

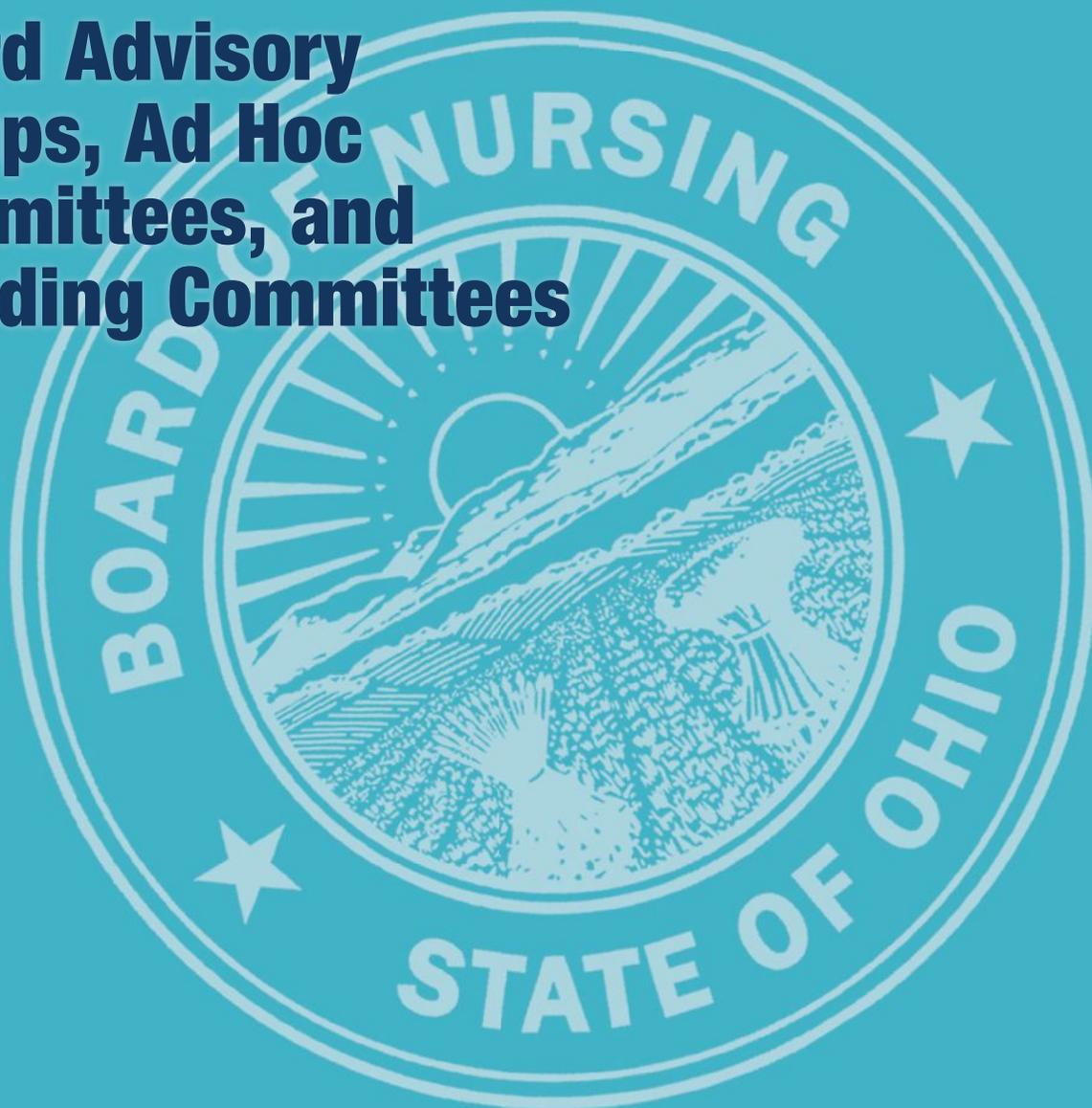
Ohio Board of Nursing

SUMMER 2019 • Volume 17 Issue 3

MOMENTUM

Official Publication of the Ohio Board of Nursing

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Groups, Ad Hoc
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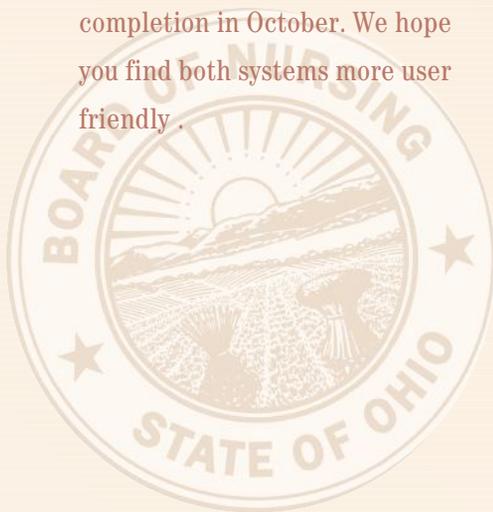
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**Patricia A. Sharpnack, DNP, RN
President**

To improve your ability to obtain information and communicate with the Board, we are pleased to announce that the Board's telephone system has been re-designed for improved navigation. In addition, the Board is re-designing the Board website, with a target date for completion in October. We hope you find both systems more user friendly.



Summer months are busy for the Board – it is the peak licensure time for new graduates and renewal begins for over 220,000 RNs and APRNs. The Board has been preparing for these peaks in licensure and renewal by working with the state's Department of Administrative Services, who oversees the eLicense system, to make IT modifications and improve the online licensing process.

To improve your ability to obtain information and communicate with the Board, we are pleased to announce that the Board's telephone system has been re-designed for improved navigation. In addition, the Board is re-designing the Board website, with a target date for completion in October. We hope you find both systems more user friendly.

Another area of licensure with increased volume this year is reciprocity. This refers to the process for licensing nurses who hold a license in another state and would like to practice in Ohio. Because the Board already has an expedited reciprocity process in place, we have been able to issue temporary permits within 2-3 days to enable nurses to practice as soon as possible while completing other requirements for licensure. We are pleased that this same system is used to prioritize temporary permits so that military personnel and their spouses also are able to begin work within 2-3 days of submitting a completed application.

Summer is a busy time in other areas of Board operations as well. For example, the Board recently adopted an administrative rule change that recognizes treatment and recovery as vital components of a comprehensive statewide plan to address the opioid epidemic. Through its Alternative Program for Chemical Dependency/Substance Use Disorder, the Board provides a non-disciplinary alternative to discipline for licensees with substance use disorders. Governor DeWine's initial budget proposal authorized the necessary funding to expand this program, which is anticipated to be approved by the Ohio Legislature. The Board anticipates this will assist nurses in their recovery so they may safely return to Ohio's workforce with appropriate safeguards. Please see the related article in this issue of the *Momentum* for additional information.

The Board started participating in the Provider Staffing and Patient Safety Advisory Committee, with various health care employers and patient centered organizations, in June. The Health Policy Institute of Ohio is convening the Advisory Committee on behalf of The Ohio State University College of Nursing Helene Fuld Health Trust National Institute for Evidence-Based Practice in Nursing and Healthcare. The purpose of the Committee is to "inform development of a policy brief that explores research on and identifies evidence-informed provider workforce staffing practices and state-level policies that contribute to improved patient safety in clinical care settings."

We hope you enjoy the summer months, and RNs and APRNs, please remember to renew your licenses as soon as possible!

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FROM THE EXECUTIVE DIRECTOR

Over 220,000 RNs and APRNs will be renewing their licenses in 2019.

From late May through June the Board emailed notifications in preparation for the start of renewal on July 1st. In addition, the Board posted detailed information on its website at www.nursing.ohio.gov, and has included articles about renewal in each issue of *Momentum*. As of July 23, 2019, we are happy to report that 67, 217 licenses have been renewed.

To assist our efforts in communicating with you, please take a moment to be sure the Board has your current email address. To update your email address, log into your Ohio eLicense account; click on your name in the right corner; and click "Manage Profile." If you experience difficulties, call the Customer Service Center at (614) 466-3947, and select Option#1.

If you need to re-set your password because you forgot it or it has expired because you have not used the Ohio eLicense system within 12 months, please see if you are able to log into your account at <http://elicense.ohio.gov>. If you are not, re-set your e-mail address by clicking on "Forgot your password?" and entering your email address; then check your email for a password reset link from elicense-noreply@das.ohio.gov. Please check to be sure these emails are not going into your "junk" email.



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

Below is a summary of important resources that are available for renewal:

- **Ohio eLicense system FAQs:** https://elicense.ohio.gov/OH_SupportPage.
- **Assistance:** Call the Customer Service Center (CSC) at (614) 466-3947 and select "Option 1" (weekdays 8am-5pm, except for holidays). CSC will assist with passwords, email addresses, registration, logging in, or eLicense navigation.

For other questions, email renewal@nursing.ohio.gov. CSC will have extended coverage at various times during the renewal cycle and the information will be posted on the Board website. To contact CSC 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.

- **To check your renewal status:** If you are unsure of your renewal status, please go to https://elicense.ohio.gov/oh_verifylicense. If it shows an expiration date of this year, it means you have not started to renew; you have not completed the renewal process; or you have not placed your license on inactive status.
- **If you do not intend to practice** you can place your license on "inactive" status. There is no fee to place your license on inactive status. Go to www.nursing.ohio.gov and click on "License Inactivation."

To assist our efforts in communicating with you, please take a moment to be sure the Board has your current email address. To update your email address, log into your Ohio eLicense account; click on your name in the right corner; and click "Manage Profile." If you experience difficulties, call the Customer Service Center at (614) 466-3947, and select Option #1.

We encourage you to renew well ahead of the effective date of the late processing fee, September 16th, and the end of renewal, October 31st.

These are the peak times for nurses to renew, and for calls or emails to the Board. Renewing early helps reduce the volume of questions and allows the Board to serve you better.

Please subscribe to eNews, Facebook, or Twitter to receive weekly renewal tips. In June, the Board began sending weekly licensure tips through eNews and social media. Go to the website at www.nursing.ohio.gov to subscribe so you will receive the information.

We thank you for working with the Board to make this a successful renewal cycle!

QUICK TIP OF THE MONTH

RN AND APRN RENEWAL JULY 1, 2019 THROUGH OCTOBER 31, 2019

The Board sends renewal and licensure information, notifications, and reminders to your email during the renewal period. Please adjust your junk or spam folder settings to accept Board and State of Ohio eLicense emails or check your junk and spam folders periodically to ensure that you are not missing important messages from the Board or the State of Ohio eLicense system.

Details about renewal are included in this issue of *Momentum*. And did you know you can receive weekly renewal tips through eNews, Facebook or Twitter? Sign up at www.nursing.ohio.gov.





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THE PRACTICE OF NURSING AND SCOPES OF PRACTICE

“The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.” The position statement adopted by the Board of Nursing in April 2019, “The Practice of Nursing and Scopes of Practice,” begins with this mission. The position statement reaffirms the Board’s support for licensees practicing to the full extent of their licensed scope of practice, as determined by the Ohio legislature and administrative rules.



In adopting the statement, the Board referenced, “Changes in Healthcare Professions’ Scope of Practice: Legislative Considerations,” a publication by the National Council of State Boards of Nursing (NCSBN) resulting from a collaborative effort by representatives from six healthcare regulatory organizations. Both the Board statement and the NCSBN publication are available on the Board website at www.nursing.ohio.gov under the practice page for RNs and LPNs, and the practice page for APRNs. Click here for a direct link to the NCSBN publication http://www.nursing.ohio.gov/PDFS/Practice/NCSBN-Scope_of_Practice.pdf.

The following is the full text of “The Practice of Nursing and Scopes of Practice” statement:

- The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care. The public expects nurses to obtain an adequate level of educational preparation, follow established practice standards, and provide competent nursing care. They also expect the Board to address unsafe practitioners so vulnerable populations, who nurses serve, are protected. Board operations are designed to meet these public expectations.

The Board recognizes nurses as a highly valued and integral part of the health care system, and supports nurses practicing to the full extent of their licensed scope of practice as defined in

the Nurse Practice Act and administrative rules.

- Scopes of practice and regulatory requirements are specified in the Nurse Practice Act, Chapter 4723., Ohio Revised Code, and administrative rules, Chapters 4723-1 through 4723-27, Ohio Administrative Code.
- The scope of practice of licensed professionals is statutorily defined in state laws through practice acts. State legislatures have the authority to adopt or modify practice acts and scopes of practice.
 - The Board follows the direction of the legislature which establishes scopes of practice for the health care professions. The legislature grants the Board legal authority to regulate, not advocate on behalf of the nursing profession.
 - As health care continues to evolve and develop, legislative bodies consider changes to law to maximize the use of health care practitioners while ensuring nursing services are provided in a safe and effective manner to protect the public.
- As health care evolves, nurses may encounter new procedures, activities, or tasks and they may question if these may be performed as part of and within their scope of practice.
 - The Board provides Decision-Making Models based on relevant statutes and rules to assist nurses in making these types of decisions. Decision-Making Models are guides for determining whether a specific procedure, task, or activity is within the nurse’s scope of practice and if so, is consistent with the standards of practice, appropriate to perform based on the nurse’s knowledge and skills and is appropriate based on the clinical setting.
- Through its work with the Ohio Action Coalition, the Board has been pleased to support and advance nursing practice and the recommendations of the IOM Report: *The Future of Nursing*.
 - The Board looks forward to continuing this work through the Ohio Action Coalition in advancing the “*Future of Nursing 2020-2030*.”

The Nurse Practice Act, administrative rules, and Decision-Making Models are available at www.nursing.ohio.gov and Board staff is available to respond to practice questions through practice@nursing.ohio.gov or practiceAPRN@nursing.ohio.gov.

Marshall University School of Nursing Faculty Position

Marshall University School of Nursing is seeking a highly qualified candidate to direct and teach in the new online **Doctor of Nursing Practice (DNP) Program**. This position is a full-time, twelve (12) month, tenure track position. We are seeking an innovative and talented individual actively engaged in evidence-based practice, teaching, and scholarship. This position will hold the administrative title of Doctor of Nursing Practice Program Director. The DNP Program Director will be part of the School of Nursing's leadership team and report to the School of Nursing's Chair. The position begins August 17, 2019 and the program anticipates admitting the first class August 2020.

Qualifications:

Candidates must hold a DNP degree with national board certification as a Family Nurse Practitioner (FNP). Candidates should have evidence of expertise in clinical practice, evidence of excellence in didactic and clinical teaching at the graduate level, and a record of scholarship. Preferred eligibility for rank of Associate Professor.

Duties and Responsibilities Include:

- Lead in scholarship, education, and service
- Responsible for the accreditation process of the DNP program
- Work with full-time and part-time faculty
- Curricular development, revision, and evaluation
- Responsible for the day to day operation of the program
- Develop a program budget and maintain program expenses within the final approved budget
- Active engagement in student recruitment, admission and progression
- Seek external funding for programmatic enhancements
- Establish partnerships to further the mission of the program
- Lead evaluation of program and student outcomes

Application Process:

Applicants should apply at <http://www.marshall.edu/human-resources/job-opportunities/> Applicants must upload a cover letter, teaching philosophy, statement of teaching and research interests, a vitae or resume (clearly identifying full and part-time employment by month and year, and clearly indicating all nursing and teaching experience), and names and contact information for three references. Candidates invited to interview must have official transcript (undergraduate and graduate) forwarded directly to the chair of the School of Nursing by their degree granting institutions prior to the interview. Any questions can be directed to Dr. Landry at landry@marshall.edu

Application Deadline:

Review of applications will begin on June 1, 2019, and continue until position is filled.

Background Check Required:

Yes



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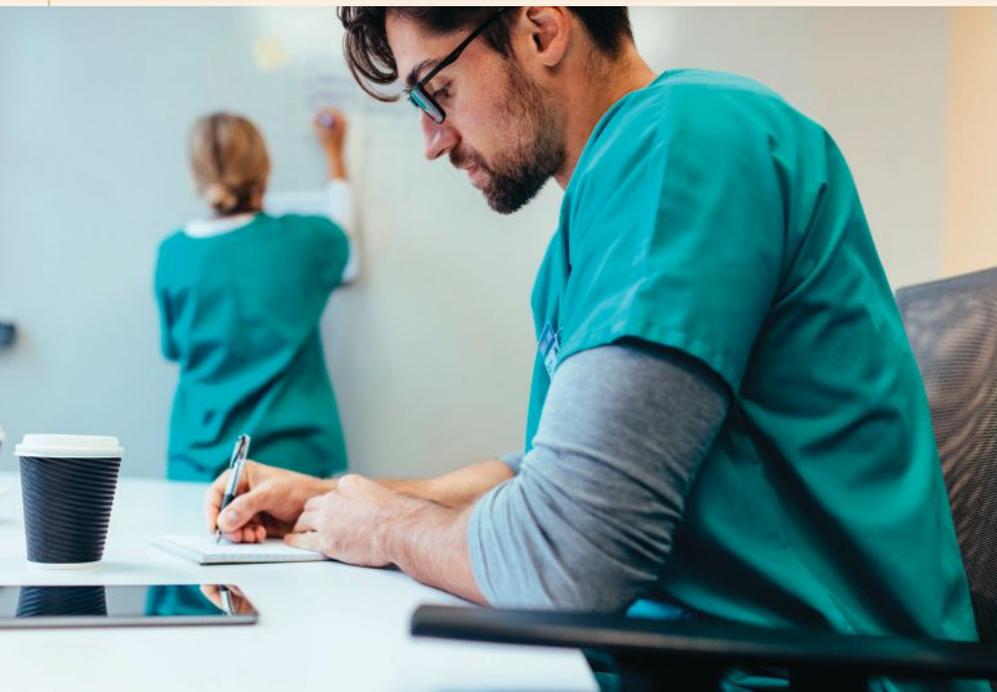
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EXPANDED ELIGIBILITY FOR THE ALTERNATIVE PROGRAM FOR CHEMICAL DEPENDENCY/SUBSTANCE USE DISORDER (AP)

The Board has provided a confidential alternative to discipline program since 1995 when the legislature adopted Section 4723.35, Ohio Revised Code (ORC), the “Alternative Program for Chemically Dependent Nurses.” At that time, the Board adopted rules to establish the parameters for the AP, including: eligibility requirements; terms and conditions for successful completion; and methods to ensure that AP records would be kept confidential. These rules were originally effective April 1, 1997.



Section 4723.35, ORC, authorizes the Board to abstain from taking disciplinary action “if it finds that the individual can be treated effectively and there is no impairment of the individual’s ability to practice according to acceptable and prevailing standards of safe care” and if the individual is in compliance with requirements of the AP program, including initially surrendering the license or certificate upon admission to the AP, and complying with the other terms and conditions of the AP. The temporary surrender of a license or certificate for purposes of participation in the AP is confidential, and is not a disciplinary action under Section 4723.28, ORC, or Section 4723.86, ORC.

Throughout the years, the Board has reviewed and audited the AP in accordance with the Board’s Strategic Plan. In 2011, the Board participated in a National Council of State Boards of Nursing Substance Use Disorder Committee that published a “Substance Use Disorder in Nursing” manual to provide practical and evidence-based guidelines for evaluating, treating and managing nurses with substance use disorder. More recently the Board discussed eligibility requirements

for the AP, including the requirement that participants have a diagnosis of chemical dependency. The Board considered that this requirement limits participation in the AP and impacts successful completion for potential participants who would otherwise be ineligible for the AP. The Board agreed to the benefit of making the AP available to individuals with substance use disorder (SUD), which includes substance abuse in addition to dependency. By encouraging entry into the AP earlier in the disease progression, participants may have a higher rate of successful treatment and completion.

The use of the term “substance use disorder” represents current and accepted terminology used by experts in the field and is consistent with the professional standards in the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition*.

In addition, the Board successfully sought an amendment to the Nurse Practice

Act to add the term “substance use disorder” and to replace references to “chemical dependency” previously found in statute. The General Assembly passed HB 119, effective March 20, 2019, making these changes.

Also, the Board discussed that the existing rules precluded an individual who was being prescribed a drug such as Suboxone® (buprenorphine and naloxone) for medication assisted treatment (MAT) from entering the AP because this medication is also considered a drug of abuse. The National Council of State Boards of Nursing Guidelines state that individuals on MAT may be eligible for alternative programs. The Board revised the administrative rules to specify that licensees who receive MAT can be eligible for the AP, effective February 1, 2019.

Based on these changes, the Board is now authorized to admit individuals to the AP who have been diagnosed with SUD, as well as individuals who are receiving MAT, as long as they also meet all other requirements of the AP. To learn more about the AP, please email alternative@nursing.ohio.gov.

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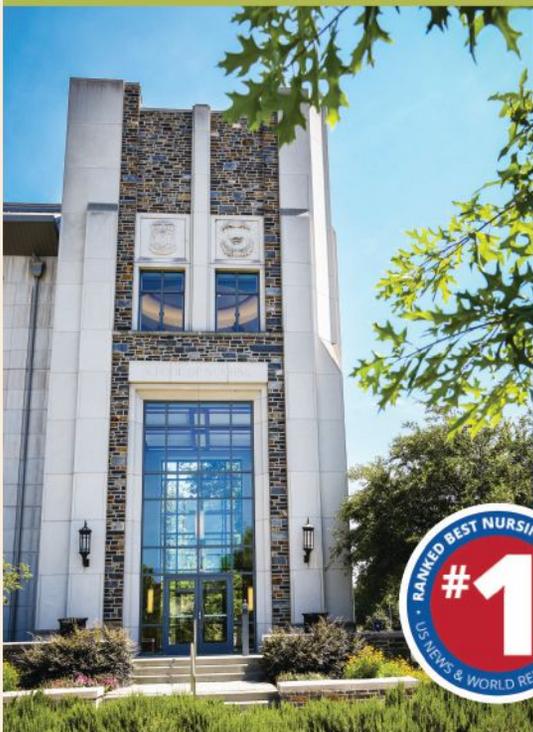
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LPN IV THERAPY AND FAQs

The Board published an article about LPN practice and IV therapy in the Spring 2015 issue of *Momentum*. Because the Board continues to receive many LPN IV therapy questions, these FAQs and information are being provided again for your reference.

The FAQs below apply to LPNs whose licenses have the designation of LPN-MED-IV. LPNs with this designation are authorized, based on their education, to perform IV therapy according to the applicable law and rules as summarized in this article.

To reference the applicable law and rules, see Sections 4723.18 and 4723.181, Ohio Revised Code (ORC); Chapter 4723-17, Ohio Administrative Code (OAC); and Chapter 4723-4, OAC, Standards of Practice Relative to Registered Nurse or Licensed Practical Nurse, on the Board website at www.nursing.ohio.gov.



Q: Are LPN-MED-IV licensees authorized to infuse normal saline or lactated ringers through a PICC line or central line?

A: Yes. LPN-MED-IV licensees may administer the solutions listed below through a “venous line.” A venous line is inclusive of a catheter that terminates in a “vein,” whether a peripheral or central vein. Further, the patient must be age 18 years of age or older, and LPN-MED-IV licensees must be directed to perform the IV therapy by a RN, or a physician, dentist, podiatrist, or optometrist who is available on site.

The solutions or combinations of solutions that may be administered through a venous line, include: 5% dextrose and water; 5% dextrose and lactated ringers; 5% dextrose and normal saline; Normal saline; Lactated ringers; 0.45% sodium chloride and water; 0.2 % sodium chloride and water; or 0.3 % sodium chloride and water. (See Section 4723.18(D)(6), ORC; Rule 4723-17-03(B), OAC; and Rule 4723-17-03(B)(1), OAC.)

Q: Are LPN-MED-IV licensees authorized to administer an antibiotic through a PICC line or central line?

A: Yes. LPN-MED-IV licensees may initiate or maintain an intermittent or secondary intravenous infusion. “Intravenous” includes infusions in peripheral and central veins. (See Section 4723.18, ORC, and Rule 4723-17-03(B)(3), OAC.)

Q: Are LPN-MED-IV licensees authorized to flush a PICC line or central line with heparin or normal saline?

A: Yes, but only if the heparin or normal saline flush is administered through an existing intermittent infusion device that is attached to the

catheter. LPN-MED-IV licensees may inject heparin or normal saline to flush an intermittent infusion device, or saline lock, for lines that are being used for infusions on an intermittent basis. (See Section 4723.18(D)(6)(b), ORC, and Rule 4723-17-03(B)(5), OAC.)

Q: Are LPN-MED-IV licensees authorized to change tubing that is directly connected to a central venous catheter or arterial catheter?

A: No. LPN-MED-IV licensees are prohibited from changing tubing that is directly connected to a central venous catheter or arterial catheter. LPN-MED-IV licensees cannot change the tubing or any device on an arterial catheter or line connected to an artery. In addition, LPN-MED-IV licensees are prohibited from changing tubing that is directly connected to a central venous catheter, or any catheter line that does not terminate in a peripheral vein.

This prohibition also applies to central venous catheters, inclusive of PICC lines, when referring to any intravenous administration tubing that is directly joined to the central catheter or PICC without an attached intermittent infusion device between the catheter and the administration set. However, LPN-MED-IV licensees may change the administration set if it is connected to an intermittent infusion device that is attached to the central venous catheter. (See Rule 4723-17-03(B)(6), OAC.)

Q: What about LPN-MED-IV licensees changing the intermittent infusion device or “cap”?

A: This is allowed only if the tip of the connected intravenous catheter terminates in a peripheral vein. LPN-MED-IV licensees are permitted to change an intermittent infusion device (aka “cap”) in this circumstance. However, LPN-MED-IV licensees are prohibited from changing the intermittent infusion device that is connected to a catheter that terminates in a central vein. (See Rule 4723-17-03(A)(9), OAC.)

Q: Are LPN-MED-IV licensees authorized to aspirate a line to obtain a laboratory specimen?

A: Yes, if LPN-MED-IV licensees document their education, skill and competency in this procedure, they are permitted to aspirate a peripheral IV line when the aspiration of the line is indicated and performed in accordance with the standards of safe nursing practice. However, LPN-MED-IV licensees are prohibited from removing or changing an intermittent infusion device connected

to catheters that terminate in a central vein. (See Rule 4723-17-03(A)(9), OAC.)

Q: Are LPN-MED-IV licensees authorized to access or “de-access” an implanted intravenous port?

A: Yes, if LPN-MED-IV licensees document their education, skill and competency in this procedure. An implanted port is a central line with an intermittent infusion device or “hub” that is implanted beneath the skin. LPN-MED-IV licensees who have obtained the necessary training, education and competency are permitted to access the hub of an implanted port by attaching the needle connection tubing, and to “de-access” the port by removing the needle connection tubing from the hub when the IV therapy is completed. When a RN is directing the LPN-MED-IV licensee in this specific practice, the RN must adhere to the RN’s standard of practice contained in Rules 4723-4-03, and Rule 4723-17-03(C), OAC, and with respect to the IV therapy, the LPN-MED-IV licensee’s skill and the clinical context.

Q: What education is required for LPN-MED-IV licensees to perform procedures that were newly authorized with the changes in the law and rules in 2015, but were not covered by the LPN-MED-IV licensees’ original IV therapy course completed at the time of licensing?

A: As with all nursing practice, LPNs must acquire any additional education and training necessary to maintain skill and competency in their practice, especially for new procedures. The rules relating to competent practice as LPNs require LPNs to obtain education that emanates from a recognized body of knowledge relative to the nursing care to be provided, to demonstrate knowledge, skills, and abilities necessary to perform the nursing care, and to maintain documentation of the education, training, and demonstrated competence in providing the care. (See Rule 4723-4-04(D), OAC.)

Q: What are the requirements for RN supervision when LPN-MED-IV licensees are performing IV therapy at the direction of a RN?

A: The RN or another RN must be readily available at the site where the IV therapy is performed, and before the LPN-MED-IV licensee initiates the IV therapy, the RN is required to personally perform an on-site assessment of the patient, who must be at least 18 years of age. Similarly, if a physician, podiatrist, dentist, or optometrist is directing LPN-MED-IV licensees in performing IV therapy, the LPN-MED-IV licensee is authorized to perform IV therapy only when the physician, podiatrist, dentist, or optometrist is present on site. (See Section 4723.18(C), ORC.)

There is an exception to the requirement for the RN to be readily available at the site where LPN-MED-IV licensees are performing IV therapy. The exception is “home” as defined in Section 3721.01, ORC, as skilled nursing facilities and county homes, or in an intermediate care facility for individuals with intellectual disabilities as defined in Section 5124.01, ORC. In these locations the RN may be on site *or accessible by some form of telecommunication*. This exception applies only in these specific settings and *only to IV therapy that the LPN-MED-IV licensee is authorized to perform*.

RNs who direct LPN-MED-IV licensees’ practice are required to assess the training, skill and ability of the LPN who will be performing the specific function or procedure and establish any parameters necessary to ensure the safety and well-being of the patient. (See Rule 4723-4-03 (K), OAC.)

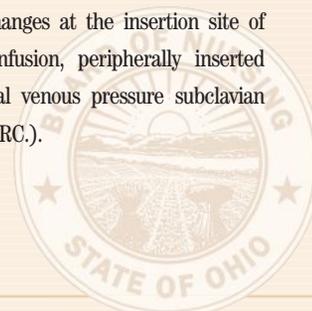
Q: May LPN-MED-IV licensees initiate or maintain solutions for total parenteral nutrition (TPN)?

A: No. RNs are responsible for the administration of TPN. LPN-MED-IV licensees cannot connect TPN, flush the tubing, disconnect tubing, or perform any aspect of TPN administration. (See Section 4723.18(D)(1), ORC, and Rule 4723-17-03(A)(1)(b), OAC.) However, all LPNs may provide other nursing care to a patient who is receiving TPN.

All LPNs may provide the following nursing care related to IVs even if they are not designated as LPN-MED-IV licensees. LPNs may change the dressing over a central venous catheter insertion site. Any LPN may perform certain specified procedures related to IV therapy, including performance of routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion. (See Section 4723.181(B)(5), ORC.)

If the LPN acts at the direction of a RN or a physician, physician assistant, dentist, optometrist, or podiatrist who is on the premises where the procedure is to be performed or accessible by some form of telecommunication, and, the LPN can demonstrate the knowledge, skills, and ability to perform the procedure safely, then the LPN may perform, on any persons of any age, the following nursing care without having the IV therapy designation. The procedures are limited to:

- (1) Verification of the type of peripheral intravenous solution being administered;
- (2) Examination of a peripheral infusion site and the extremity for possible infiltration;
- (3) Regulation of a peripheral intravenous infusion according to the prescribed flow rate;
- (4) Discontinuation of a peripheral intravenous device at the appropriate time;
- (5) Performance of routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion. (See Section 4723.181(B), ORC.)



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The renewal period for RN and APRN licenses began on July 1, 2019 and will end on October 31, 2019. Over 220,000 licenses will be renewed this year. The earlier you renew, the better chance you have to avoid issues with your license. Licensees may use a computer in the Board office to renew during business weekdays between 8:00 a.m. and 5:00 p.m.

Throughout the renewal cycle, the Board is sending weekly renewal tips through eNews and social media. Go to the Board website at www.nursing.ohio.gov and subscribe to eNews, Facebook, or Twitter to receive Board updates and alerts. Also, please watch for updates and renewal information on the website.



Renew Timely

- Renew ASAP. Incomplete applications are not 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, 2019 fees will include the renewal fee, a \$50 late fee, and a \$3.50 state transaction fee for each license renewed. All fees are non-refundable.
- 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, 2019. **You cannot work as a nurse as long as your license is lapsed.** You must then apply for *reinstatement of*

your license which may take additional time to process. Please take the necessary steps to avoid this.

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.
- The RN fee is \$65 and the APRN fee is \$135. A \$3.50 state transaction fee is charged for each license

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, 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 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

- For detailed information on CE, refer to the CE FAQ documents, one for APRNs and another for RNs and LPNs, at www.nursing.ohio.gov under the Continuing Education page.
- You are not required to submit documentation of CE when you renew your license, but you must answer the CE questions on the application.
- You must complete the CE requirements by October 31, 2019. Please remember you may only choose to use a waiver for CE one time throughout the time you have an active license. A waiver is a one-time exception from meeting the CE requirements for renewal. Failure to comply with CE requirements may be grounds for disciplinary action.

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PROTECT YOUR NURSING LICENSE: SAFE HANDLING, ADMINISTRATION, AND DOCUMENTATION OF CONTROLLED SUBSTANCES

by: Sara A. Griffith MSN, RN



Introduction

The purpose of this article is to provide information for nurses regarding best practices for handling, documenting, and administering controlled substances within a variety of healthcare settings while staying attuned to the signs of substance abuse and diversion. When best practices aren't followed, a violation of the Nursing Practice Act could result, cause patient harm, and contribute to the opioid epidemic or to the substance use disorder of a colleague; all of which may put the licensed nurse in a position of being investigated. The information provided in this article will improve your knowledge of state and federal regulations regarding controlled substances, lead to safer patient care provided by nurses, and may assist in

the identification of abuse and diversion of controlled substances.

The North Carolina Board of Nursing's (NCBON) mission is to protect the public by regulating the practice of nursing (NCBON, 2018). As the occupational licensing board for nurses in North Carolina, the Board is acutely aware of the opioid epidemic and its impact on the nursing profession. This article will present techniques nurses can use to maintain safe practice standards while working with controlled substances and in turn, increase patient safety.

Nurse Accountability for Controlled Substances

Nurses are in the most direct position in the healthcare continuum

to protect patients by ensuring there is adequate documentation in the medical record to support the administration and wasting of controlled substances. The types of storage for controlled substances include, but are not limited to, locked medication carts, locked cabinets, and automated dispensing systems (e.g., Pyxis® or Omicell®), with the choice being based on a facility's size, available resources, and the volume of controlled substances dispensed (Lockwood, 2017). The act of retrieving or removing a controlled substance from a secure, locked location places the nurse in possession of the drug and ultimately responsible to account for the entire amount removed. A nurse is charged with multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and documentation. Think back to your nursing school days and the often-repeated statement: "if it's not documented, it wasn't done." This continues to hold true throughout all aspects of nursing practice and is essential for all record keeping related to controlled substances. Only through clear, timely, and accurate documentation of all elements of the administration and wasting of controlled substances can the nurse fulfill the responsibility of accounting for all of the substance removed from the secure storage site.

Regardless of what system is used by a facility, documentation requirements are the same but may occur in different formats (i.e., paper vs electronic). A basic requirement for documentation of a controlled substance ordered on an as needed (PRN) basis is to include the reason for the medication (e.g., pain, anxiety, sleep). If the medication is being given for pain, documentation should include the location of the pain, along with the appropriate pain scale rating, date, time, route, amount (based on provider order), and a follow-up if the medication was effective or not. The patient's description of pain should be included in the medical record if any additional descriptors are provided. When controlled substances are administered on a routine, regular, or scheduled basis, the documentation

of ongoing assessments and evaluations of patient status and medication effectiveness are just as important. Your agency policy and procedure will guide you on any agency specific requirements.

Documentation processes may vary, depending on the facility; however, the required components of documentation of the administration or disposal of a controlled substance remain the same regardless of practice setting. For example, nurses working in long-term care facilities often use paper documentation. They are required to document the removal of the controlled substance on a controlled substance inventory form, document the time, date of the medication administration on the medication



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administration record (MAR), and finally, document why the medication was given along with the effect of the medication in the appropriate area on the MAR.

In facilities that utilize an electronic format for documenting, the nurse may be required to scan the controlled substance medication prior to administration. The scanner documents the date and time of the administration; however, the nurse is required to document the assessment related to the pain scale used and follow-up documentation related to the effectiveness of the controlled substance. This may include, for example, a follow-up within an hour for oral medications or a follow-up within 30 minutes for intravenous medications. The intervals for this follow-up evaluation may vary by agency policy and regulatory requirements. If the agency uses an electronic scanning system to document administration of medications, it is the nurse's responsibility to ensure the scanner is functioning. If not functioning, report this immediately to your agency's information technology department or to nursing leadership. This is an important action to ensure compliance with institutional policies and regulations relating to the safe use, storage, and disposal of scheduled medications.

Wasting Controlled Substances

When controlled substances are retrieved or removed from secure storage in quantities in excess of that to be administered, the nurse is responsible for wasting or destroying the unneeded portion in the presence of a witness. The best practice for wasting of controlled substances is to waste at the time of removal from the storage location. The witnessing nurse should visually watch the administering nurse as the correct dose is drawn up or as a pill cutter is used to obtain the ordered amount, observe as the unneeded portion is wasted in the agency-approved manner or receptacle, and then document the waste electronically or in writing. According to Brummond et al. (2017), the witness to the wasting of controlled substances should verify the following: product label, amount wasted matches what is documented, and that the medication is wasted in an irretrievable location. To strengthen an agency's policies and procedures on controlled substances, an agency should consider including the following statements: an unused controlled substance should be returned instead of wasted; administration should occur immediately after a controlled substance is removed from its storage location; and controlled substances should only be removed for one patient at a time (New, 2014).

These practices reduce the chance of forgetting to waste a controlled substance or taking a controlled substance outside the facility. Unused portions of controlled substances should not be carried by the nurse, left unattended on a counter, nor returned to the locked storage location. Both the administering nurse and the witness are responsible for documenting the wastage according to

facility policy. A nurse should never document witnessing controlled substance wastage that was not actually observed.

Regulation of Controlled Substances

Controlled substances are subject to both Federal and State regulations. The United States Drug Enforcement Agency (DEA) has categorized drugs into categories, called schedules, based on the level of risk to the public, the drug's acceptable medical use, and the potential for abuse or dependency. Five schedules of drugs, including both prescribed controlled substances and illicit substances, are designated by the DEA. Nurses should be familiar with each schedule and why these substances are scheduled by the DEA. The DEA can change the schedules based on new evidence regarding indications for the drug. For example, schedule I drugs are illegal substances due to the fact that they have high risk for abuse leading to physical or psychological dependence and have no current medically accepted use. However, because the medical and recreational use of marijuana is expanding with the implementation of various State laws, the current DEA schedule may be altered as increasing evidence of efficacy and/or risk emerges.

The five schedules identified by the DEA are listed below with examples of common medications nurses may administer frequently in their nursing practice (with the exception of schedule I which are illegal substances):

- Schedule I- heroin, marijuana, LSD, MDMA AKA "ecstasy"
- Schedule II- Morphine, Methadone, Oxycodone, Fentanyl, Hydromorphone, Hydrocodone, Dilaudid, Adderall, Ritalin, and OxyContin
- Schedule III- buprenorphine, Codeine with NSAID, marinol, and anabolic steroids
- Schedule IV- benzodiazepines (Xanax, Ativan), Ambien®, Sonata®, Tramadol, Soma
- Schedule V- Lyrica®, Lomotil®, cough suppressants with low dose codeine

When a medication is scheduled by the DEA, this requires nurses to count and conduct inventories of each medication. Some facilities may choose to also require counts for non-controlled substances due to high risk of diversion or high cost of medication. Those medications counted and inventoried are those subject to stringent documentation requirements for administration and wastage. In long-term care facilities, the practice of borrowing controlled substances dispensed for one resident for administration to another when the supply is not available places the nurse and the patient at risk. The risk of administering the wrong medication is increased due to the potential of confusing the various controlled substance names. The risk is also increased by bypassing the established safety process of a pharmacist verifying the medication (dosage, patient name, allergies).

Problems with Wasting Controlled Substances

Have you ever been asked to witness a waste of a controlled substance that your “gut” told you not to witness? Did a nurse bring you a syringe with clear fluid and tell you Fentanyl 100mcg was in there and ask you to waste? Did a nurse tell you she had wasted a controlled substance while you were at lunch and ask you to sign as witness? What did you do? Did you notice a pattern with this nurse? Did you report this information to your nursing leadership? If you feel uncomfortable witnessing, you should decline to do so and refer the individual to a charge nurse or nursing leader.

Holding a colleague accountable for the agency’s policies and procedures on wasting could save a patient’s life, protect you from falsifying patient records, reduce agency liability, and even save your colleague from potentially self-destructive behaviors related to substance use. If you are unclear about your agency policy on the wasting of controlled substances, ask a nursing leader to review this information with you individually or during a staff meeting.

Identification of Diversion

Healthcare agencies need to have policies and procedures in place to conduct internal investigations and how to manage the outcomes (Berge, Dilllon, Sikkink, Taylor, & Lanier, 2012) related to diversion activities. The investigation of diversion should be conducted using a methodological, bias-free, detailed approach to ensure the safety of patients (Brummond et al., (2017). The investigations may be conducted by nursing leadership, pharmacists, clinical compliance staff or any combination of staff members with the expertise in conducting investigations. Brummond et al. (2017) also recommend an agency policy that provides clear guidance on when to engage external entities such as law enforcement, licensing boards, or the DEA. Additionally, agencies need to have ongoing processes in place to monitor nurses’ patterns of controlled substance removal, documentation, and administration. This may be conducted through random controlled substance audits, review of standard deviation reports, or tips from compliance hotlines reporting concerns with a nurse’s practice. These processes will assist in detection and reporting to regulatory agencies with a goal of preventing diversion (Lockwood, 2017). When healthcare agencies work synergistically with regulatory bodies to provide details of an agency’s internal investigations, the result is safer patient care delivery due to nurses receiving the necessary education or treatment for substance use disorder.

The behaviors listed below are indications suggesting that a nurse might be diverting controlled substances or experiencing a substance use disorder. These suspicious behaviors should trigger a review of the nurse’s handling, documentation, administration, and waste of controlled substances.

- Patient complaints of unrelieved pain (perhaps only when specific nurse assigned)
- Changing patient to injectable meds from oral meds
- Patients receiving maximum dose of prescribed medications

- Inconsistent administration between shifts (larger or more frequent dosing by one nurse)
- Only nurse to administer controlled substances
- Offering to administer PRN medications for other nurses’ patients
- Placing controlled substances in pocket
- Reports of taking controlled substances outside of the facility
- Wasting controlled substances not close to the time of removal
- Removing/retrieving controlled substance before time due or patient request
- Holding onto waste for later administration
- Removing/retrieving for more than one patient at a time
- Dosage requires a waste (purposely choosing larger dose vials that will require waste)
- Pattern of removing and wasting at end of shift
- Tampering with sharps containers
- Spending time at workplace when not scheduled to work
- Offering to work overtime or extra shifts consistently
- Change in behaviors, personality, demeanor, and work habits
- Change in appearance
- Arriving to work late frequently
- Prolonged or frequent bathroom breaks

Protecting Your Patients and Yourself from Effects of Diversion

What can you do when you identify a co-worker with some of these characteristics listed above? Why is it important to speak up about your observations? There are ways to help protect yourself and your patients from a nurse who might be diverting controlled substances. Some of the examples are for nurses in acute care settings and others for the long-term care facility setting. The suggestions are based on how the controlled substances are stored at your facility.

- Take time to visually witness the waste of controlled substances at time of removal
- Report if another nurse is documenting administration of controlled substances to your patient(s) without notifying you
- Don’t delegate the administration of a controlled substance that you removed (emergency situations are an exception but should be documented)
- Don’t share passwords
- Change passwords per agency policy
- Ensure you have logged out of automated dispensing machines prior to walking away from machine
- Monitor for a nurse who “piggy-backs” the access of another nurse
- Keep medication cart or cabinet keys in your possession (don’t share your keys)
- Keep medication cart locked
- Complete narcotic counts at every staff/shift change
- Use lock boxes in home health or hospice settings

Identification of Patient Abuse or Misuse of Controlled Substances

No other professional group has the same level of direct patient care contact as nurses (IOM, 2010; NCSBN & Graber. M. 2018). Nurses serve a critical role in ensuring that communication, coordination of care, patient education, monitoring, and surveillance enhance patient safety. Nurses who interact and work with patients in non-acute care settings play an integral role in combatting the opioid epidemic by documenting their assessments and findings in the medical record to assist the provider in making an informed decision on whether to prescribe or not. Nurses are invaluable due to their interactions with patients, length of time taken to gather information, and rapport/trusting relationship built with patients. Nurses who are aware of the potential signs of opioid abuse or misuse are better equipped to assist in identification and development of a plan with a provider to safely address findings of potential or actual substance abuse by patients.

The Food and Drug Administration (FDA) (2018) recommends safe disposal of unwanted, expired, or discontinued medications. Safe disposal techniques for patients may include medication take-back programs or mixing the controlled substance in cat litter or used coffee grounds. Additionally, Dahn (2016) suggests nurses take the time to educate patients on the disposal of medications which may reduce the risk of accidental overdoses, unintended access by others, or accidental consumption by a child. Dahn (2016) identified the following signs of potential patient misuse and abuse that would warrant a further collaborative investigation by the nurse and provider:

- Doctor shopping
- Utilization of multiple pharmacies
- Variations in spelling of name
- Frequent office visits
- Requests for escalation of doses
- High quantities of pills
- Reports of lost or stolen opioid prescriptions
- Paying cash for provider services
- Combinations of controlled substances
(“trinity:” hydrocodone, Xanax, and Soma;
“Holy Trinity:” oxycodone, Xanax and Soma)
- Failure to follow pain management agreements
- Inconsistent drug screens

Case Scenarios

Let’s examine some scenarios in which a nurse does not meet the standard related to the handling, documentation, administration and waste of controlled substances. The following two case scenarios apply the concepts discussed in this article.

Scenario 1

A nurse removed Dilaudid 2mg from the automated dispensing system and hands that medication to another nurse for administration. The nurse who received the medication forgot to document administration. During the facility’s weekly controlled substance audit, it was noted that the Dilaudid 2mg was not documented as administered.

Discussion. The nurse who removed the controlled substance is ultimately accountable for the controlled substances. The nurse who removed the medication has a responsibility to ensure the medication is documented as administered or wasted. The agency may conduct a further audit of the nurse’s handling and documentation of controlled substances. If further issues are found or a pattern of removing controlled substances and then handing to another nurse for administration is identified, the nurse might be asked to submit to a for-cause drug screen or counseled on the risk. This is an example of a nurse implicitly trusting another nurse to conduct all the required steps of administration, documentation, and follow-up assessments.

Scenario 2

A nurse on a medical-surgical unit has 6 patients on her 7am to 7pm shift. Most patients require as needed pain medications due to surgical incision pain. The nurse completes her required physical assessments for her shift but did not document the administration of 6 doses of controlled substances (Morphine, Oxycodone, and Hydrocodone) to 3 patients and did not complete pain assessments on any of the 6 patients assigned during the shift. During the next shift worked by this nurse, she again does not document the administration of controlled substances that were removed. The nurse also holds controlled substances in her uniform pocket and requests other nurses to waste at the end of the shift (both oral and intravenous medications).

Discussion. The hospital conducts a random audit of the nurse’s documentation of controlled substances and discrepancies were noted on this nurse’s audit. The licensee is asked about the discrepancies, placed on administrative leave pending a full audit and asked to submit to a required drug screen. This could be considered failure to maintain an accurate medical record. The nurse should have identified the importance of ensuring all documentation was in the medical record before leaving the shift or asked for support from the charge nurse if the shift was too busy.

Conclusion

The proper handling, administration, waste, and documentation of controlled substances is imperative for the safety of patients. The accountability of the licensed nurse encompasses all of these elements and the nurse carries legal responsibility for implementing safe practice standards and guidelines as well as assuring compliance with state and federal controlled substance laws. Failure to do so could place patients and nurses at risk for adverse events. If challenged concerning your handling, administration, or waste of controlled substances, your best defense will be clear, complete, timely, and accurate documentation. If you identify the signs of potential substance use disorders in your patients, colleagues, or yourself, timely reporting can lead to effective treatment options. Substance use disorder treatment can protect a nurse’s ability to practice safely, but more importantly, can save patient and nurse lives!

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Reflective questions:

1. How would you handle if you note a fellow co-worker is administering controlled substances to a patient when the patient does not appear to need (no pain symptoms)?
2. What should you do if you discover a controlled substance discrepancy?
3. At the facility you are employed, how do you obtain the policy on documentation of controlled substances and the wasting process?
4. How would you handle being asked to waste a controlled substance that a nurse has held in his/her pocket entire shift?
5. How would you handle being asked to

administer a controlled substance that was removed by another staff member?

6. What would you do if a nurse asked you to witness a waste you did not observe?

7. How would you handle a discovering a patient was obtaining controlled substances from multiple providers or was abusing illicit substances (heroin, cocaine)?

8. You noticed a nurse who offers to frequently medicate your patients with a controlled substance. What additional information would you gather?

9. A nurse is seen frequently on the unit when not on duty, has had changes in behavior, and is requested to work extra shifts. Would you consider this an indication of diversion behaviors?

10. A family member of a deceased hospice patient asks you to discard controlled substance medications. How would you respond? Who would contact to get direction?

11. While admitting a patient, you note the patient's medications include the same controlled substances from multiple providers. What would you do with this information?

12. You are the charge nurse and a patient reports they had no relief from the Morphine administered by the day shift nurse 30 minutes prior. What do you do with this information?

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How Do I Change My NAME with the Board?

Requests received online are processed in 2-3 business days



- Go to eLicense.ohio.gov
- Log into your account
- Scroll to the panel displaying your license type and number
- Click the “Options” link on the appropriate license panel
- Click on the link “Change Name”
- Upload one of the certified court records listed below:
 - o Marriage Certificate/Abstract
 - o Divorce Decree
 - o Court Record indicating change of name
 - o Documentation from another state/country consistent with the laws of that jurisdiction
- Click “Submit”

If you have difficulties logging into your account or uploading documents, contact the Customer Service Center at 614-466-3947, “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 names, telephone number, email address, and license number, if you have it.

For other questions, email licensure@nursing.ohio.gov and include a brief description of the issue, your first and last names, telephone number, email address, and license number, if you have it.

How Do I Change My ADDRESS with the Board?

Make sure you timely update your address – it is a requirement by law that licensees report address changes, within 30 days of the change, to the Board. Your address of record is used for communication purposes.

- Go to eLicense.ohio.gov
- Log into your account
- Scroll to the panel displaying your license type and number
- Click the “Options” link on the appropriate license panel
- Click on the link “Change Address”
- Click “Submit”
- Address changes made online are processed through the system automatically

If you have difficulties, contact the Customer Service Center at 614-466-3947, “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.

For other questions, email licensure@nursing.ohio.gov and include a brief description of the issue, your first and last names, telephone number, email address, and license number, if you have it.

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 to confirm the location, date or time.

- Advisory Committee on Advanced Practice Registered Nursing – Chair: Erin Keels, RN, APRN-CNP**
October 28, 2019
- Advisory Group on Continuing Education – Chair: Lauralee Krabill, RN**
July 26, 2019, September 20, 2019
- Advisory Group on Dialysis – Chair: Barbara Douglas, RN, APRN-CRNA**
November 18, 2019 – Meeting will begin at 1:00 p.m.
- Advisory Group on Nursing Education – Chair: Patricia Sharpnack, DNP, RN**
October 3, 2019
- Committee on Prescriptive Governance – Chair: Sherri Sievers, DNP, APRN-CNP**
September 17, 2019

| Members Ohio Board of Nursing City | Term Expires | Members Ohio Board of Nursing City | Term Expires | Members Ohio Board of Nursing City | Term Expires |
|---|-------------------------------|--|--------------|---|--------------|
| Patricia A. Sharpnack, DNP, RN Chardon | President 2021 | Nancy Fellows, RN Willoughby Hills | 2020 | Daniel Lehmann, LPN Dayton | 2020 |
| Brenda K. Boggs, LPN, Germantown | Vice President 2019 | Erin Keels, RN, APRN-CNP Columbus | 2022 | Sandra A. Ranck, RN Supervising Member Ashtabula | 2022 |
| Sandra Beidelschies, RN Upper Sandusky | 2021 | Lisa Klenke, RN Coldwater | 2019 | Joanna Ridgeway, LPN Hilliard | 2022 |
| Matthew Carle, Consumer Member Blacklick | 2019 | Deborah Knueve, LPN Columbus Grove | 2021 | | |
| Barbara Douglas, RN, APRN-CRNA Chardon | 2020 | Lauralee Krabill, RN Sandusky | 2021 | | |

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/iv-DisciplineRecReq.htm> or by clicking on Discipline Records Requests on the Board's website.

May 2019 Monitoring Actions

| Last Name | First Name | LT1 | Lic. #1 | Last Name | First Name | LT1 | Lic. #1 | Last Name | First Name | LT1 | Lic. #1 |
|-------------|-------------|------|---------|--------------|-------------|------|---------|--------------|------------|------|---------|
| Abbott | Amanda | R.N. | 353314 | Hildebrand | Joell | R.N. | 456467 | Pitmon | Alisa | P.N. | 136118 |
| Adams | Ashley | P.N. | 125009 | Hill | Falon | R.N. | 328422 | Poznar | Mark | R.N. | 211434 |
| Adams | Tonya | P.N. | 120188 | Hines | Kristen | R.N. | 377924 | Prater | Devona | R.N. | 400080 |
| Archer | Molly | R.N. | 371754 | Hoffart | Jamie | R.N. | 424831 | | | P.N. | 150425 |
| Ashton | Tasha | R.N. | 365266 | Holman | Tonesia | R.N. | 421617 | Pritchett | Anthony | P.N. | 156527 |
| | | P.N. | 138198 | | | P.N. | 139071 | Ragone | Maria | R.N. | 405636 |
| Baab | Shawn | R.N. | 405318 | Hovinga | Lindsey | R.N. | 382969 | Rahe | Heather | R.N. | 284717 |
| Bahns | Michelle | DTI | 005947 | | | P.N. | 127268 | Raudebaugh | Elizabeth | R.N. | 313196 |
| Baird | Kathleen | R.N. | 173226 | Hughes | Leonard | R.N. | 363346 | Raver | Sommer | P.N. | 108121 |
| Barosky | April | R.N. | 359562 | Huizinga | Ashley | R.N. | 281061 | Reak | Ann | P.N. | 086326 |
| | | P.N. | 131352 | Huls | Joni | R.N. | 208188 | Reid | Patrick | R.N. | 413307 |
| Basham | Renee | R.N. | 354505 | | | P.N. | 057467 | Robinson | Keena | P.N. | 155256 |
| Bednarz | Dale | R.N. | 190484 | Jafar | Bridget | P.N. | 115469 | Rodgers | Lori | R.N. | 259763 |
| Benedetto | Sara | R.N. | 373380 | Jones | India | P.N. | 158849 | Rowe | Elena | P.N. | 164207 |
| | | CNP | 022735 | Jones | McKenzie | R.N. | 446854 | Rush | Daniel | R.N. | 370188 |
| Bentley | Trudy | P.N. | 107027 | Jurjavic | Shannon | R.N. | 442323 | Russell | Kiara | P.N. | 150085 |
| Berry | Brandi | R.N. | 340468 | Kelley | Jennifer | R.N. | 333768 | Sample | Davalore | P.N. | 139835 |
| | | P.N. | 121050 | Kelly | Jayme | R.N. | 295870 | Schoeck | Vanessa | R.N. | 265030 |
| Bonam | Midge | D.T. | 004572 | | | CNP | 12313 | Sellers | Matthew | P.N. | 157402 |
| Bredestege | Jeannette | R.N. | 265809 | Koberlein | Margaret | R.N. | 406336 | Shambarger | Jennifer | R.N. | 316301 |
| Breese III | Robert | R.N. | 416537 | Kocina | Candice | P.N. | 118857 | Shaw | Amy | R.N. | 319445 |
| Brode | Rhonda | R.N. | 200777 | Kusow | Roqayo | R.N. | 358830 | | | P.N. | 099830 |
| Bruender | Christopher | R.N. | 380378 | Legner | Aimee | P.N. | 145538 | Shirley | Shalia | DT | 005100 |
| Casenelli | Victor | R.N. | 377639 | Lohr | Elise | P.N. | 110835 | Sim | Phyllis | R.N. | 214125 |
| Chenault | Sarah | R.N. | 411858 | Louis | Marilyn | R.N. | 184884 | | | CNP | 10316 |
| Christenson | Sara | R.N. | 422914 | Maddox | Laura | R.N. | 400710 | Smalley | Amber | R.N. | 323436 |
| Cittadino | Mary | R.N. | 456465 | | | CNP | 019958 | Snider | Courtney | R.N. | 444512 |
| Clark | Shawn | R.N. | 399795 | Marburger | Patricia | R.N. | 244818 | Soltwedel | Mackenzie | R.N. | 401295 |
| Clement | Benjamin | R.N. | 378029 | Marlowe | Shauna | R.N. | 411105 | Stamper | Teresa | R.N. | 383010 |
| Corbin | Lisa | R.N. | 311557 | | | P.N. | 148350 | Stevenson | Virginia | R.N. | 166332 |
| Crawford | Madeline | R.N. | 437023 | Marquardt | Rory | R.N. | 428858 | | | CRNA | 07967 |
| Curry | Kathy | R.N. | 378255 | Mastin | Julie | R.N. | 379120 | Taylor | Shasme | P.N. | 089813 |
| Cvijanovic | Carol | R.N. | 241646 | McAllister | Noel | R.N. | 395450 | Truitt | Valerie | R.N. | 284131 |
| Daly | Lesley | R.N. | 286730 | McCleskey | Ashley | P.N. | 161177 | Ullrich | Karla | R.N. | 394310 |
| Danals | Laura | R.N. | 204801 | McCoy | Kevin | R.N. | 351771 | Vasquez | Diana | P.N. | 118550 |
| | | CNS | 01923 | Melvin | April | R.N. | 442327 | Walker | Nicolette | P.N. | 160139 |
| | | CNP | 024107 | Moodie-Adams | Claudia | R.N. | 316369 | Walsh | Natalie | R.N. | 322148 |
| Daniels | Yvette | P.N. | 108596 | Myers | Joseph | R.N. | 390310 | Warman | Daphne | R.N. | 341375 |
| Denton | Deandra | P.N. | 158444 | Ncube | Barbara | P.N. | 134938 | Waters | Latasha | P.N. | 160369 |
| Devoll | Myra | R.N. | 296556 | Nix | Shiyla | R.N. | 354879 | Weidner, III | William | R.N. | 398955 |
| Drapola | Kristin | R.N. | 242459 | Noall | Kelly | R.N. | 396397 | | | P.N. | 144954 |
| Dubose | Austi | P.N. | 140117 | | | CRNA | 15247 | Wilds | Danielle | P.N. | 132957 |
| Eckstein | Favian | R.N. | 327573 | Noonan | Catherine | R.N. | 356958 | Williams | Kimberly | P.N. | 142867 |
| Elliott | Amber | R.N. | 286804 | Norman | Lovette | DTI | 005832 | Windon | Julie | R.N. | 253717 |
| Endo | Diane | R.N. | 461106 | Norton | Leslie | R.N. | 355176 | Wright | Ashley | R.N. | 461121 |
| Frame | Sandra | R.N. | 297728 | Nye | Carol | P.N. | 099872 | | | P.N. | 160515 |
| Frazier | Shindana | P.N. | 143539 | Oguntuyi | Christianah | R.N. | 410356 | | | DT | 002747 |
| Freeman | Brandi | P.N. | 138226 | | | P.N. | 144071 | Youngless | Theresa | P.N. | 138359 |
| Freeman | Bryant | P.N. | 111095 | Parker | Pamela | R.N. | 323389 | | | | |
| Frycklund | Laura | R.N. | 211753 | Parker | Sherria | R.N. | 410700 | | | | |
| | | CNP | 07766 | Payette | Pamela | R.N. | 387015 | | | | |
| Green | Jennifer | R.N. | 184432 | | | P.N. | 141894 | | | | |
| Greene | Traci | R.N. | 260763 | Perakovic | Sherry | R.N. | 267740 | | | | |
| Griffin | Kaveo | P.N. | 164600 | | | P.N. | 094709 | | | | |
| Hager | Carly | R.N. | 312168 | Peretti | Jason | R.N. | 337714 | | | | |

May 2019 Disciplinary Actions

| Last Name | First Name | LT1 | Lic. #1 | Last Name | First Name | LT1 | Lic. #1 | Last Name | First Name | LT1 | Lic. #1 |
|--------------|------------|------|-----------|-----------------|------------|------|-----------|------------|------------|------|-----------|
| Adeoye | Foluke | R.N. | 381385 | Derrow | Lora | R.N. | 323171 | Hesler | Melissa | P.N. | 115647 |
| Adkins | Bethany | R.N. | 389402 | Dewitt | Shasta | R.N. | 335447 | Hice | Jeffrey | R.N. | 308432 |
| Aksakal | Rosay | R.N. | 412263 | Donovan | Brynn | R.N. | 456041 | Hilen | Deborah | R.N. | 294854 |
| Alexander | LaVerne | P.N. | 119493 | | | P.N. | 164628 | Hill | Allison | R.N. | 389081 |
| Amonette | Heather | R.N. | NCLEX | Downs | Christine | P.N. | 129399 | Holtzberry | Renee | R.N. | 327237 |
| Austin | Julie | R.N. | 328783 | Drewry | Bruce | R.N. | 403688 | Hooks | Jamar | CHW | Applicant |
| Ayala | Dana | R.N. | 385888 | Dudsak | Jamee | R.N. | 335825 | Hopkins | Barbara | R.N. | 378409 |
| Baden | Isabella | R.N. | 444804 | Duncil | Melissa | P.N. | 147241 | Hopkins | William | P.N. | 130762 |
| Bailey | Melissa | R.N. | 386234 | Dunn | Brandi | R.N. | 330395 | Horton | Amanda | R.N. | 359837 |
| Bair | Jeffrey | R.N. | 279787 | Durden | Cheryl | R.N. | 283586 | | | P.N. | 110939 |
| Bancroft | Brandon | P.N. | 164142 | | | CRNA | 09692 | Horton | Jessica | R.N. | 350433 |
| Barnhart | Jeffrey | R.N. | 446262 | Edwards | Sharde | DTI | Applicant | Hoskins | Virginia | R.N. | 321156 |
| Barr | Linda | P.N. | 135091 | Elish | Rebecca | P.N. | 106018 | Hubler | Regina | R.N. | 423376 |
| Becker | Kelley | R.N. | 362256 | Elliott | Teresa | R.N. | 207558 | Hudson | Christyn | R.N. | 442507 |
| | | CNP | 019437 | Erb | Haylee | P.N. | 146983 | | | P.N. | 133996 |
| Benke | Brad | P.N. | 150827 | Erman | Stephanie | P.N. | 111244 | Husske | Julie | R.N. | 385900 |
| Betts | Felicia | R.N. | 458306 | Estavillo | Brian | R.N. | 287120 | Hutchinson | Betty | DTI | Applicant |
| | | P.N. | 123338 | Evans | Kay | P.N. | 159287 | Igal | Hodan | R.N. | NCLEX |
| Bishop | Bryan | P.N. | 098148 | Evers Burnworth | Brittney | R.N. | 369162 | | | P.N. | 149178 |
| Biviano | Faith | P.N. | 090484 | | | CNP | Applicant | Illes | Jennifer | R.N. | 420589 |
| Blackmond | Damara | P.N. | NCLEX | Fenn | Molly | P.N. | NCLEX | Jankowski | Jennifer | R.N. | 442111 |
| Boggan | Tenisha | P.N. | NCLEX | Ferguson | Zachary | R.N. | 373218 | Jarc | Lauren | R.N. | 417673 |
| Bolling | Jacqueline | R.N. | 433194 | Ferry | Stephanie | P.N. | 119047 | Jarrett | Brandi | R.N. | 367720 |
| Booth-Davila | Teresa | R.N. | 228764 | Filo | Kelly | R.N. | 354291 | Jeffers | Megan | P.N. | 148476 |
| Bosner | Kelsie | P.N. | 159951 | Fisher | Oni | P.N. | NCLEX | Johnson | Doreen | R.N. | 225473 |
| Bradford | Kimberly | R.N. | 424604 | Fitz | Amy | R.N. | 305246 | Johnson | Teriankica | P.N. | NCLEX |
| Braun | Lisa | P.N. | 148466 | Folger | Jordyn | R.N. | NCLEX | Johnson | Twyna | R.N. | 304184 |
| Bricker | Brandi | R.N. | 341483 | Fombo | Stephania | R.N. | 433740 | Jones | Brenda | R.N. | 251635 |
| Brooks | Barbara | P.N. | 111678 | | | P.N. | 138384 | Jones | Leesa | P.N. | 101281 |
| Brooks Hall | Andrea | P.N. | NCLEX | Ford-Delay | Katie | P.N. | 142010 | Kautzman | Randi | R.N. | 374172 |
| Brown | Angelia | DTI | 005686 | Foresha | Stephanie | R.N. | 435002 | Kavanagh | Stacey | P.N. | 132249 |
| Brown | Anthony | R.N. | endorse | | | P.N. | 145312 | Kenney | Robin | R.N. | 270062 |
| Brown | Tonya | R.N. | 376177 | Fortkamp | Ashley | P.N. | 129249 | Keys | Lisa | R.N. | 289461 |
| | | P.N. | 086575 | Fox | Kasey | R.N. | 360944 | Kirk | Amy | R.N. | 272818 |
| Burnett | Michael | R.N. | 257240 | Fraley | Candi | P.N. | 157009 | | | CNP | 08105 |
| Busbey | Brandon | P.N. | 117547 | Franklin | Amy | R.N. | 425795 | Kiser | Jessica | P.N. | 168038 |
| Buyer | Ann | P.N. | 097138 | Franklin | Patricia | P.N. | 094746 | Kish | James | R.N. | 196032 |
| Caggiati | Christian | P.N. | 124189 | Franko | Molly | R.N. | 401767 | Kist, Jr. | Joseph | R.N. | 398484 |
| Cahal | Karen | R.N. | 219535 | Fuller | Tawni | R.N. | 333366 | Kowall | Kayla | R.N. | 425815 |
| Cain | Megan | R.N. | NCLEX | | | CRNA | 13453 | | | P.N. | 158418 |
| Campbell | Christa | R.N. | 358675 | Fustine | Jonathan | R.N. | 288894 | Kubincanek | Troy | R.N. | 347868 |
| Campbell | Ilisa | P.N. | NCLEX | Gabbard | Michelle | P.N. | 168720 | Lannert | Sarah | P.N. | 169929 |
| Campbell | Stephanie | P.N. | 143286 | Gadner | Cassie | R.N. | 388202 | LaRocco | Nicole | R.N. | 302340 |
| Cardona | Isabel | P.N. | 164798 | Gedeon | Kristin | P.N. | 131100 | Laughman | Amanda | R.N. | 343077 |
| Carson | Krista | R.N. | 326090 | Geedey | Stacy | R.N. | 336241 | Lawhorn | Susan | R.N. | 248004 |
| Case Henke | Colleen | R.N. | 209983 | Geer | Talena | R.N. | NCLEX | Leitschuh | Andrea | R.N. | 369681 |
| Cassell | Crystal | P.N. | 139285 | Gibson | Yvonne | P.N. | 160071 | | | P.N. | 138346 |
| Cecil | Miranda | P.N. | 135371 | Gilliam | Selene | R.N. | 332405 | Leonhardt | Rose | R.N. | 391963 |
| Chambers | Megan | R.N. | 310299 | Glenn | Denise | R.N. | 411628 | | | P.N. | 127984 |
| Chapman | Tan'yasha | CHW | Applicant | Goudy | Cheryl | R.N. | endorse | Lint | Sibilla | P.N. | 141449 |
| Chin | Rita | R.N. | 455422 | Gough | Julie | P.N. | 164191 | Love | Jennifer | P.N. | 154873 |
| Ciesinski | Lori | P.N. | 117280 | Grace | Evelyn | P.N. | NCLEX | Lovins | Michelle | R.N. | 306093 |
| Clemmons | Angela | R.N. | endorse | Graham | Yvonne | R.N. | 234420 | Lowry | Renita | P.N. | 096761 |
| Congrove | Marc | P.N. | 142095 | Gray | Michelle | R.N. | 433875 | Lute | Amanda | R.N. | 309646 |
| Conteh | Haja | R.N. | 427183 | Grigsby | Taylor | P.N. | 161739 | Luttner | Christine | R.N. | 150117 |
| | | P.N. | 119583 | Gross, Jr. | Ronald | R.N. | 380536 | Lutts | Brian | P.N. | 153971 |
| Cornelison | Taraysha | P.N. | NCLEX | Guthrie | David | R.N. | 429252 | Madigan | Debra | R.N. | 230278 |
| Cottrill | Elizabeth | P.N. | 149235 | Haas | Dawnann | R.N. | 309936 | Maggard | Melissa | R.N. | 281869 |
| Coy | Merideth | P.N. | 148759 | Hamadneh | Amy | P.N. | 111161 | Mahaney | William | R.N. | 332074 |
| Croff | Natchelle | P.N. | 164799 | Harrison | Moniek | P.N. | NCLEX | Makowski | Nancy | R.N. | 306992 |
| Cruz | Sarah | P.N. | 166277 | Harvey | Adrienne | R.N. | 247706 | Manz | Catherine | P.N. | 123734 |
| Curtis-Hicks | Sara | R.N. | 318189 | Hastings | Aubrey | R.N. | 285780 | Marcum | Cody | R.N. | 400146 |
| Dalton | Padrica | P.N. | 142344 | Hatch | Corynne | R.N. | 354298 | | | P.N. | 151393 |
| Davis | Vicky | R.N. | 436921 | Haught | Brenda | R.N. | 217266 | Martin | Cheyenne | R.N. | 363736 |
| Deluca | Karen | R.N. | 155038 | | | P.N. | 059416 | Martin | Toni | R.N. | 441881 |
| Dennis | Chelsea | P.N. | 170166 | Hawkins | Jeanette | P.N. | NCLEX | Martynyuk | Nadezhda | R.N. | 423755 |
| Derrick | Steven | R.N. | 292939 | Healan | Jennifer | R.N. | 334930 | Matthews | Kimberly | P.N. | 119531 |

May 2019 Disciplinary Actions

| Last Name | First Name | LT1 | Lic. #1 | Last Name | First Name | LT1 | Lic. #1 | Last Name | First Name | LT1 | Lic. #1 |
|------------|-------------|------|---------|-------------|------------|------|-----------|------------------|------------|------|---------|
| May | Steve | P.N. | 129107 | Roberts | Felicia | R.N. | 372638 | Tucker | Dawn | P.N. | 161830 |
| Maynard | Tonia | R.N. | 369912 | Robinson | Patricia | D.T. | 000768 | Valentine | Darlene | R.N. | 230947 |
| Mayo | Judith | P.N. | 160530 | Rose | Wendy | R.N. | 323268 | VanGieson | Dawn | D.T. | 000500 |
| McBride | Jodi | R.N. | 364906 | Royston | Tori | P.N. | 163972 | Vazquez | Allyson | R.N. | 444716 |
| | | P.N. | 109980 | Ruh | Charity | R.N. | 437760 | Vereshack | Leanne | R.N. | 200867 |
| McBride | Margaret | R.N. | 321882 | Ruiz | Thaimi | P.N. | 150973 | Walker | Bobbie | R.N. | 356537 |
| McCormack | Amber | P.N. | 134744 | Ruley | Robert | R.N. | 264959 | Walker | Sheoni | P.N. | 146412 |
| McGlown | Chrishonda | P.N. | endorse | Rurode | Brittany | R.N. | 367401 | Wallace | Lisa | D.T. | 000729 |
| McGrady | Midge | P.N. | 116133 | Rusyniak | Michelle | R.N. | 388930 | Wargula | Frank | R.N. | 436959 |
| McHenry | Celeste | P.N. | 109274 | Sabatini | Mercedez | R.N. | 443183 | Washington, Jr. | Gary | P.N. | 155144 |
| McKinney | Jayne | R.N. | 340802 | Sampsel | Sydney | R.N. | NCLEX | Watson | Amy | P.N. | 132002 |
| McNinch | Cameron | R.N. | 451173 | Sandru | John | R.N. | 235120 | Watson | Kamaria | R.N. | NCLEX |
| Mebane | Ashley | P.N. | NCLEX | Scales | Kristi | R.N. | 149659 | Wetenkamp | Robert | R.N. | 252148 |
| Meer | Douglas | P.N. | NCLEX | Schell | Jennifer | R.N. | 331683 | White | Lauren | R.N. | 330973 |
| Merkle | Heather | P.N. | 137731 | Schmees | Megan | R.N. | 458962 | | | P.N. | 120462 |
| Middendorf | Sarah | R.N. | 383324 | Scholl | Kevin | R.N. | 339517 | Wilbon | Tiahna | P.N. | 159687 |
| Mikel | Katie | R.N. | 362483 | Schreffler | Angelyn | R.N. | 291912 | Williams | Anya | R.N. | 322693 |
| Montgomery | Karen | R.N. | 334830 | Schulte | Derek | R.N. | 455206 | Williams | Lori | P.N. | 117136 |
| Morrison | Misty | R.N. | 279297 | Schultz | Lisa | R.N. | 433840 | Williams | Taneesha | P.N. | 158638 |
| Muccheck | Cindy | R.N. | 322487 | Shahade | Maryann | R.N. | 222081 | Williamson | Tawanda | P.N. | 110842 |
| Mulholland | Deshawn | P.N. | 129746 | Shanes | Erin | P.N. | 147301 | Willison | Albert | R.N. | 434088 |
| Murphy | Sade | R.N. | 387224 | Shearer | Michael | R.N. | 364062 | Wright | Towanda | P.N. | 118455 |
| Murton | Billie | R.N. | 342871 | Shepard | Deja | P.N. | NCLEX | Wright-Piekarski | Mackenzie | R.N. | 395271 |
| | | CNP | 18976 | Sick | Martha | P.N. | 119549 | Wyatt | Karen | R.N. | 222909 |
| Muscetta | John | R.N. | 391417 | Siwik | Maria | R.N. | 245951 | | | P.N. | 050917 |
| Myers | Christopher | P.N. | 130458 | Skorupinski | Andrea | P.N. | 131145 | Yant | Angela | P.N. | 141826 |
| Naffziger | Kimberly | R.N. | 242168 | Small | Stacey | P.N. | 116463 | Yates | Dawn | P.N. | 104331 |
| Neely | Ashlee | R.N. | NCLEX | Smith | Marjorie | P.N. | 133118 | Zumberger | Dawn | P.N. | 117966 |
| Noll | Brittany | P.N. | 114431 | Stamper | Jeffrey | P.N. | 152733 | | | | |
| Northrop | Amy | R.N. | 446786 | Staton | Amanda | R.N. | 334135 | | | | |
| Nott | Amy | R.N. | 407573 | Stearley | Tyra | P.N. | 141137 | | | | |
| Oliver | Gloria | P.N. | 158825 | Stephens | Carrie | P.N. | 121602 | | | | |
| Oltmann | Cheryl | P.N. | 149349 | Stetler | Lori | R.N. | 365657 | | | | |
| Ordunez | Victoria | P.N. | endorse | Stiggers | Latasha | D.T. | 004579 | | | | |
| Osborne | Virginia | R.N. | 271241 | Stover | Pamela | P.N. | 144299 | | | | |
| Owens | Edward | R.N. | 275170 | Stubbs | Andrea | R.N. | 417423 | | | | |
| Owens | Katryn | R.N. | 419690 | Surles | Roy | DTI | Applicant | | | | |
| Page | Tammy | P.N. | 109984 | Sutton | Jessica | P.N. | 137453 | | | | |
| Painter | Erin | P.N. | 158362 | Taylor | Joshua | R.N. | 387509 | | | | |
| Papich | Melissa | P.N. | 122837 | Taylor | Stephanie | P.N. | 150727 | | | | |
| Papp | Johnette | R.N. | 366148 | Temple | Jessica | P.N. | 168830 | | | | |
| Patel | Hiren | R.N. | NCLEX | Teuschler | Jessica | P.N. | 138357 | | | | |
| | | P.N. | 163484 | Tharp | Jenine | R.N. | 335240 | | | | |
| Paugh | Gina | P.N. | 110685 | Thigpen | Tre'Chelle | MAC | 000579 | | | | |
| Payne | William | R.N. | 417787 | Thomas | Julie | R.N. | 273572 | | | | |
| Pennock | Kenyale | P.N. | 167738 | Thrailkill | Michelle | R.N. | 369292 | | | | |
| Perman | Tonya | R.N. | 253120 | Todd | Teia | P.N. | 139597 | | | | |
| Perrin | Lakeisha | R.N. | 435104 | Townsend | Kelli | R.N. | 432104 | | | | |
| Peterson | Diane | R.N. | 323528 | | | | | | | | |
| | | P.N. | 110474 | | | | | | | | |
| Pettijohn | Brandi | P.N. | 137313 | | | | | | | | |
| Poling | Lindsey | P.N. | 140616 | | | | | | | | |
| Pratt | Angela | R.N. | 391108 | | | | | | | | |
| | | P.N. | 127125 | | | | | | | | |
| Price | Nathan | P.N. | 143512 | | | | | | | | |
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| Purcell | Cassandra | P.N. | 116567 | | | | | | | | |
| Radina | Kimberly | R.N. | 335858 | | | | | | | | |
| Ramsey | Morgan | R.N. | 421728 | | | | | | | | |
| Rankin | Joni | P.N. | 079536 | | | | | | | | |
| Repas | Amanda | R.N. | 421952 | | | | | | | | |
| Rhodes | Tina | R.N. | 336147 | | | | | | | | |
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BOARD ADVISORY GROUPS, AD HOC COMMITTEES, AND STANDING COMMITTEES

The Board seeks advice and recommendations regarding the regulation of nursing through Board Advisory Groups, Ad Hoc Committees, and Standing Committees. The Board encourages licensees, certificate holders, and consumers to review this information to learn more about these groups and consider submitting an application to become a member of an Advisory Group or a Standing Committee.

Applications for membership and information about the Advisory Groups are posted on the Board website in the Fall of each year, generally in October. Applications and information about Standing Committees are provided on the Board website as terms expire and vacancies occur. Please consider going to the Board website at www.nursing.ohio.gov to subscribe to eNews, Facebook, and/or Twitter to receive notification about when applications are being accepted, or check the website for updates.

Typically, applicants must reside in Ohio, and if the applicant is a health care provider, have an active, unrestricted license and/or certificate in Ohio and no past disciplinary action to be considered. Advisory Group members serve without compensation but may receive their actual and necessary expenses incurred in the performance of their official duties (see Section 4723.02, ORC).

All meetings of the Advisory Groups, Ad Hoc Committees, and Standing Committees are held in accordance with the requirements of the Ohio Open Meetings Act. A schedule of meetings can be found on the Board website.

Advisory Groups

Advisory Groups provide advice regarding the regulation of on-going Board programs such as nursing education, dialysis, and continuing education. They are composed of public members, a Board member who serves as the Chairperson, and Board staff. An individual's appointment to an Advisory Group is for a term of two years, and the individual may be reappointed for an additional two-year term.

Advisory Group on Continuing Education

Members include one representative from each OBN Approver; four continuing education providers approved in Ohio; and one individual who is actively involved with a national accreditation system for nursing continuing education. The charge/purpose is to provide structure and systems to effectively monitor processes of the OBN Approver Units; and provide comment and review on proposed revisions for the Nurse Practice Act and administrative rules relating to continuing education.

Advisory Group on Dialysis

Members, appointment of members, and the charge/purpose are set forth in Section 4723.71, ORC. It specifies that the Board shall appoint, among others, a representative of the Ohio Hospital Association; a representative from the End-Stage Renal Disease Network; and a physician, recommended

by the State Medical Board, who specializes in nephrology or an APRN, recommended by the Nursing Board, who specializes in nephrology. The charge/purpose is to advise the Board regarding the qualifications, standards for training, and competence of dialysis technicians and dialysis technician interns and related matters.

Advisory Group on Nursing Education

Members include two educators in PN programs; two educators in ADN programs; two educators in BSN programs; one educator in a Diploma program; one nurse in acute care practice; one nurse in long-term care practice; one administrator or employer of nurses; one administrator or employer of nurses in a rural area; one staff development nurse; one consumer; and two LPNs, one of whom may be the representative for long-term care practice. The charge/purpose is to discuss information and issues related to nursing education programs; and review/comment on proposed revisions for the Nurse Practice Act and administrative rules relating to nursing education.

Ad Hoc Committees

The Board establishes Ad Hoc Committees, composed of Board members, to carry out specified tasks. Ad Hoc Committees cease to exist upon completion of the task and reporting to the Board or upon the stated expiration of the Committee's term. Ad Hoc Committees are generally convened to review and consider nursing practice and/or the development of an Interpretative Guideline. Experts and other interested parties are asked to participate in practice discussions and provide comments regarding specific issues.

Standing Committees

Standing Committee members, appointment of members and chairpersons, terms, and charge/purpose are set forth in the Nurse Practice Act and administrative rules.

Committee on Prescriptive Governance

Members, appointment of members and the Chair, terms, and charge/purpose are set forth in Sections 4723.49, 4723.491, 4723.492, and 4729.50, ORC. The CPG develops a recommended exclusionary formulary that specifies drugs and therapeutic devices that a CNS, CNM, or CNP cannot prescribe or furnish, and submits it to the Board at least twice each year for the Board's approval.

The members include two APRNs, one nominated by an Ohio advanced practice registered nurse specialty association and one nominated by the Ohio Association of Advanced Practice Nurses (OAAPN); a member of the Nursing Board who is an APRN; two physicians actively engaged in practice with a CNS, CNM, or CNP, one nominated by the Ohio State Medical Association and one nominated

by the Ohio Academy of Family Physicians; a member of the State Medical Board who is a physician; a pharmacist actively engaged in practice in Ohio as a clinical pharmacist, who serves as a non-voting member. The Nursing Board appoints the members who are nurses; the Medical Board appoints the physicians; and the Pharmacy Board appoints the pharmacist. The CPG selects the Chairperson from among its members who are nurses, may transact official business if at least four voting members of the CPG are present, and meets at least twice per year.

Advisory Committee on Advanced Practice Registered Nursing

Members, appointment of members and the Chair, terms, quorum, and charge/purposes are set forth in Section 4723.493, ORC. The Committee advises the Board regarding the practice and regulation of APRNs and may make recommendations to the CPG.

The members include one CRNA actively engaged in practice in Ohio in a clinical setting; one CNM actively engaged in practice in Ohio in a clinical setting; one APRN actively engaged in providing primary care in Ohio and practicing in a clinical setting; one APRN actively engaged in practice in Ohio in a clinical setting; two APRNs who each serve as a faculty member of an approved program of nursing education that prepares students for licensure as APRNs; one representative of an entity that employs ten or more APRNs actively engaged in practice in Ohio; a member of the Board who is an APRN.

Recommendations for filling vacancies may be submitted to the Board from organizations representing APRNs practicing in Ohio and from schools of advanced practice registered nursing.

The Committee selects the Chairperson from among its members and may transact official business if at least five members are present.

To receive notifications about Advisory Group or Standing Committee membership vacancies and when applications are being accepted, please subscribe to eNews, Facebook, and/or Twitter on the Board website at www.nursing.ohio.gov or check the website for updates.



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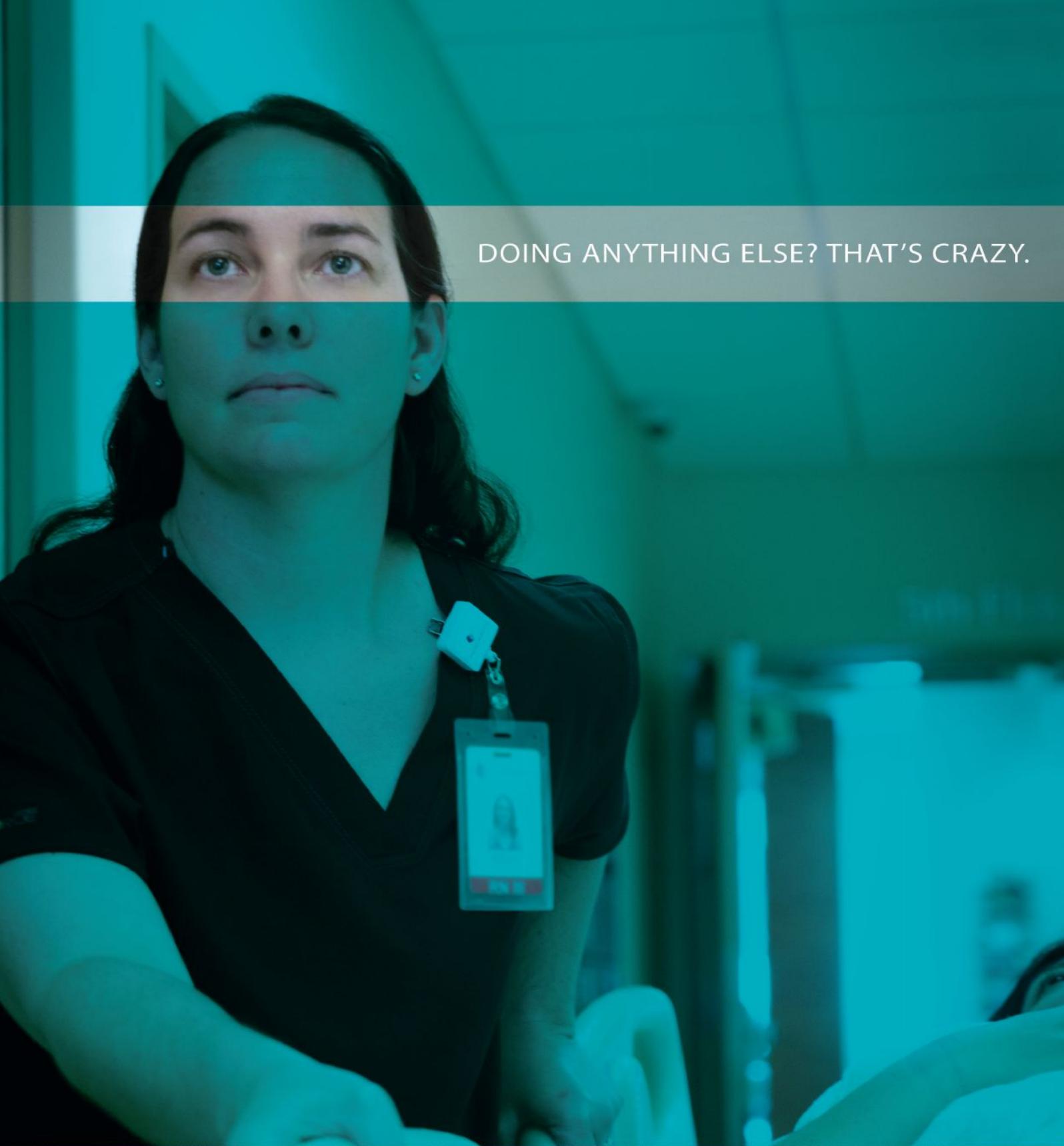
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- **Online learning with clinical experiences**

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