266743	Taylor	Bradley	R.N.	319048
Marquardt	Rory	R.N.	428858	Pettis	Leland	R.N.	250529	Taylor	Erin	R.N.	387732
Marston	Angela	P.N.	143163	Pierce	Ann Marie	P.N.	117542	Taylor	Frankie	P.N.	096558
Martinez	Christie	R.N.	350186	Pimpong	Swanzybella	P.N.	151547	Taylor	Pamela	P.N.	110165
Marzilli	Christen	R.N.	320961	Pinkelman	Katherine	R.N.	363947	Tharp	Clyde	R.N.	392746
Mastin	Julie	R.N.	379120	Pitts	Jacob	R.N.	348154	Thomas	Paula	R.N.	218143
Maynard	Sarah	P.N.	113902	Pollick	Kaitlyn	R.N.	358758	Thompson	Adam	P.N.	128481
Mbodj	Mohamed	R.N.	400812	Post	Julia	R.N.	300282	Thorne	Judith	R.N.	301929
		P.N.	128027	Pullin	Faith	P.N.	155131	Torres	Suzanne	R.N.	315304
McCarren	Lorie	P.N.	133736	Qvick	Kelsie	P.N.	155770	Treece	Brittany	R.N.	409814
McCoppin	Kathryn	R.N.	305661	Reynolds	Kathleen	R.N.	337028	Triplett	Jami	R.N.	416092
McCumber	Catherine	R.N.	253323	Reynolds	Kristine	R.N.	340514	Tullos	Larry	R.N.	413430
McDonald	Lynden	P.N.	081089	Rhoades	Scott	R.N.	304798	Turner	Barbara	R.N.	234675
McGough	Shaun	R.N.	330511	Ripley	Tyreca	R.N.	NCLEX	Turner	Tammy	R.N.	336872
McGrath	Shanna	R.N.	395122			P.N.	143005	Unger	Jacqueline	R.N.	216315
McIlwain	Craig	R.N.	259042	Ritchie	Sara	P.N.	153220	Valesko	Jessica	P.N.	131393
McKnight	Rosia	P.N.	147879	Ritter	Ann	R.N.	214193	Vance	Heather	R.N.	325513
Merckle	Paula	R.N.	264591	Robinson	Keena	P.N.	155256	Walker	Heidi	R.N.	291577
Metz	Holly	R.N.	396310	Robinson	Latonya	P.N.	150147	Walker	Jenny	R.N.	136689
Michel	Karen	R.N.	162833	Rockwell	Johanna	R.N.	188485	Wallace	Nicole	P.N.	154759
Miley	Angela	P.N.	124296	Rogers	Kimberly	P.N.	156591	Warner	Alison	R.N.	389768
Miller	Aaron	R.N.	379520	Roose	Tracy	R.N.	264723	Waters	Latasha	P.N.	160369
Miller	Cathy	P.N.	089736	Rose	Lisa	P.N.	103023	Webber	Rosalia	P.N.	152160
Miller	Kristina	R.N.	315947	Rose	Shannon	R.N.	294219	Weber	Carly	R.N.	402330
Miller	Susan	P.N.	125822	Rosier	Danna	R.N.	365892	Welly	Jessica	P.N.	134795
Milner	Jessica	R.N.	404970	Ross	Kathi	P.N.	112683	West	Kelli	R.N.	266502
Minor	Siera	P.N.	150075	Rossman	Alison	P.N.	118791	Westfall	Lucinda	P.N.	075441
Monroe	Heather	R.N.	279293	Rowe	Leslie	P.N.	142114	Whitmer	Jessica	R.N.	296723
Moore	Anta	R.N.	319717	Royko	Kayla	R.N.	386174	Wiczen	Sarah	R.N.	369828
		COA	11568	Ruff	Kellie	R.N.	283874			P.N.	112802
		CTP	11568	Runyon	Eden	P.N.	140822	Wilhelm	Kellie	R.N.	335994
Moran	Christine	R.N.	390891	Schenck	Jason	R.N.	287926	Williams	Darlean	P.N.	086365
Morgan	Zachary	R.N.	324742	Scott	Kathleen	R.N.	284348	Williams	Jennifer	R.N.	337765
Morningstar	Diana	P.N.	117239	Scott, III	John	P.N.	149131	Williams	Lori	R.N.	328322
Mossburg	Kelly	R.N.	299687	Seals	Patricia	R.N.	190584	Williams	Marcia	R.N.	253190
Moye	Laquita	R.N.	390206	Sena	Cynthia	R.N.	184368			COA	15594
Muncy	Catherine	R.N.	288597	Shamblin	Jacquelyn	P.N.	145535			CTP	15594
Murray	Brittnay	P.N.	136459	Sheets	Chelsie	P.N.	158917	Williams	Sharon	P.N.	endorse
Musick	Dustin	P.N.	111584	Shields	Donita	P.N.	endorse	Willison	Rochelle	P.N.	144930
Myers	Angela	R.N.	379992	Shiflet	Elizabeth	R.N.	389368	Wolfe	Debra	R.N.	214546
Nagy	Carol	R.N.	endorse			P.N.	133634	Woods	Christina	R.N.	356346
		P.N.	035701	Shirak	Nicholas	R.N.	398757			P.N.	118979
Naylor	Kathleen	R.N.	368630	Shortridge	Aryn	R.N.	357772	Woods	Jennifer	R.N.	283843
Negron	Maryam	P.N.	135320			P.N.	124249	Woyame	Theresa	R.N.	237610
Neri	Caryn	R.N.	334216	Simons	Jennifer	R.N.	368241	Yates	Courtney	R.N.	402672
		COA	16148	Skinner	Patricia	R.N.	233490	Yensz	Julie	R.N.	387059
		CTP	16148	Slaney	Shannon	P.N.	107711	Zellers	Cynthia	R.N.	217133
Noggle	Mary	P.N.	131533	Smith	Carla	P.N.	096130	Zimmerman	Alicia	P.N.	131833
Nolting	Jessica	R.N.	399065	Smith	Kathryn	P.N.	124140	Zimmerman	Tana	R.N.	311343
Norton	Blanche	R.N.	296140	Smith	Samara	P.N.	140354				
Nott	Amy	R.N.	407573	Smith	Tiffany	P.N.	146532				
Nye	Carol	P.N.	099872	Snelling	Tara	P.N.	146665				

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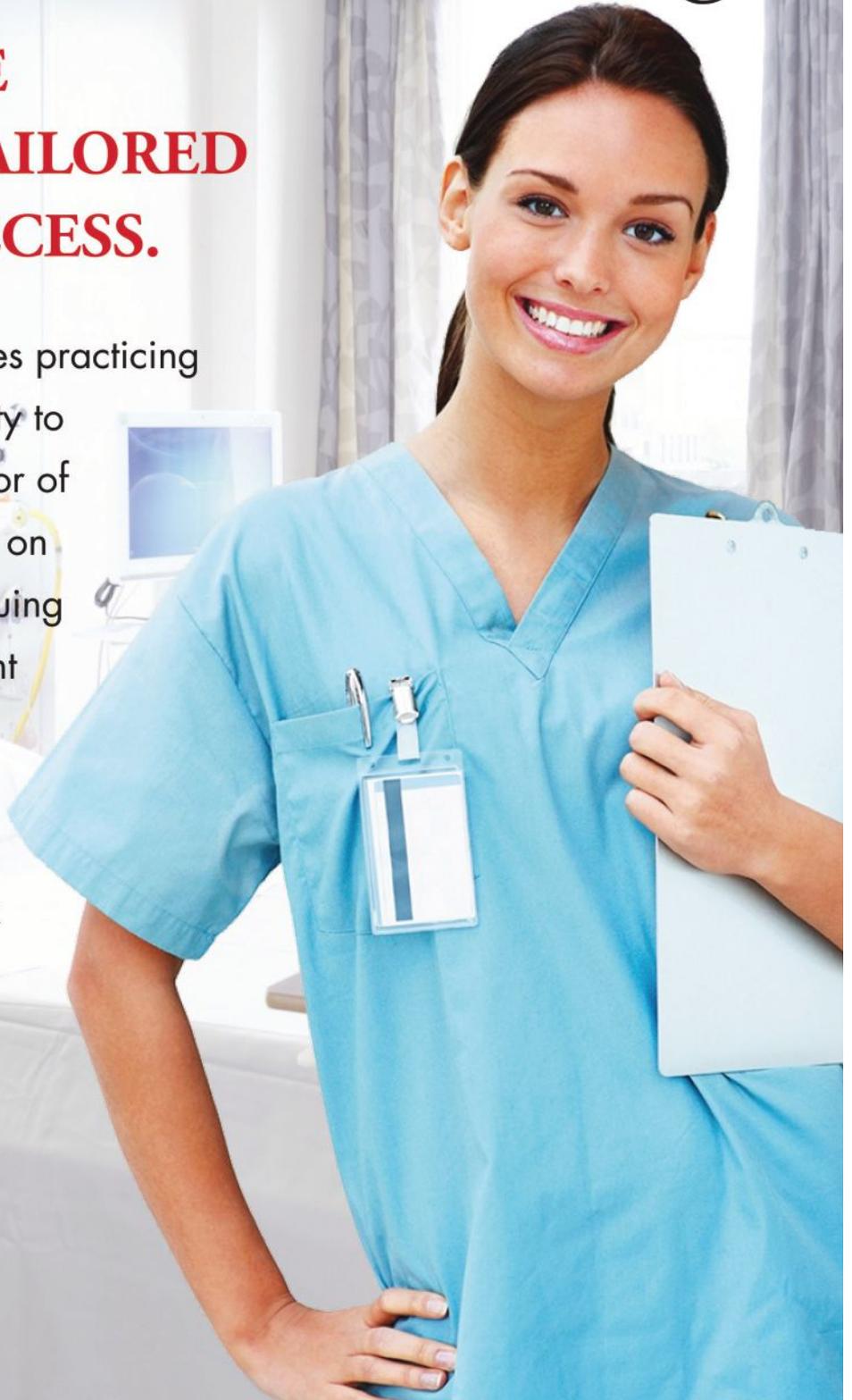
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