

# MOMENTUM

Official Publication of the Ohio Board of Nursing



## BOARD HOSTS NCLEX REGIONAL WORKSHOP

Philip D. Dickison, PhD, RN, NCSBN Chief Officer, Operations and Examinations, presenter at the NCLEX Regional Workshop held in Ohio.

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## Momentum

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*Momentum* is the official journal of the Ohio Board of Nursing. *Momentum's* traditional journal & interactive digital companion serve over 280,000 nurses, administrators, faculty and nursing students, 4 times a year all across Ohio. *Momentum* is a timely, widely read and respected voice in Ohio nursing regulation.



**Patricia A. Sharpnack, DNP, RN**  
President

I am proud to have been re-elected President of the Ohio Board of Nursing at the November 2017 meeting. I look forward to continuing to serve as President and work with the other elected officers, Brenda Boggs, LPN, Vice-President, and Sandra Ranck, RN, Supervising Member for Disciplinary Matters.

In addition to electing officers for 2018, the Board appointed Board Member Chairs for the Advisory Groups: Lauralee Krabill, RN, Advisory Group on Continuing Education; Barbara Douglas, APRN-CRNA, Advisory Group on Dialysis; and I will serve as the Chair of the Advisory Group on Nursing Education. The Advisory Groups meet periodically throughout the year to provide recommendations to the Board regarding various programs and administrative rules.

In November 2017 the Board was pleased to host the NCLEX Regional Workshop, in conjunction with NCSBN. A highlight for attendees was having Dr. Philip Dickison, NCSBN Chief Officer for Operations and Examinations, present information about the Next Generation NCLEX (NGN). NGN began when the NCSBN Examinations Department, through review and research, identified the need to measure clinical judgment in the NCLEX nursing licensure examinations. The Examinations Department is gathering data to determine whether certain NCLEX questions assess clinical judgment. See the related article in this issue of *Momentum*.

Other notable work of the Board in 2017 includes:

- Successfully completing renewal for over 215,000 RNs and APRNs using the Ohio eLicensing system 3.0.
- Implementing HB 216, the APRN bill, and transitioning from certification to licensing for APRNs.
- Working with the Governor's Task Force, state boards, and nursing associations to establish new administrative rules that limit prescribing opioid analgesics for acute pain.
- Convening the new Advisory Committee for Advanced Practice Registered Nursing and the re-organized Committee on Prescriptive Governance.
- Collaborating with representatives of the Ohio National Guard, the Office of Workforce Transformation, and the Military and Veteran Affairs Department to establish a pathway for medics to become LPNs in Ohio.

The Annual Report for fiscal year 2017 is posted on the Board web site at [www.nursing.ohio.gov](http://www.nursing.ohio.gov) and we encourage you to review the report to see other highlights of the Board's work.

We also encourage you to subscribe to eNews, Twitter and Facebook via the Board web site ([www.nursing.ohio.gov](http://www.nursing.ohio.gov)) for timely updates regarding licensing and renewal, regulatory requirements, and other Board news as we begin another busy year. •

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**I reported in the 2017 Winter issue of *Momentum*** that over 215,000 RN and APRN licensees and certificate holders would be renewing in 2017 using the new 3.0 Ohio eLicense System for the first time, and 2,100 dialysis technician and community health worker certificates would also be renewing during that time.

You may recall that in 2016 the Ohio Department of Administrative Services, Office of Information Technology (DAS/OIT), and its vendor began implementation of the State's new 3.0 Ohio eLicense system, a comprehensive regulatory license system used by a variety of state licensing boards, including the Board of Nursing. During the 2016 rollout of the system, changes and improvements were necessary to complete LPN renewal and also to address issues we anticipated could arise for the large RN and APRN renewal cycle in 2017.

The Board and I are pleased to report that the 2017 renewal and peak licensure season proceeded smoothly for the vast majority of applicants, with no major disruptions in the process. RN renewal ended October 31, 2017 with 202,171 (95%) RNs renewed and 4,148 licenses placed on inactive status. The COA renewal/APRN license issuance process ended December 31, 2017 with 14,829 (91%) APRNs completing the process to transition their certification status to licensure.

The New Year did bring one problematic issue due to an erroneous auto-generated message sent on January 1, 2018, causing confusion for some APRN license holders who had previously held CTPs. When notified of the error by several APRNs, the Board sent another email to APRN licensees that morning requesting that licensees disregard the erroneous CTP email. The error was unfortunate and we apologize for the confusion and concerns created. We thank those APRNs who alerted us so the Board could quickly clarify the situation.

We would like to also acknowledge all the licensees who worked with the Board to register and renew over the past two renewal cycles, the collaborative work of state agencies and contractors, DAS/CSC personnel who assisted tremendously with calls/emails, the work of Board IT staff in troubleshooting system issues throughout the cycle, and licensure and compliance staff who went above and beyond with communications and working additional hours on weekends, evenings and holidays to be available for those renewing.

You have helped pave the way for the anticipated successes of future renewals for over thirty different professional licensing groups who share the Ohio eLicense system and are fully implementing it this year. Nursing is the largest stakeholder in the system, and the technology has allowed the Board to renew and license individuals more timely and in greater numbers.

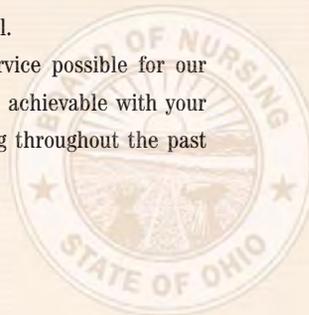
This year, 2018, brings the LPN renewal for the second time using the 3.0 Ohio eLicense system. The State has informed the Board that it is revising the registration process for agencies statewide, so please watch the Board website for instructions and information. The Board will continue to work with licensees as DAS/OIT provides additional information and completes updates and modifications to the system for the benefit of all.

The Board remains committed to provide the best customer service possible for our licensees and the public, and that commitment is made all the more achievable with your continued assistance. Thank you for your patience and understanding throughout the past biennium. •



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

**The COA renewal/  
APRN license issuance  
process ended  
December 31, 2017  
with 14,829 (91%)  
APRNs completing the  
process to transition  
their certification  
status to licensure.**



# NEW RULES EFFECTIVE JANUARY 1, 2018

The Board of Nursing has revised the following rules effective January 1, 2018:

Rules 4723-1-03, 4723-1-04, 4723-1-10, 4723-2-03; 4723-3-01, 4723-7-09; 4723-8-01 through 4723-8-05 and 4723-8-07 through 4723-8-10; 4723-9-01 through 4723-9-08 and 4723-9-10 through 4723-9-12; 4723-14-01 through 4723-14-05; 4723-14-09; 4723-14-12; 4723-14-14; 4723-14-15; 4723-14-17; 4723-14-18; and 4723-23-01 and 4723-23-08.

A copy of the rules is available at: [registerofohio.state.oh.us](http://registerofohio.state.oh.us).

NOTE: Rules 1-05 and 1-06 are revised with an affective date of January 8, 2018 due to refileing.

## IDENTIFYING YOURSELF as an APRN Licensed in Ohio

**Who may identify themselves as an APRN?** Section 4723.03(B), Ohio Revised Code (ORC), states that “No person shall knowingly do any of the following without holding a current, valid license to practice nursing as an advanced practice registered nurse issued under this chapter: (1) Engage in the practice of nursing as an advanced practice registered nurse; (2) Represent the person as being an advanced practice registered nurse; (3) Use the title “advanced practice registered nurse,” the initials “A.P.R.N.,” or any other title implying that the person is an advanced practice registered nurse, for a fee, salary, or other consideration, or as a volunteer.”

**How may APRNs identify themselves?** Effective April 6, 2017, the law states:

- A person licensed under this chapter to practice nursing as an advanced practice registered nurse and designated as a certified registered nurse anesthetist may use that title or the initials “A.P.R.N.-C.R.N.A.” Section 4723.03(E)(3), ORC;
- A person licensed under this chapter to practice nursing as an advanced practice registered nurse and designated as a clinical nurse specialist may use that title or the initials “A.P.R.N.-C.N.S.” Section 4723.03(E)(4), ORC;
- A person licensed under this chapter to practice nursing as an advanced practice registered nurse and designated as a certified nurse-midwife may use that title or the initials “A.P.R.N.-C.N.M.” Section 4723.03(E)(5), ORC;

- A person licensed under this chapter to practice nursing as an advanced practice registered nurse and designated as a certified nurse practitioner may use that title or the initials “A.P.R.N.-C.N.P.” Section 4723.03(E)(6), ORC; and
- A person licensed under this chapter to practice nursing as an advanced practice registered nurse may use the title “advanced practice registered nurse” or the initials “A.P.R.N.” Section 4723.03(E)(7), ORC.

Regarding identification and display of credentials, Rule 4723-4-06, Ohio Administrative Code (OAC), states in part, that at all times when an APRN is providing direct nursing care to a patient, the APRN shall display the applicable title or initials set forth in Section 4723.03, ORC, and that at all times when a licensed nurse is engaged in nursing practice and interacting with the patient, or health care providers on behalf of the patient, including through any form of telecommunication, the licensed nurse shall identify to each patient or health care provider the nurse’s title or initials as set forth in Section 4723.03, ORC.

### **May APRNs use academic titles and certifications in addition to the designations required by 4723.03, ORC?**

The Nurse Practice Act and administrative rules do not address and do not prohibit a nurse from using academic titles (PhD., MSN, etc.) or noting specific certifications, in addition to identifying themselves as required.

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# Rule 4723-9-10, OAC:

## CNPs, CNSs, CNMs Prescribing Opioid Analgesics for Acute Pain

Rule 4723-9-10, OAC, sets forth standards of prescribing for advanced practice registered nurses (APRNs) who are designated as clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), or certified nurse practitioners (CNPs). The rule includes the requirements for prescribing opioid analgesics for the treatment of acute pain. For the purposes of this document, APRN prescribers include CNSs, CNMs, and CNPs.

The information below provides an overview. APRN prescribers should review Rule 4723-9-10 in full, in conjunction with: Medical Board Rule 4723-11-13, OAC, the FAQ published by the Medical Board; Pharmacy Board Rules 4729-5-30 and 4729-17-13, OAC, *Issuing a Valid Prescription: What Every Prescriber Needs to Know*, and the Pharmacy Board Morphine Equivalent Dose (MED) Calculator at: [www.pharmacy.ohio.gov/MEDtable](http://www.pharmacy.ohio.gov/MEDtable).

### Prescribing Opioid Analgesics for Treatment of Acute Pain

Effective August 31, 2017, Rule 4723-9-10, OAC, limits the prescribing of opioid analgesics for acute pain by APRNs. These limits **do not apply to inpatient prescriptions<sup>1</sup>** and **do not apply** to prescriptions for:

- Cancer and associated conditions;
- Palliative care;
- End-of-life/hospice care;
- Medication-assisted treatment for addiction.

**For all other situations, the following limits apply to opioid analgesics prescribed for treatment of acute pain:**

- Extended-release or long-acting opioids shall not be prescribed;
- Non-opioid treatment options must be considered first;
- Opioids may only be prescribed following a history and physical that determines the need for the prescription;
- The patient has been advised of the benefits and risks of the opioid (including the potential for addiction) and this is documented in the patient record;
- The presumption is a **three-day supply or less** is frequently sufficient;
- Not more than a **seven-day** supply of opioids may be prescribed for adults, with no refills.
- Not more than a **five-day** supply of opioids may be prescribed for minors, with no refills, and only after the written consent of the parent or guardian is obtained.

- The seven-day and five-day limits may be exceeded for pain expected to persist for a longer period of time as long as a **30 MED average per day** is maintained and the APRN documents in the patient record the reason for exceeding the time and why a non-opioid medication is not appropriate.

### Exception to the 30 MED Average Per Day (Effective January 1, 2018)

The morphine equivalent dose of a prescription for acute pain cannot exceed an average of 30 MED per day, **except as follows:**

- The patient suffers from a medical condition, surgical outcome, or injury of such severity that pain cannot be managed within an average of 30 MED per day such as:
  - Traumatic crushing of tissue;
  - Amputation;
  - Major orthopedic surgery;
  - Severe burns.<sup>2</sup>
- The treating physician<sup>3</sup> for the condition has entered a standard care arrangement with the APRN.
- The APRN documents in the patient's record the reason for exceeding the 30 MED average and the reason it is the lowest dose consistent with the patient's medical condition.

### APRN Collaboration and Standard Care Arrangement

- Ohio law requires that APRNs practice in collaboration with a physician or podiatrist with whom the APRN has entered a written contract called a standard care arrangement (SCA).<sup>4</sup>
- An APRN's prescriptive authority cannot legally exceed that of the APRN's collaborating physician.<sup>5</sup>
- Ohio physicians are required to comply with Medical Board Rule 4731-11-13, OAC, which prohibits physicians from exceeding the 30 MED average *unless the physician is the "treating physician"* for the patient's medical condition (such as traumatic crushing of tissue, amputation, major orthopedic surgery or severe burns).
- The APRN must have a SCA with the "treating physician" in order to exceed the average 30 MED dose for treatment of acute pain.
- **The SCA must document the understanding between the APRN and the treating physician** as to: (a) when the APRN prescriber may exceed the 30 MED average; and (b) whether the APRN

prescriber must consult with the physician prior to exceeding the 30 MED average, and if consultation is required, when it is required.

- **Example:** An APRN has an SCA with all physicians in a facility orthopedic surgical unit, signed by the unit director or chair as the designated representative. The SCA includes an exhibit specifying conditions in which the APRN may exceed the 30 MED average following major orthopedic surgery of such severity that pain cannot be managed within the 30 MED average limits as determined based on prevailing standards of medical care<sup>6</sup>, including which conditions and circumstances require treating physician consultation, and which do not. The APRN prescriber must follow the SCA regarding the parameters set forth for prescribing and consultation.

- **The SCA does not require the treating physician to supervise the APRN and does not constitute a delegation of prescriptive authority to the APRN.**

#### Questions?

Please see [www.nursing.ohio.gov](http://www.nursing.ohio.gov) or email [practice@nursing.ohio.gov](mailto:practice@nursing.ohio.gov). As a reminder, guidelines for the treatment of **chronic** pain using opioids can be accessed here.

#### REFERENCES:

<sup>1</sup> See definition in Pharmacy Board Rule 4729-17-01, OAC

<sup>2</sup> See Medical Board Rule 4731-11-13(A)(3)(c), OAC, which applies to physicians and physician assistants (as delegated by the treating physician).

<sup>3</sup> See Medical Board FAQ #17 regarding "treating physician."

<sup>4</sup> Section 4723.431, Ohio Revised Code (ORC).

<sup>5</sup> Section 4723.481(B), ORC.

<sup>6</sup> See Medical Board FAQ #23.

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# BLOOD DRAWS AT THE REQUEST OF LAW ENFORCEMENT

In July 2017, a nurse working in a Utah hospital was arrested and later released without charge when she refused a Salt Lake City Police detective's request to draw blood from an unconscious patient, who had been transported to the hospital following a highway crash. The patient, a 43-year old truck driver and part-time Idaho police reserve officer, sustained injuries including extensive burns when a man who was fleeing law enforcement crashed his pick-up truck into the semi-truck being driven by the patient.

According to news reports, local police investigating the accident requested that Salt Lake City Police obtain a blood sample from the patient. When a Salt Lake City police detective arrived at the hospital to obtain a blood sample, the nurse explained that hospital policy prohibited a blood draw unless the patient was under arrest, there was a warrant for the draw or the patient consents. The nurse refused the detective's demand to draw blood because the patient was not under arrest, the detective did not have a warrant and the unconscious patient could not consent.<sup>1</sup>

Hospital administrators praised the nurse for protecting patient privacy.<sup>2</sup> The detective was suspended from his job pending investigation and was also fired from his second job as a paramedic because of the way he made the demand. In addition, the hospital:

[A]nnounced a new protocol: Nurses will no longer be allowed to interact with law enforcement agents. "I need to make sure this never, ever, ever happens to another one of our care providers again," said Margaret Pearce, chief nursing officer at the hospital. Instead of interacting with nurses, law enforcement officers will be directed to health supervisors "who are highly trained on rules and laws," and those interactions won't take place in patient care areas, officials said. The new protocol was implemented two weeks after the incident, and so far, 2,500 nurses have been trained in it, Pearce said.<sup>3</sup>

This incident and the widely viewed video of the nurse's arrest have sparked conversations in health care communities, including in Ohio.

To fully address this type of situation, nurses and facility administrators and personnel should be aware of applicable provisions of the Nurse Practice Act and rules, other Ohio law and rules, and facility/employer policies and procedures in advance of any issue arising.

This article focuses on RNs because the Ohio traffic laws discussed specifically reference RNs, however, the same principal would apply to LPN practice.

## The Ohio Nurse Practice Act and Administrative Rules

The scope of registered nursing practice is defined by statute in Section 4723.01(B), ORC and the requirements of practice are specified in Chapter 4723, Ohio Administrative Code (OAC), specifically Chapter 4723-4, which set forth minimum standards of safe nursing practice. Section 4723.01(B)(2), (3), and (5), ORC, authorize a RN to assess a patient's health status, implement a nursing regimen and execute an authorized provider's regimen, such as a physician order,

all for purposes of nursing care and health care. In providing nursing care, a RN is authorized to collect a venous blood sample from a patient pursuant to the nursing regimen or a provider's order. At all times a RN is required to adhere to the standards of nursing practice, which include respecting each patient's dignity and individuality (Rule 4723-4-06, OAC), and is prohibited by Section 4723.28, ORC, from causing a patient harm.

Intrinsic to a nurse's compliance with laws and rules is a patient's consent for the nurse to provide nursing care and to take specific actions. Each hospital should have policies, information and accessible resources for its employees regarding patient consent. In addition to the Nurse Practice Act, the nurse may encounter circumstances where application of other state law applies, or where law enforcement requests blood is drawn from a specific individual or patient, who may or may not be conscious, and if conscious, may not consent.

With respect to a **conscious person who consents** to the procedure at the request of law enforcement, the nurse may proceed, consistent with facility policy and procedures. When a person is at a facility for health care treatment, the Nurse Practice Act does not authorize or compel a nurse to perform a procedure, including a blood draw, on that person without that person's consent, *even if law enforcement is involved and requesting the blood draw*. Section 4723.28(B)(12), ORC; Rule 4723-4-06(H), OAC; Rule 4723-4-06(J), OAC; and Rule 4723-4-06(K), OAC. Whether other laws or a court order would authorize or compel that blood draw over a conscious person's objection, pursuant to a law enforcement request or pursuant to a warrant, would involve interpretation of other law, not enforced by or within the jurisdiction of the Board. The nurse's employer or facility in which the nurse works should be consulted to ensure compliance with employer/facility policy.

If the person is **unconscious**, the RN may draw blood pursuant to authorized practice as a member of the health care team in the evaluation, diagnosis and treatment of the patient's condition for the purposes of providing health care. Section 4723.01(B)(2), (3), and (5), ORC. Whether any other law would authorize a RN to draw blood from an unconscious person, for non-health care purposes, e.g., pursuant to



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a law enforcement request or pursuant to a warrant, would again involve interpretation of other applicable law, not enforced by and outside the jurisdiction of the Board. Should law enforcement request or direct a RN to turn over an existing sample of the patient's blood as forensic evidence pursuant to a subpoena or a warrant, compliance with the request requires application of employer/facility policy.

#### Other Law and Rules

Section 4511.19, ORC, provides that in criminal prosecutions for certain offenses, a court may admit into evidence the concentration of alcohol and/or drugs of abuse found in a person's blood when that person submits to a blood test at the request of a law enforcement officer, or when a blood sample is obtained pursuant to a search warrant. The evidence may only be used if the blood is taken within a specified period of time after the event, and a physician, a RN, an emergency medical technician-intermediate, an emergency medical technician-paramedic, or a qualified technician, chemist, or a phlebotomist, drew the blood. Section 4511.19(D)(1)(b), ORC, also states that, "A person authorized to withdraw blood under this division may refuse to withdraw blood under this division, if in that person's opinion, the physical welfare of the person would be endangered by the withdrawing of blood." In addition, the statute provides limited immunity for providers, including RNs, against claims of assault and battery, though not against claims of medical malpractice, for withdrawing blood pursuant to RC 4511.191 or RC 4511.192. Section 4511.19(F), ORC.

Section 4511.191(A)(2), ORC, "Implied Consent," is a related Ohio traffic law that provides that any person who drives a car in Ohio is deemed to have consented to a blood test to determine alcohol/other blood level concentration if arrested for a violation of Section 4511.19 (A) or (B), ORC, 4511.194, ORC, or a substantially equivalent municipal ordinance, or a municipal OVI ordinance. If a person refuses to take a blood test when requested by law enforcement to do so, the law permits a law enforcement officer "to take reasonable steps to ensure the person submits to the test," and provides the officer limited immunity. Section 4511.191(A)(5)(a) and (b), ORC.

These traffic laws address under what circumstances a court may admit the result of blood sample analysis into evidence in certain specific court proceedings. More broadly they address when a court may impose a legal penalty upon a suspect or defendant who fails to comply with a request by law enforcement to submit to a blood sample draw. These laws do not address failure of a healthcare provider to comply with a request to conduct a blood draw.

#### Hospital policies and procedures

Facilities and hospitals may have established policies and procedures to guide nurses when they are presented with a law enforcement request for a blood draw under the various circumstances that may arise, whether from a conscious or unconscious person, with or without affirmative consent, or from any person pursuant to a warrant or subpoena or other legal process. The Board would encourage all

facilities to establish policies and procedures to guide staff, including nurses, in responding to such requests, warrants, or subpoenas, and encourages all licensees to follow established policies.

#### Nurse Practice Standards

In every circumstance a nurse is accountable to meet the standards of practice, Chapter 4723, OAC, in providing nursing care and in carrying out any aspect of a nursing practice or procedure. Rule 4723-4-03(C), OAC, states that a RN shall demonstrate competence and accountability in all areas of practice in which the nurse is engaged which includes, but is not limited to, the following: (1) Consistent performance of all aspects of nursing care; and, (2) Recognition, referral or consultation, and intervention, when a complication arises. Rule 4723-4-06(H), OAC, states that a licensed nurse shall implement measures to promote a safe environment for each patient. Rule 4723-4-06(J), OAC, states that at all times when a licensed nurse is providing direct nursing care to a patient the licensed nurse shall treat each patient with courtesy, respect, and with full recognition of dignity and individuality. Rule 4723-4-06(K), OAC, states that a licensed nurse shall not engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a patient, or that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.

For example, in any circumstance where a RN is providing nursing care, whether taking a blood pressure, administering a medication, performing a particular procedure, or any other aspect of nursing care, if a patient refuses that care, the RN would consider consultation with other members of the health care team, consistent with Rule 4723-4-03(C) and Rule 4723-4-06(J), as required.

#### Summary

The Nurse Practice Act authorizes a nurse to obtain a blood sample, from a consenting conscious patient, at the request of law enforcement assuming the nurse is complying with all relevant standards of care.

Nurses should seek advice and clarification from their facility's administration and/or legal counsel as to the limits of their obligations when presented with a request from law enforcement, a warrant, or a subpoena for a blood sample to be taken from a person who is unconscious or who is conscious but not consenting to the procedure. Nurses may wish to work with facility administrators to establish or better understand policies and procedures to address their legal obligations under various employment conditions and situations, including: when a person is already in the hospital's care for health care purposes; when a person is unconscious; and, when a conscious person is brought to the hospital solely for the purpose of a blood draw and does or does not consent. The Nurse Practice Act does not compel a nurse to perform a blood draw for non-patient care purposes.

This article does not constitute legal advice and should not be relied upon as such. Nurses, institutions and others who have concerns about compliance with a law enforcement request to draw blood should seek advice of the employer or facility's legal counsel.

#### REFERENCES:

1. Stephen Hunt and Luke Ramseth, "Accident victim at center of University Hospital blood-draw controversy dies," The Salt Lake City Tribune, September 26, 2017. [www.sltrib.com/news/2017/09/26/accident-victim-at-center-of-university-hospital-blood-draw-controversy-dies/](http://www.sltrib.com/news/2017/09/26/accident-victim-at-center-of-university-hospital-blood-draw-controversy-dies/). Accessed 12/14/17. Susan Hogan, "The patient a Utah nurse protected before her high-profile arrest dies," The Washington Post, September 27, 2017. [www.washingtonpost.com/news/morning-mix/wp/2017/09/27/the-patient-a-utah-nurse-protected-before-her-high-profile-arrest-dies/](http://www.washingtonpost.com/news/morning-mix/wp/2017/09/27/the-patient-a-utah-nurse-protected-before-her-high-profile-arrest-dies/). Accessed 12/14/17.
2. Nicole Chavez, "Officer involved in Utah nurse arrest fired from paramedic job," CNN, September 6, 2017, [www.cnn.com/2017/09/05/health/nurse-arrested-police-protocol/index.html](http://www.cnn.com/2017/09/05/health/nurse-arrested-police-protocol/index.html). Accessed 12/14/17.
3. Id.

# Board Hosts NCLEX Regional Workshop

The Board was pleased to host the second NCLEX Regional Workshop in Ohio presented by the National Council of State Boards of Nursing (NCSBN). Board President Patricia Sharpnack welcomed about 100 attendees and the NCSBN Examinations Department presenters to Columbus on November 1, 2017.

The Board thanks NCSBN's Kristin Singer and Rachel Reichman, Test Development Associates, who provided an overview of NCLEX and how the Practice Analysis and Test Plan are used to develop the examination. The speakers also discussed item writing principles and NCLEX resources. Attendees practiced their item writing skills and received information about volunteering to be NCLEX item writers and reviewers for NCSBN.

The Board was delighted that Dr. Philip Dickison, NCSBN Chief Officer for Operations and Examinations came to Ohio to present information about the Next Generation NCLEX project, or NGN. NCSBN is conducting research to determine whether clinical judgment and decision making in nursing practice can be reliably assessed through the use of innovative item types on the NCLEX examination.

Dr. Dickison said, "It is extremely important to offer regional NCLEX Workshops so NCSBN, in conjunction with the state boards of nursing, can provide detailed information about the NCLEX to interested parties and nursing educators. We were especially pleased to work with the Ohio Board of Nursing to offer the NCLEX Workshop this year and include information about NGN."

For more information on NGN, please see [www.ncsbn.org/nextgenerationnclex](http://www.ncsbn.org/nextgenerationnclex) for updates, frequently asked questions, and the research behind the project.



*Photos by Gregory Lewis*

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  - Choose the **Login / Create an Account** option.
  - Choose the **"I HAVE A LICENSE"** button.
3. Log in to your account and click on the link **"Options"** found in the License box.
4. Click on the link **"Change Name."**
5. Upload one of the certified court records listed below:
  - Marriage Certificate/Abstract
  - Divorce Decree
  - Court Record indicating change of name
  - Documentation from another state/country consistent with the laws of that jurisdiction
6. Press **"Submit"**. Requests received online are processed in 2-3 business days.



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  - Choose the **Login / Create an Account** option.
  - Choose the **"I HAVE A LICENSE"** button.
3. Log in to your account at <https://elicense.ohio.gov> and
4. Click on the link **"Options"** found in the License box.
5. Click on the link **"Change Address."**
6. Press **"Submit"**. Your address change will be automatically applied to your license or certificate.

Note: If you do not follow these instructions, your address will not be updated on the public portal and you may not receive any correspondence from the Board.

For questions, 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](mailto: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.



# Fact:

Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

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This resource was created with support from Roche Diagnostics Corporation.

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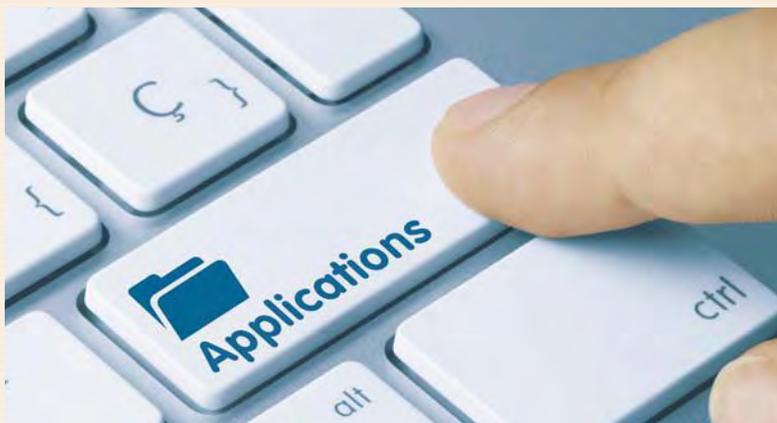
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# ATTENTION NURSING AND TRAINING PROGRAM EDUCATORS:

## Understand legal limitations if asked to assist students in completing applications for licensure or certification

Under Section 4723.28(A), Ohio Revised Code (ORC), if the Board finds a person committed fraud, misrepresentation, or deception in applying for or securing any nursing license or dialysis technician certificate issued by the Board, the Board may deny, revoke, suspend, or place restrictions on the license or dialysis technician



certificate issued by the Board; reprimand or otherwise discipline a holder of the license or dialysis technician certificate; and/or impose a fine of not more than five hundred dollars per violation.

An applicant for a license or certificate issued by the Board may be found to have committed fraud, misrepresentation, or deception in applying for or securing the license or certificate when the applicant does not accurately answer all questions on the application. This includes the compliance questions that ask, for example, whether the applicant has ever been “convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for . . . a felony in Ohio, another state, commonwealth, territory, province, or country?”

In addition, Section 4723.28(B)(16), ORC, authorizes the Board to discipline a licensee for violation of Chapter 4723, ORC, or any rules adopted under it. Rule 4723-4-06(P)(1), Ohio Administrative Code (OAC), states that a licensed nurse shall not make any false, misleading, or deceptive statements, or submit or cause to be submitted any false, misleading or deceptive information, or documentation to the Board. An applicant completing a renewal application

may violate this rule.

*In addition, the Board may also discipline any licensed nurse who assists an applicant in submitting an application to the Board, if the Board finds that the nurse, in assisting the applicant, makes any false, misleading, or deceptive statements, or*

submits or causes to be submitted any false, misleading or deceptive information, or documentation to the Board. If, for example, it is found that a nursing education program administrator or educator assisted an applicant in completing an application or directed the applicant in how to complete an application that includes any false, misleading, or deceptive statements, the program administrator may be found to have violated Rule 4723-4-06, OAC, depending upon the particular circumstances.

Applicants for licensure or certification by the Board, who have questions regarding criminal history, should carefully review resources available on the Discipline and Compliance page of the Board website including the Criminal History Fact Sheet. Licensed nurses, including program administrators and educators of all licensure and certificate applicants, are advised to direct applicants with questions about how to complete an application, to Board resources including the Criminal History Fact Sheet, available at: [http://www.nursing.ohio.gov/PDFS/Discipline/CRIMINAL\\_HISTORY\\_FACT\\_SHEET-July\\_2013.pdf](http://www.nursing.ohio.gov/PDFS/Discipline/CRIMINAL_HISTORY_FACT_SHEET-July_2013.pdf)

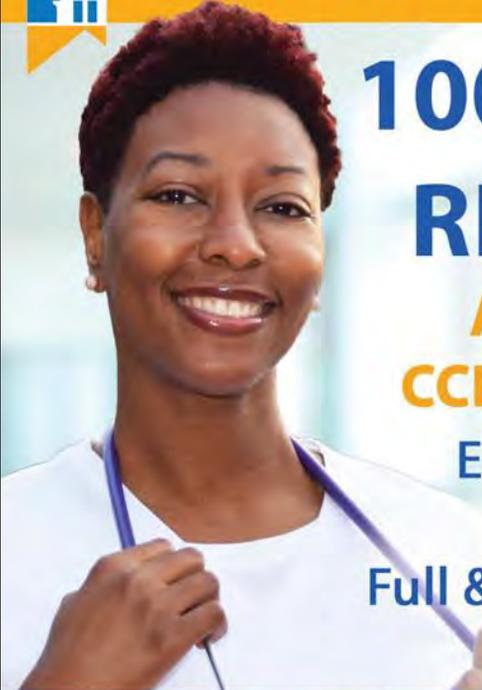
Applicants who have questions after review of the Criminal History Fact Sheet should direct those questions to [discipline@nursing.ohio.gov](mailto:discipline@nursing.ohio.gov).



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# Meet a Member of the Board



**Erin Keels,  
DNP, RN, APRN-CNP**

## **When were you appointed as a Board member?**

I was appointed to the Board of Nursing by Governor Kasich on June 14, 2017. After being appointed to the Board, the Board appointed me as the Board member representative to the Advisory Committee on Advanced Practice Registered Nursing and the Advisory Committee elected me as Chair on October 2, 2017.

## **Why did you want to become a Board member?**

I wanted to become a Board member to give back to the nursing profession. I am very proud to be a nurse and passionate about providing evidence-based, high quality and safe care. Nursing plays an important role in many of the crucial topics that surround and impact Ohioans - from the opiate crisis to infant mortality to access to health care. I would like to contribute to developing solutions to these issues.

## **What is your nursing background?**

My mother was an Army nurse, and after discharge, she practiced in the adult cardiac ICU in our hometown. I remember walking to her hospital after school and waiting for her to finish her shift many days. I got to meet her nursing colleagues, physicians and others who worked with her. A career in nursing is all I truly considered while growing up. I graduated with my BSN from The Ohio State University, and have worked in neonatology my entire nursing career. I initially practiced as a staff RN in the Neonatal Intensive Care Unit at Nationwide Children's Hospital before becoming a Neonatal Nurse Practitioner. Over time, I gained additional leadership experience from my advanced practice role as well as serving as a Clinical Lead and then Manager of the Neonatal Practitioner Program. I currently fill the role of the Director of Advanced Practice in Neonatology and graduated with my Doctorate of Nursing Practice in 2016. My everyday mission is to ensure that the neonatal APRNs who care for babies and families in the NICU at my organization are highly competent, effective and safe (and they are!). My interest and training in quality improvement and evidence-based practice (EBP) have allowed me to participate in projects aimed at improving patient and family outcomes and developing clinical practice guidelines at the local, state and national levels.

## **What do you believe you can bring to the Board of Nursing?**

As other APRNs who were or are members of the Board, I bring the APRN and APRN leader perspectives. There are nearly 17,000 APRNs in Ohio, and with the implementation of HB 216, two APRN members have been formally appointed to the Board to help guide issues that impact APRN practice. I

am very honored and humbled to be one of those. I direct a large group of neonatal APRNs who practice in the inpatient and outpatient settings, and I am active in state and national activities that help shape APRN practice and patient care outcomes. I am able to bring these experiences and identified opportunities to the Board.

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

Between my job, volunteer work, Board work and home life, finding balance and meeting deadlines is always a challenge. Board-administered discipline has been the steepest learning curve for me. I was not aware that one in nine Board complaints is related to Substance Use Disorder (SUD) affecting nurses. Reviewing these cases carefully and balancing empathy with discipline is humbling and, at times, energy consuming.

## **How would you describe your experience as a Board member?**

So far, it has been extraordinary! I have learned a great deal about law, rules and discipline, as well as different areas of practice and nursing roles. As nurses, we serve our patients and their families, communities, and organizations. As a Board member, I am in a public servant role, which comes with a great deal of responsibility. The Board staff and members are extremely helpful and kind.

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

Do it! It's a lot of work on your off time, and takes some organization and time management, but the return on investment in personal and professional growth and development is well worth it. •

# Meet a Member of the Board

## **When were you appointed as a Board member?**

I was appointed to the Board in June 2017 by Governor Kasich.

## **Why did you want to become a Board member?**

As past-president of the Ohio State Association of Nurse Anesthetists (OSANA), I realized that by engaging the diverse aspects of nursing practice, there is an opportunity to elevate our profession as a whole. I am interested in promoting excellence in nursing by advancing all specialties. Nurses in all fields have untapped potential to contribute maximally to patient care by utilizing our full scope of education and training.

## **What is your nursing background?**

I began my nursing career as an emergency room nurse in 1985. I worked in Pennsylvania and Ohio before returning to school to become a certified registered nurse anesthetist (CRNA) in 1991. Since then, I have practiced in very diverse settings from solo practice such as critical access hospitals to being part of an anesthesia care team in large university settings. Recently, I returned to school obtaining an MBA and a DNP from Ursuline College in Pepper Pike, Ohio.

## **What do you believe you can bring to the Board of Nursing?**

As an APRN and CRNA I bring the perspective of a specialized field of study. There are so many avenues a professional nurse may pursue. With focused attention, the proper education, and skills development, the largest segment of the healthcare workforce has so much to offer particularly as the United States struggles to reform healthcare.

Professional nurses should be at the forefront of this reform as experts in bedside patient care.

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

One of the biggest challenges for me has been adjusting to the governmental process. My learning curve is in understanding the regulatory nature of the Board to protect the public while balancing my desire to advocate for all those licensed and certified under the Board of Nursing.

## **How would you describe your experience as a Board member?**

Even before I was formally introduced to my role, or any of the personnel, the staff at the Ohio Board of Nursing was there to help me navigate my transition. Chief Legal Counsel Ms. Holly Fischer, Executive Director Ms. Betsy Houchen, Executive Assistant Ms. Margo Pettis, and Legislative Liaison Mr. Tom Dilling specifically helped me transition from my role as President of OSANA to that of a Board member. My mentor, Ms. Nancy Fellows, continues to offer invaluable day-to-day insight of what my position entails. The entire Board and staff have been very welcoming, helpful, and patient as new members learn to navigate the system.

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

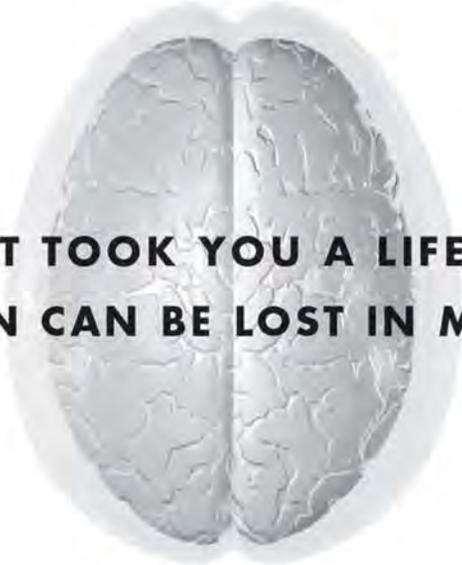
Being appointed to the Board of Nursing by Governor Kasich has truly been an honor. I recommend anyone interested in contributing to promoting excellence in nursing for Ohio citizens to consider seeking an appointment. This position requires a considerable time commitment with scheduled meetings in Columbus, not to



**Barbara Douglas,  
RN, APRN-CRNA**

mention the work each of us contributes from home on the weeks in between. This is definitely a working board! •





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# LICENSED PRACTICAL NURSES (LPNs) RENEWAL 2018

If you hold an active LPN license in Ohio, your current license is valid through October 31, 2018. LPN renewal begins on July 1, 2018. The 2018 renewal will be the second LPN renewal completed online in the new 3.0 Ohio eLicense system, a comprehensive professional regulatory license system used by a variety of state licensing boards.

It is estimated over 55,000 LPN licenses will renew from July 1, 2018 through October 31, 2018. The earlier you renew, the better chance you have to avoid issues with your license close to the renewal deadline. 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.

## Renew Timely

- 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 to complete the application may prevent you from renewing timely.
- If you wait to renew until close to the September 15th fee deadline and encounter any difficulties or cannot provide all the information, the application will be incomplete and you will then pay a late fee on or after September 16, 2018. The late processing fee is the \$65 renewal fee plus an additional \$50 fee. The total late renewal fee is \$115.
- If you wait to renew until close to the October 31st deadline and encounter any difficulties or cannot provide all the information, the application will be incomplete and your license will *lapse* on November 1, 2018. **You cannot work as a nurse as long as your license is lapsed.** You must then apply for *reinstatement* of your license. The *reinstatement* process takes additional time to process. Please take the necessary steps to avoid this happening to you. Renewing early is a great place to start.

## Must pay by Credit or Debit

- Fees must be paid online at the time of renewal. Use Master Card, VISA or Discover credit or debit cards. If you do not have this type of personal credit or debit card, you can obtain these pre-paid cards at local stores to use for renewal.
- If the fee is not paid when you submit your application, the application will be incomplete and will not be processed until you submit all required fees. All fees are non-refundable.

## Additional Information May Be Required

- If you are asked to provide documentation of citizenship, 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 and then realizing you do not have all the information and in the form needed to upload the documents electronically through the online system will prevent you from renewing.
- Incomplete renewal applications cannot be accepted by the system. If all required documents are not provided electronically, the renewal application is incomplete and will not be processed.

## Continuing Education Renewal Requirements

- You must meet the continuing education (CE) requirements by October 31, 2018 in order to be in compliance with your CE obligations to maintain licensure.

**Watch for additional information regarding LPN renewal by checking the Board website at [www.nursing.ohio.gov](http://www.nursing.ohio.gov). Also on the website, click on “Subscribe to eNews, Facebook, and Twitter” to sign up to receive Board updates and alerts regarding renewal. Thank you for your cooperation and assistance in making this renewal a success. •**

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# ADVISORY GROUPS AND COMMITTEES

All meetings of the advisory groups are held in the Board office. If you wish to attend one of these meetings, please contact the Board office at 614-466-6940 or [board@nursing.ohio.gov](mailto:board@nursing.ohio.gov) to confirm the location, date or time.

## Advisory Committee on

**Advanced Practice Registered Nursing** – Chair: Erin Keels, DNP, RN, APRN-CNP  
January 29, 2018, June 11, 2018, October 1, 2018

**Advisory Group on Continuing Education** – Chair: Lauralee Krabill, RN  
March 23, 2018, September 28, 2018

**Advisory Group on Dialysis** – Chair: Barbara Douglas, RN, APRN-CRNA  
March 5, 2018, June 7, 2018, October 4, 2018

**Advisory Group on Nursing Education** – Chair: Patricia Sharpnack, DNP, RN  
February 1, 2018, June 14, 2018, October 11, 2018

**Committee on Prescriptive Governance** – Chair: Sherri Sievers, DNP, APRN-CNP  
March 5, 2018, July 23, 2018, October 29, 2018

Current Members Ohio Board of Nursing City	Term Expires	Current Members Ohio Board of Nursing City	Term Expires	Current Members Ohio Board of Nursing City	Term Expires
Patricia A. Sharpnack, DNP, RN Chardon	<i>President</i> 2017	Nancy Fellows, RN Willoughby Hills	2020	Lauralee Krabill, RN Sandusky	2017
Brenda K. Boggs, LPN, Germantown	<i>Vice President</i> 2019	Erin Keels, RN, APRN-CNP Columbus	2018	Maryam Lyon, MSN, RN Sidney	2017
Janet Arwood, LPN Hilliard	2017	Lisa Klenke, RN Coldwater	2019	Sandra A. Ranck, MSN, RN Ashtabula	<i>Supervising Member</i> 2018
Matthew Carle, JD, Consumer Member Blacklick	2019	J. Jane McFee, LPN Perrysburg	2017	Joanna Ridgeway, LPN Hilliard	2018
Barbara Douglas, RN, APRN-CRNA Chardon	2020				

# VOLUNTEER NURSING CERTIFICATE

In 2015, the Ohio General Assembly enacted legislation to authorize the Board to issue Volunteer Certificates. Section 4723.26, Ohio Revised Code (ORC), sets forth the requirements.

An individual who holds a lapsed license as a licensed practical nurse, registered nurse or advanced practice registered nurse issued by the Board or by a jurisdiction of the National Council of State Boards of Nursing may be issued a Volunteer Certificate. The holder of a Volunteer Certificate may provide nursing services to indigent and uninsured persons, at any location including a free clinic, but may not accept any form of remuneration.

An individual interested in obtaining a Volunteer Certificate must provide evidence that they have maintained a valid, unrestricted license in a jurisdiction in the United States or in one or more branches of the United States armed forces for at least 10 years prior to retirement. Other application requirements include continuing education and background checks. There is no fee to apply for a Volunteer Certificate. Please email [licensure@nursing.ohio.gov](mailto:licensure@nursing.ohio.gov) if you have questions, or refer to Section 4723.26, ORC. •

# 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](http://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.

## November 2017 Monitoring Actions

Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1
Aicone	Tiffany	P.N.	149934	Igo	Holly	R.N.	328479	Schaefer	Nicole	R.N.	261251
Anekwe	Ngozichukwu	R.N.	388571	Kinney	Kelly	R.N.	262479	Shiflet	Elizabeth	R.N.	389368
Bentley	Trudy	P.N.	107027	Kolanko	Lindsay	R.N.	333176			P.N.	133634
Blackburn	Sandra	R.N.	335250	Kumpf	Melissa	R.N.	341088	Shortridge	Aryn	R.N.	357772
		CNP	020836	Lackey	Kaliah	P.N.	156897			P.N.	124249
Blommel	Samantha	R.N.	346014	Lawrence	Charles	R.N.	318418	Sinistro	Celeste	R.N.	165430
Brooks	Michelle	CHW	000874	Legner	Aimee	P.N.	145538	Smith	Lisa	P.N.	099099
Burns	Tanessa	R.N.	358276	Loeffler-Augustine	Christina	R.N.	298049	Snyder	Angela	R.N.	348043
Chandler	Jaimie	R.N.	318124	Lopez II	Jimmy	P.N.	156254			CNP	13831
Collene	Crystal	R.N.	372030	Lundquist III	Glenn	R.N.	423297	Stapleton	Devin	R.N.	407976
Collins	Tracey	R.N.	375917	Marsh	Robin	P.N.	093632			P.N.	148290
Corbin	Lisa	R.N.	311557	Martinez	Christie	R.N.	350186	Stephenson	Kimberlee	R.N.	277061
Cunningham	Jennifer	P.N.	113185	McKinney	Amber	P.N.	154876	Stinson	Theresa	R.N.	285950
Dagani	Matthew	R.N.	356942	Meade	Gail	P.N.	114223			P.N.	099438
Dailey	Kellie	R.N.	317463	Miller	Kristina	R.N.	315947	Storey	Alicia	D.T.	003599
Davis	Kenyetta	P.N.	166278	Milner	Jessica	R.N.	404970	Sumpter	Kimberly	R.N.	316607
Denton	Deandra	P.N.	158444	Moodie-Adams	Claudia	R.N.	316369	Taylor	Bradley	R.N.	319048
Dunham	Brittany	R.N.	424880	Moore	Mary	R.N.	330004	Uland	Amanda	R.N.	350509
		P.N.	150930	Moore	Michelle	R.N.	411994			P.N.	113435
Fegatelli	Gina	R.N.	267776			P.N.	109532	Vandyne	Jesse	R.N.	359657
		CNP	10456	Mulloney	Christopher	R.N.	290124	Vanpelt	Allison	P.N.	126565
		CTP	10456	Naylor	Kathleen	R.N.	368630	Varnedell	Shelby	R.N.	390114
Gavaliar	Kara	R.N.	261582	Nott	Amy	R.N.	407573	Villamor-Goubeaux	Eva	R.N.	312254
Gieseey	Crystal	R.N.	406292	Orr	Ashley	P.N.	150341			CNP	16047
		P.N.	131473	Owens	Callen	R.N.	355665	Waid	Candace	R.N.	395694
Griffin	Crystal	P.N.	135244	Peake	Carol	R.N.	177151			P.N.	108571
Grindstaff	Cindy	R.N.	358536			CNP	09813	Ward	Susan	P.N.	078080
Gronostaj	Jenny	R.N.	363299			CTP	09813	Washington	Angela	R.N.	252986
Hashman	Justin	R.N.	346061	Peretti	Jason	R.N.	337714			CNP	09775
		P.N.	125166	Perry	Felecia	P.N.	151002	Weber	Brian	R.N.	333000
Hayes	Sheena	D.T.	005452	Perry	Kimberly	P.N.	141638	Webster	Vickie	R.N.	250293
Heuss	Christine	R.N.	336113	Pinkelman	Katherine	R.N.	363947	Whitsel	Danielle	R.N.	308707
Hice	Lauren	R.N.	366021	Porter	Tammy	P.N.	130167			CNP	12409
Holman	Tonesia	R.N.	421617	Puz	Diana	R.N.	424820	Williams	Darlean	P.N.	086365
		P.N.	139071	Quinnie	Carolyn	R.N.	175681	Williams	Sheneda	R.N.	433552
Homa	James	R.N.	253436	Reho	Kimberly	R.N.	229647	Wilson	Amanda	P.N.	159264
Hoppes	Tiffany	R.N.	287099			CNP	14337	Wilson	Carol	R.N.	205188
Hudson	Teaira	DTI	005296	Sanford	Carla	P.N.	148926	Zolensky	Jenna	R.N.	372514
Hunt	Marsha	P.N.	147634								

## November 2017 Disciplinary Actions

Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1
Adams	Lisa	P.N.	094210	Barcellona	Carmela	P.N.	144047	Book	Sheila	P.N.	110524
Allen	Kimberly	P.N.	139267	Barlas	Carolyn	P.N.	152313	Booker	Mark	R.N.	311649
Allen	Lisa	R.N.	NCLEX	Basham	Kamberlyn	R.N.	376048			CRNA	16616
		P.N.	109854	Bayman	Heather	R.N.	304282	Bosner	Kelsie	P.N.	159951
Andrews	Kimberly	P.N.	090451	Beachy	Terra	R.N.	317224	Bowles	Laura	R.N.	331434
Arceneaux	Amy	R.N.	257368	Bender	Patricia	P.N.	090984	Bowling	Mary Beth	P.N.	107906
Archbold	Cassidy	P.N.	134078	Bennett	Tessa	P.N.	145711	Brett	Michael	P.N.	144508
Archer	Molly	R.N.	371754	Bergs	Diedra	P.N.	080346	Brown	Kelly	R.N.	278288
Badenhop	Brenda	P.N.	109208	Berry	John	R.N.	416661	Browning	Amy	R.N.	237161
Baker	Leandrea	P.N.	131631	Bey	Michelle	P.N.	152026	Bryan	Anna	R.N.	366920
Baker	Veronica	P.N.	121771	Black	Amber	R.N.	377530			P.N.	115768
Baker	Wendi	P.N.	117856	Blake	Patricia	R.N.	149651	Burke	Jennifer	R.N.	311546
Ballenger	Catherine	R.N.	376909	Boeing	Melissa	R.N.	312869	Butterbaugh	Willa	P.N.	104819
Banks	Shaunitha	R.N.	310116	Bolin	Charlie	R.N.	378829	Calhoun	Rebecca	P.N.	156076

## November 2017 Disciplinary Actions

Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1
Calloway	Amy	P.N.	103540	Holland	Christian	P.N.	endorse	Murray	Eva	R.N.	424359
Camardo	Diana	R.N.	196369	Holt	Stefanie	R.N.	407537	Myers	Jennifer	R.N.	381589
Carroll	Tonya	P.N.	132605	Horn	Connie	P.N.	114508	Nagy	Carol	R.N.	endorse
Centifanti	Christine	R.N.	181134	Hovinga	Lindsey	R.N.	382969			P.N.	035701
Chrisman	Matthew	R.N.	312921			P.N.	127268	Naxer	Margaret	R.N.	197203
Christensen	Laura	R.N.	365749	Howard	Toni	R.N.	418245	Neice	Elizabeth	P.N.	116956
Christopher	Deborah	R.N.	132030	Howell	Misty	P.N.	129347	Newton	Lola	P.N.	129658
Clarke	Rodger	R.N.	196794	Hughey	Rebekah	P.N.	097798	Nogueira	Rae	R.N.	304847
Coke	Amanda	P.N.	NCLEX	Hull	Heather	R.N.	endorse	Nolta, Jr.	Everett	R.N.	398596
Cole	Kimberly	P.N.	139165	Inal	Jennifer	R.N.	337878			P.N.	143688
Collins	Angela	P.N.	158699	Iudiciani	Stefanie	P.N.	150336	Norris	Donald	P.N.	164562
Compston	Christina	P.N.	147432	Jeffers	Megan	P.N.	148476	Norris	Stacy	P.N.	154628
Comstock	Randall	P.N.	141250	Jeter	Christian	P.N.	NCLEX	Oboczky	Michelle	P.N.	098414
Courtney	Ciara	P.N.	149611	Johnson	Heather	P.N.	094735	Ordway	Karen	P.N.	102563
Craemer	Glenn	R.N.	379225	Johnson	Sara	R.N.	387546	Orme	Sheila	P.N.	108142
Cross	David	R.N.	409728	Johnson	Toya	P.N.	160985	Orr	Laurie	R.N.	217322
Crutcher	Lisa	R.N.	376716	Jones	TaSheena	P.N.	149705	Osting	Amber	P.N.	124301
Cupps	Rita	R.N.	233002	Justice	Derek	R.N.	300970	Otto	John	P.N.	155662
Daniel	Jennifer	P.N.	102631	Kavanagh	Stacey	P.N.	132249	Owens	Tera	P.N.	158947
Davis	Alisa	R.N.	279196	Kenton	Celia	P.N.	139328	Parker	Sherria	R.N.	410700
Davis	Alyssa	R.N.	392367	Kessel	James	P.N.	135241	Pearce	Tiffany	R.N.	374594
Davis	Brytany	P.N.	158837	Keys	Jacyia	P.N.	149150	Peters	Teresa	R.N.	209611
Days	Kathy	R.N.	231225	King	Karen	P.N.	098035	Petit	Sherry	R.N.	277389
Delisle	Eva	R.N.	373086	Klosterman	Angela	P.N.	155631	Petry	Leandra	R.N.	442305
Dennison	Christina	P.N.	134261	Kostoff	Randi	R.N.	374172	Pierce	Ann	P.N.	111661
Desimone	Susan	R.N.	150732	Kubicina	Kourtney	R.N.	424629	Pierce	Antonice	P.N.	112153
Dock	Amy	R.N.	344179	Kuehner	Amberly	R.N.	282608	Pitoscia	Rocky	R.N.	351068
Dodge	Ashley	R.N.	371584	Lamancusa	Brenda	P.N.	119213	Porter	Mara	R.N.	412935
Draudt	Steffi	P.N.	156401	Langenkamp	Amanda	P.N.	164208	Post	Julia	R.N.	300282
Eckard	Michelle	R.N.	NCLEX	Lanham	Rachelle	R.N.	305366	Postel	Lindsey	R.N.	431812
Eckenroad	Carrie	P.N.	111845	Larocco	Cheryl	P.N.	099344	Powih	Newman	P.N.	151752
Elahee-Lee	Loree	R.N.	277899	Latham	Lori	P.N.	163685	Puthoff	Scott	P.N.	133807
		P.N.	091169	Lauer	Norma	R.N.	232270	Qvick	Kelsie	P.N.	155770
		CNP	10764	Laughman	Linda	R.N.	191349	Rachford	Lori	R.N.	290612
		CTP	10764	Lawson	Earl	R.N.	289088	Radtke	Michael	P.N.	101525
Esquivel-Rodriguez	Amanda	R.N.	NCLEX	Loos	Lori	R.N.	387837	Ragone	Maria	R.N.	405636
		P.N.	114304			P.N.	131739	Rankin	Pamela	R.N.	320541
Estep	Sabrina	R.N.	407611	Love	Tonya	P.N.	105495	Raymond	Kristen	R.N.	383255
Evans	Megan	R.N.	412204	Lyell	Christine	R.N.	369615	Riddle	Robin	R.N.	228136
Fee	Brian	R.N.	416484	Lynn	Joseph	R.N.	363192	Rivera	Raynita	P.N.	154886
Fessenmeyer	Tracy	P.N.	157767	Maitlen	Mindee	P.N.	123033	Robertson	Rachel	R.N.	288030
Finnegan	Cindi	R.N.	265591	Marcum	Leanna	P.N.	162721	Rockwell	Johanna	R.N.	188485
Fitzpatrick	Misty	P.N.	155403	Marlowe	Shauna	R.N.	411105	Rogers	Andrea	R.N.	295414
Flaherty	Tamara	P.N.	155406			P.N.	148350	Rogers	Brenda	P.N.	103164
Flynn	Natalie	R.N.	266263	Martin	Karen	R.N.	297077	Rowe	Leslie	P.N.	142114
		CNP	09772	Mason	Tammy	R.N.	299518	Salak	Diane	R.N.	176621
		CTP	09772	Massie	Leona	P.N.	126615	Sams	Cecilia	R.N.	153146
Ford	India	R.N.	413338	Mastin	Julie	R.N.	379120	Satyshur	James	R.N.	407973
		P.N.	155902	Maurath	Tracy	P.N.	146524	Saunders	Shelley	R.N.	406855
Garcia-Rios	Nadine	P.N.	098244	Maxwell	Amanda	R.N.	375887			P.N.	111432
German	Denise	R.N.	247866	McAfee	Alfreda	R.N.	373605	Savon	Jacque	P.N.	157475
Getz	Debra	R.N.	320542	McClain	Kassandra	P.N.	149510	Schmania	Thomas	R.N.	409888
Gibson	Dawn	R.N.	328740	McDonald	Kristen	R.N.	385753			CRNA	17070
Gochenauer	Christina	R.N.	323846	McDowell	Steven	P.N.	138909	Schott	Christine	R.N.	216987
Goetz	Margaret	R.N.	159619	McIlwain	Craig	R.N.	259042	Seales	Annemarie	R.N.	291479
Goins	Mischka	P.N.	119956	McLain	Dena	P.N.	138126	Sellman	Lee	R.N.	326267
Gomez	Veronica	P.N.	132508	McNamara	Shannon	R.N.	371458	Semelsberger	Dawn	R.N.	260510
Goodman	Felicia	P.N.	114123	Mehlman	Andrea	R.N.	305991	Shackett	Evelyn	P.N.	160823
Grasser	Renee	R.N.	290018	Meros	Julie	P.N.	125558	Shaw	Lori	R.N.	285587
Gray	Deborah	R.N.	293310	Messinger	Patricia	R.N.	422123	Sheppard	Vernia	R.N.	292322
Guzman	Nicole	R.N.	313692	Middleton	Kerri	R.N.	281266	Shrewsbury	Douglas	R.N.	398788
Haggard	Kelly	R.N.	264630			P.N.	095852			CNP	15504
Hagwood	Elissa	P.N.	158084	Miller	Pamela	P.N.	112414			CTP	15504
Hartman	Katie	R.N.	402153	Mills	Monica	R.N.	387272	Siaw	Sincere	P.N.	164210
Hazeltine	Jeremy	P.N.	132938			P.N.	144996	Siwik	Maria	R.N.	245951
Helmlinger	Angela	P.N.	110679	Mills	Trinity	P.N.	125722	Smith	Lori	R.N.	305805
Henley	Lorca	R.N.	346172	Minor	Siera	P.N.	150075	Smith	Yvonne	R.N.	NCLEX
		P.N.	121635	Miracle	Bradley	P.N.	125898			P.N.	110184
Henningsen	Jennifer	P.N.	133688	Moline	Sara	R.N.	355719	Spalding	Therese	R.N.	292985
Henry	Mark	P.N.	147147	Montero	Zachary	P.N.	161606	Spaulding	Amy	R.N.	365424
Hermiller	Lisa	P.N.	143222	Morales	Jenny	P.N.	101118	Spradlin	Wendy	R.N.	329100
Hess	Sonya	R.N.	329534	Morehart	Ryian	R.N.	405257	Stamper	Teresa	R.N.	383010
Hesser	Kacy	R.N.	endorse	Morgan	Zachary	R.N.	324742	Stawicki	Rachelle	R.N.	383762
Hettinger	Hydie	R.N.	316261	Morningstar	Diana	P.N.	117239	Stenger	Shannon	R.N.	379064
		P.N.	112063	Muloin	Michael	P.N.	106857			DT	002481

## November 2017 Disciplinary Actions

Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1	Last Name	First Name	LT1	Lic. #1
Stoy	Timothy	P.N.	149118	Vela	Lynn	P.N.	155849	Wilhelm	Kellie	R.N.	335994
Suits	April	R.N.	434582	Voorhies	Barbara	R.N.	225983	Willoughby	Angel	R.N.	356993
		P.N.	126443	Warman	Daphne	R.N.	341375	Wilson	Rebecca	R.N.	298835
Summers	Kelly	R.N.	311988	Weisburn	Megan	R.N.	358345	Wireman	Danielle	R.N.	257798
Szwed	Carissa	P.N.	150233	Wells	Emily	R.N.	347555	Witte	Ashley	P.N.	139068
Thom	Kathryn	P.N.	102485	Wells	Robert	R.N.	NCLEX	Wolf	Patricia	R.N.	302489
Tinney	Lacey	P.N.	160846	Welly	Jessica	P.N.	134795			CNP	07017
Tomaszewski	Laura	R.N.	249617	West	Kelli	R.N.	266502			CTP	07017
Townsend	Jamie	P.N.	111083	Weston	Vera	P.N.	139782	Woyame	Theresa	R.N.	237610
Treadway	Danielle	R.N.	390727	Wheeler	Tiffany	R.N.	404327	Yano	Alanna	P.N.	115870
		P.N.	106430	White	Michael	R.N.	309838	Zarick	Jennifer	R.N.	409222
Trice	Lois	DTI	applicant	Wiley	Daniel	R.N.	366966				



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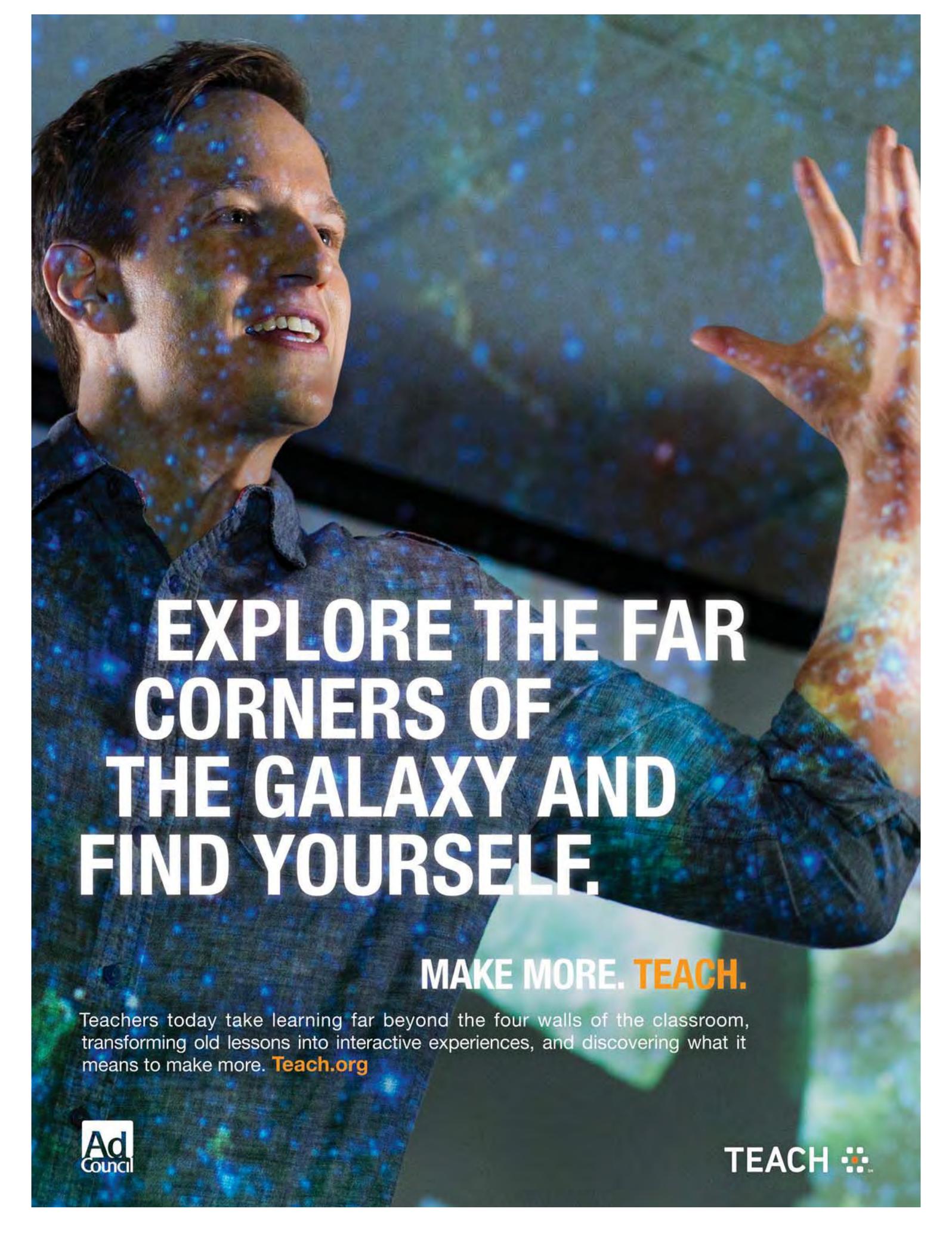
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