



ASBN *Update*

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December 2011 Volume 15 Number 6



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PROGRAM
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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

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The *ASBN Update* circulation includes over 48,000 licensed nurses and student nurses in Arkansas.





'Tis the Season

The holiday season is upon us and everything is decorated with garland, tinsel and lights. There is a chill in the air and Christmas music is playing in the background. I don't know about you, but my shopping is finished and everything is wrapped and under the tree. Every year I complete my shopping long before the big day because I do not like to wait until the last minute for anything. It always seems to cause problems and headaches that are not necessary. I won't say that I don't go shopping on Christmas Eve because there is nothing better than the holiday ambience and, of course, the bargains.

However, many people wait until the ninth hour to do their Christmas shopping. Some love the festive atmosphere and others are just plain procrastinators. Procrastination can get you a bargain on a gift or can result in you coming up empty handed. The tendency to procrastinate spills over into other aspects of life, such as the renewal of a nursing license. Unfortunately, renewing a nursing license on the day of expiration often results in unplanned days off from work.

All nursing licenses expire on the last day of the nurse's birth month and can be renewed as early as 60 days prior to the expiration date. It is easy to put the yellow reminder card aside with the intention of taking care of it soon. Before long, soon is gone and the expiration date is upon you.

Online renewal is the quickest way to renew a nursing license, but it still takes two or more business days for the renewal information to show on the ASBN Registry. For example, a license renewed on Tuesday is reviewed and approved by the staff on Wednesday. The registry is updated early Thursday morning and will then show the license(s) has been renewed. Employers look at the registry to determine license status and if the license status is displayed as "expired" then working as a nurse is not an option. Don't let procrastination interfere with your ability to work. As Larry the Cable Guy says, "git-r-done."

Have a wonderful holiday.

Sue A. Tedford





2012 Nursing Conferences

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Featuring many National Speakers, including **Barb Bancroft, RN, MSN, PNP**

Barb has over 25 years of teaching experience — teaching students, nurses, practitioners, educators and lay audience and has provided over 2200 continuing education seminars. Barb has also taught at various universities in her career and provided courses in Advanced Pathophysiology, Pharmacology and Physical Assessment to undergraduate and graduate students.

Wound Care Institute - March 16-17, 2012

Target Audience – WOC nurses; nurses practicing in acute care, long term care, & home care; physical therapists; nursing home administrators and others involved in preventing and treating patients with pressure ulcers. The content is divided into 3 tracks: Long Term Care, Basic, and Advanced.

Preconference Sessions – March 15

- A Touch of Sugar: Diabetes Update with Barb Bancroft
- Caring for the Client with an Ostomy
- Continence: Assessment and Management

National speakers:

- Barb Bancroft, RN, MSN, PNP
- Dorothy Doughty, MN, RN, CWOCN, FAAN
- Diana Gallagher, MS, RN, CWOCN, CFCN
- Deborah Fulmer, MSN, RN, CWOCN

Main conference topics March 16-17

- Getting Pressure Ulcer Prevention RIGHT (and Legally Defensible)!
- Pressure Ulcer Staging · Photography and Documentation
- Diabetic Foot Ulcers · Negative Pressure Wound Therapy
- Venous and Arterial Ulcers · Prevention in the Geriatric Population
- Using Evidence to Guide Nursing Wound Care Practice · Factors in Wound Development
- Chronic Wounds in the Geriatric Population · Incontinence Associated Dermatitis

* This program has been submitted to the Office of Long Term Care for Nursing Home Administrator CE approval.

Nurse Educator Institute - April 18-20, 2012

Preconference - April 16 - 17

Nursing Curriculum Institute: Learning Strategies, Activities, and Tools

Preconference - April 17

- Designing Engaging Simulation Learning Environments held at the College of the Ozarks
- Lessons in Civility: Strategies for Student and Faculty Success
- The All in One Day Clinical Approach: "On Your Mark, Get Set, Go!"
- NCLEX® Mini Review for Students

Main Conference Topics

- The Future of Nursing • Legal Pitfalls in Nursing Education
- Test Item Writing & Analysis • Genetics/Genomics
- Clinical Learning Environment • Teaching Pharmacology
- Informatics & Technology • Movies, Music, Literature & Art
- Multi-Media Strategies • Interdisciplinary Clinical Simulation
- Emotional Intelligence • Podcasting, Video, & Clickers
- Social Media • Delegation, Prioritization & Client Acuity
- Accurately Evaluating Students Giving Meds • Quality & Safety in Curricula

Thursday, April 19

Neuro for the Not-So Neuro-Minded – Barb Bancroft



For more information on either conference, visit www.northark.edu/services/naphe.aspx

Both Conferences sponsored by: North Arkansas Partnership for Health Education

* UAMS AHEC-NW is an approved provider of continuing nursing education by Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



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November 8-10, 2012

Early Bird Rates before April 15th

Thurs. Nov 8 · Shampoos, Tattoos, and Barbeques: What's New in the World of Infectious Disease – This one day seminar provides an up-to-the minute overview and update on current issues in the world of infectious diseases. Learn about why picnics can be hazardous to your health, how many diseases can be transmitted via tattooing, how long a tick has to be attached before you can acquire Lyme disease, how infectious agents may be implicated in cardiovascular disease and autoimmune diseases...and more!

Fri. Nov 9 · Pharmacology: Simplify Not Mystify – Barb has been teaching Pharmacology to undergraduate and graduate nursing students for over 20 years. Her simplified approach to learning 11,000 drugs has been described as "THE BEST Pharmacology course I have ever taken" and "Why didn't I learn Pharmacology like this in Nursing School!"

Sat. Nov 10 · Pediatric Potpourri – Barb provides an overview of how to approach the pediatric patient – from infant to teenager. Vital signs implications, ALARM signs, weight, meningitis, fever, dehydration, head injuries, diabetic ketoacidosis, drug dosages, fluid requirements, pain, and much more! This will be a fun-filled, fact-filled day for all of those who care for children in the hospital setting, school setting, and the emergency department.

18 Nursing Contact hours: Nursing contact hours are co-provided by The Queen's Medical Center - Honolulu, Hawaii. The Queen's Medical Center is an approved provider of continuing nursing education by the Arizona Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This program will be submitted to the American Academy of Nurse Practitioners for continuing education and pharmacology contact hours.

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Call for Posters Coming Soon!



Fe, Fi, Fo, Fum, I smell.....

...and you can complete this old familiar nursery rhyme. I have often wondered, did the giant smell an odor or an aroma?

According to Webster, an aroma is a pleasant odor, fragrance. An odor is a smell whether pleasant or unpleasant, stench. The giant I believe must have smelled an odor because he reacted in a violent negative manner.

What is pleasant and soothing to one person is not to another. Possibly that is why an entire industry has developed around individual preferences for perfumes, colognes, candles, lotions, creams, etc. Again, my question did the giant in the nursery rhyme smell an odor, which caused a reaction or an aroma, which was pleasant?

With the caring heart and soul of a nurse this question has to be asked each day in the workplace with our patients. Is my perfume/cologne, hand lotion, bath wash, soap, etc. an odor or an aroma to my patients? Should I even wear perfumes or colognes in the workplace? Chemicals used in fragrances are synthetic, petroleum-based compounds. Patients with allergies to these chemicals can have an allergic reaction like sneezing, watery eyes, wheezing, nausea, difficulty concentrating, and headaches.

Most nursing instructors request that students do not wear perfumes or colognes when in clinical areas. Many dress codes in health care setting direct employees to not wear perfumes or colognes or any fragrance that would initiate an allergic reaction and cause harm. Think about the patient receiving chemotherapy, as sights, sounds, and smells may all cause a violent reaction of nausea and vomiting. Patients receiving drugs that have a side effect of hyperosmia (increased sense of smell) may react each time the nurse who is wearing perfume or cologne walks in the room. Those patients who are in the first trimester of pregnancy may start vomiting with the smell of a fragrance that would not cause a problem for anyone else. The pediatric patient who is being held by a nurse may start coughing, sneezing, and having respiratory difficulty just because of an odor. It is extremely important as a nurse to be aware of the effect odors have on our patients and always keep the well being of the patient in the forefront. In patient rooms and in the home, the odors stay long after the nurse leaves. Nurses, be aware of the effect the scents you use have on your patients.

Nurses today work in an office setting and even though they are not in patients rooms, they must be aware of the odors that say, "I'm coming or I have been here" These odors linger. It is a common courtesy to your co-workers to be aware of the odors you leave behind and the reactions that these odors have on your co-workers and the community members that you associate with each day.

In the nursery rhyme, did the giant smell an odor or an aroma? I believe that he definitely smelled an odor and reacted violently as a result. Are you causing violent reactions because of the aromas that are pleasant to you but causes your fellow man to react with headaches, nausea and vomiting, sneezing, coughing, running nose and watering eyes or even the most violent, an anaphylactic reaction.

I am very humbled to be given the opportunity to serve as President of the Arkansas State Board of Nursing. Remember that every day presents a unique opportunity to be kind to one another.

2012 BOARD DATES

January 11
Hearings

January 12
Business Meeting

February 8
Hearings

February 9
Hearings

March 12-14
NCSBN Midyear Meeting, Chicago, IL

April 11
Hearings

April 12
Hearings

May 9
Board Retreat

May 10
Business Meeting

June 13
Hearings

June 14
Hearings

July 11
Hearings

July 12
Hearings



LETTER FROM THE EDITOR

In the article on "Bullying", (Oct. 2011 ASBN Update) nowhere was there any comment about the bullying that nurses face on a daily basis from physicians. How could an article in a professional publication on "Bullying" completely ignore this daily instance faced by nurses?

— Name withheld on request

Response from the authors – Sandra J. Priebe, MSN, RN, ASBN Board President & Karen Holcomb, RN, Board Member

Research shows that bullying behavior among employees is one of the biggest drains on energy and productivity in the workplace. In their research, Lewis and Malecha, *The Impact of Workplace Incivility on the Work Environment*, lost productivity as a result of workplace incivility was calculated at \$11,581.00 per nurse per year. The article "Bullying: Confront or Condone" was written to provide the nurse avenues

to deal with fellow employees who present unacceptable behavior. Yes, you are correct that another aspect of bullying may come from physicians. Research has been done and much has been published on this issue. Most facilities have developed a process to address this issue which involves the Director of Nurses and the Medical Director of the facility. It is ultimately up to the nurse to follow the policies of the facility in which they work. However, can aspects of this article also be applied to physician bullying with confronting or condoning? The Joint Commission also addresses this issue in the Leadership Standard .02.04.01.

Lewis, Patricia Smokler and Malecha, Ann; *The Impact of Workplace Incivility on the Work Environment*, Manager Skill, and Productivity; JONA, Vol. 41, No.1, January 2011.

Your responses, comments and suggestions are encouraged. E-mail me at walker@arsbn.org

LouAnn Walker,
ASBN Update editor

DID YOU KNOW???

...that regardless of the title within a facility (e.g. dean, vice president, director, head nurse, etc.), supervising nurses who allow nurses to work on an expired license may be subject to discipline by the Board? *The Nurse Practice Act* ACA § 17-87-104 (a)(1) states that "it shall be a misdemeanor for any person to: (C) Practice professional nursing, registered nurse practitioner nursing, practical nursing, or psychiatric technician nursing as defined by this chapter unless licensed by the Board to do so." A nurse who is not currently licensed is violating this part of the Act. It is each nurse's responsibility to maintain a current license, but it is also the employer's responsibility to ensure that licenses are current on employment and are renewed before the expiration dates. Pursuant to ACA §17-87-309(a)(6), the Board of Nursing has sole authority over the nurse's license and may discipline a licensee upon proof of, among other things, unprofessional conduct. It could be considered unprofessional conduct for a nurse to supervise, assign, or delegate a nursing task to another person who is not properly licensed.



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SPECIAL NOTICE

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update's contents. Please contact LouAnn Walker at the Board office (501.686.2701) if you have questions about any of the articles in this magazine.

ASBN NOTICE OF INSUFFICIENT FUNDS

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the Nurse Practice Act and could be subject to disciplinary action by the Board. Please contact Gail Bengal at 501.686.2716 if any are employed in your facility.

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Jessica Gonzalez	Exam Application
Tonya Humphrey	R55602
Victoria Knighten	R81020
Amber Sanders	R73529
Nathan Shaheed	T01220
Angela Shupert	L37543
June Elizabeth Sivils	L30290
Della Williams	L28175
Sally F. Williams	L26287



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The Governor's Quality Award is a prestigious award that recognizes achievement in quality of care. Pinnacle Pointe is the only behavioral hospital in the state to receive this award, and it serves as a reflection of the caliber of staff, including nurses, that have chosen to care for children in our hospital.

Our mission is a culture of kindness for patients, families, and staff.

For more information go to www.arkansas-quality.org

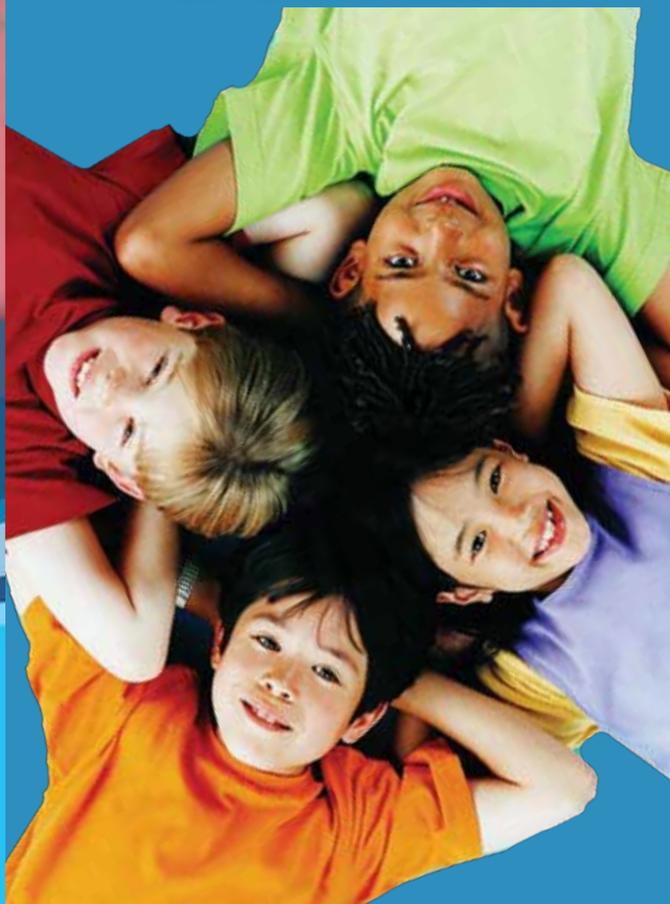
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CULTURE OF KINDNESS



BREASTFEEDING: A CALL TO ACTION



Breastfeeding is one of only a few medical interventions proven to increase bonding between mother and child and protect against multiple illnesses and diseases for both mothers and children. Children who were breastfed have a lower risk of otitis media, severe lower respiratory infections, and leukemia; they have a lower risk of hospitalization in the first year of life and of Sudden Infant Death Syndrome (SIDS). Vulnerable preterm infants have a lower risk of necrotizing enterocolitis (NEC) and improved feeding tolerance if they receive breast milk. The American Academy of Pediatrics currently recommends breastfeeding exclusively for six months, then adding solids while continuing to breastfeed at least through the first year. Benefits to mothers who breastfeed their children are also impressive: lower risk of breast and ovarian cancers, lower risk of postpartum bleeding, and lower risk of osteoporosis and hip fracture.

The Surgeon General's Call to Action to Support Breastfeeding (www.surgeongeneral.gov/topics/breastfeeding), released earlier this year, recognizes the significant benefits of breastfeeding as well as the challenges a mother may face. It is estimated that if 80 percent of U.S. families breastfed exclusively for six months, \$10.5 billion per year would be saved through reductions in direct medical costs, indirect costs such as wages lost while a parent cares for a sick child, and the cost of premature death.¹ It is also well known that relatively simple interventions — such as educating pregnant women and their family members about breastfeeding — can significantly improve breastfeeding rates.

Nationally, 75 percent of newborns start breastfeeding in the hospital, indicat-

ing the desire of most mothers to breastfeed their children. By the age of 6 months, however, 43 percent of infants are partially breastfeeding and only 13 percent are exclusively breastfeeding. Rates in Arkansas are among the lowest in the country, with only 61.3 percent of newborns initiating breastfeeding and 11.8 percent exclusively breastfeeding at 6 months.² The Call to Action contains specific suggestions for improving support of the mother who wishes to breastfeed.

Supporting breastfeeding is not just another recommendation to improve medical practice; payors such as Arkansas Medicaid will be offering incentives through the Inpatient Quality Incentive Program (IQI) to hospitals that improve their breastfeeding rates at discharge, and the Joint Commission has established a Perinatal Care core measure set that includes exclusive breast milk feeding; the commission will be evaluating the per-

How can health providers improve the poor statistics in our state? First, get educated about the basics of breastfeeding.³ Many U.S. providers trained before the subject became part of the curriculum. Next, educate mothers and families about the benefits of breastfeeding, and have a knowledgeable person available to assist patients both in the hospital and after discharge (ideally provided by an International Board Certified Lactation Consultant). Ensure that the hospital's maternity practices are supportive of breastfeeding and work toward instituting the ten steps of the Baby Friendly Initiative, which have been proven to improve rates of successful breastfeeding (see table). With the support of health care providers around the state, the initiative to improve support for breastfeeding mothers could have far-reaching health benefits for Arkansans.

Breastfeeding is one of only a few medical interventions proven to increase bonding between mother and child and protect against multiple illnesses and diseases for both mothers and children.

centage of term newborns who are exclusively breastfed during the hospital stay, excluding infants who have contraindications such as maternal HIV or those requiring NICU care. The definition of exclusive breast milk feeding is that the newborn receives only breast milk and no other liquids or solids except for vitamins, minerals, or medicines. For many hospitals, meeting this core measure will require significant changes to feeding practices as well as changes to documentation and data collection methods. The U.S. Breastfeeding Committee (USBC) has created a document with helpful tips for compliance, "Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding," available online at www.usbreastfeeding.org.

REFERENCES/FOOTNOTES

1. Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*. 2010;125:e1048-e1056.
2. Centers for Disease Control and Prevention. Breastfeeding Report Card — United States, 2010. Available online at: cdc.gov/breastfeeding/pdf/BreastfeedingReportCard2010.pdf
3. Resources for health professionals include: ANGELS Neonatal Guideline on Breastfeeding (www.uams.edu/angels); AFMC/DHS breastfeeding promotion project (www.afmc.org/breastfeeding).

10 STEPS TO SUCCESSFUL BREASTFEEDING



1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in"—allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

SOURCE: Baby-Friendly USA (www.babyfriendlyusa.org)



NURSING EDUCATION PROGRAM APPROVAL

“Learning is not attained by chance; it must be sought for with ardor and diligence.”

Abigail Adams

I recently attended the 2011 National Council of State Boards of Nursing (NCSBN) Leadership and Public Policy Conference in Alexandria, VA. The conference provided an informative and innovative perspective regarding state structure and sovereignty as it related the leadership principles of our founding fathers to the challenge of modern day policy revisions.

Abigail Adams, who is often referred to as the “First Lady of the White House” is well known as the wife of John Adams, second President of the United States and mother of John Quincy Adams, sixth President of the United States, but is not typically an individual that comes to mind as a significant contributor to the foundational development of education.

Although Abigail lacked formal education, as was the case for women of the time, she was a diligent advocate for increased rights for women and was especially monumental in pursuit of expanding educational opportunities. Her passionate contribution to the fundamental opportunities attained by education carved her a place as an extraordinary influence in American History. Abigail’s powerful statement that, “Learning is not attained by chance; it must be sought for with ardor and diligence” allow contemplation of the critical role that foundational nursing education programs may play in the future.

Nursing education faces a historical milestone as the Institute of Medicines (IOM)

Future of Nursing: Leading Change, Advancing Health report (2010) crafts the vision of a nursing workforce that should strive to achieve higher levels of formal education in an environment of new health care reform. We are at an incredible moment in redefining health care and invigorating the workforce. New doors are opening to educational opportunities and career advancement. It is vital to ensure that prelicensure nursing education programs are robust and remain in compliance with educational standards that are in place to provide a springboard of inclusiveness that will dovetail with educational progression.

The Arkansas State Board of Nursing (ASBN) has statutory authority to oversee nursing educational program compliance with mandated regulations and educational standards as established by the Arkansas legislature. An individual that applies for licensure in Arkansas must meet explicit qualification criteria according to the *Nurse Practice Act*. One such criterion states that the individual must have completed an approved nursing education program. The ASBN oversees 27 licensed practical nursing and 29 registered nursing programs. A nursing program that is approved by the ASBN initially progressed through a three-tiered process of approval that includes the following:

Prerequisite Approval is the status that is assigned to an institution that seeks to establish a new nursing program leading to licensure. The institution is required to submit a letter of intent and feasibility study that delineates specific elements as reflected in the ASBN *Nurse Practice Act and Rules*. The ASBN staff will conduct an on-site survey and



prepare a report for the Board to review for a decision to grant, defer or deny prerequisite approval. In the event the institution receives prerequisite approval, they may begin to advertise for students and proceed toward compliance by following the Education Standards for the Initial Approval level.

Initial Approval is the status that is assigned to an institution that has secured a nurse program administrator. The administrator plans the program and submits specific documentation that reflects compliance with requirements as delineated in the *Arkansas Nurse Practic Act* and *ASBN Rules*. The ASBN staff will prepare a report for submission to the Board for review for a decision to grant, defer or deny initial approval. In the event the institution receives initial approval, they are required to comply with the same educational standards as established programs and they may begin admitting students as they proceed toward compliance by following the Education Standards for the Full Approval level.

Full Approval is the status that is assigned to an institution's program of nursing that can provide evidence of compliance with the Education Standards. The ASBN staff will validate program compliance before the first graduating class and prepare a report for submission to the Board for review for a decision to grant, defer or deny full approval.

A nursing program that is approved by the ASBN continues to be reviewed for continued compliance with the educational standards as delineated in the *ASBN Rules*, Chapter 6, Section II: Program Requirements, A – J. The ASBN staff periodically conducts a program review to verify compliance. A new program has an on-site survey three years after initial full approval. Established programs have an on-site survey every five years or if they have continued accreditation status from a national nursing accreditation organization and maintain a National Council Licensure Examination (NCLEX®) passage rate of 75 percent or higher; they are

allowed to submit a paper survey to ASBN versus an on-site review.

The Board reviews a survey report and makes a determination regarding status of the nursing program. There are two approval designations for established programs that prepare graduates for licensure that include the following:

Continued Full Approval is the status assigned to a nursing program that is in compliance with standards.

Conditional Approval is the status assigned to a nursing program that has areas of non-compliance with the standards that must be corrected within a Board specified timeframe.

Additional information related to approved Arkansas nursing programs, program requirements, and approval levels is located on our website at www.arsbn.org. Click on the Education tab.

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We hope to have nominees from every county and every medical facility in Arkansas. From approximately 48 finalists, we will choose two "Runners Up" and finally, one nurse will be named Arkansas' Most Compassionate Nurse at a special ceremony. The nurses will be recognized in the *ASBN Update* magazine and the Winner will be featured inside and on the cover. Watch for more details coming soon!

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GOVERNOR BEEBE RECOGNIZED NOVEMBER 7-13, 2011 AS NATIONAL PERIOPERATIVE NURSES WEEK.

Perioperative nurses are nurses that work in the surgical setting taking care of the patients in the pre-operative, inter-operative, and post-operative setting. Nurses in the photo are members of the Central Arkansas AORN (Association of Perioperative Nurses).



L to R: Elizabeth Dover, RN, Arkansas Children's Hospital; Tammy Roberson, RN, Arkansas Children's Hospital; Renee Lawrence, RN, UAMS; Gov. Mike Beebe; Mary McCartney, UAMS; Kenny Worley, RN, UAMS.

Not All Continuing Education Programs Offer the Same Value

There are a lot of places online where you can get continuing education. Some are even free. But if you're just trying to get hours to meet some bureaucratic requirement then stop reading now. Because this ad is about a CE program that will help make you a better nurse. One that's academically based from the only Academic Health Sciences Center in Arkansas.

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Darla Erickson, CPA,
Administrative Services Manager



We have been promising the change for a while. If you have renewed your license recently you are among the first to receive a plastic card instead of the paper licensure cards. These cards are different, not only because they are plastic, but also because they are permanent. The

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- Under Online Services select "Registry Search"
- Click the link by "1. ASBN Registry Search"
- Under Search License Registry type your license number or your name
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- Click on your name

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YOUR DRUG SCREEN IS POSITIVE

I have a bottle I keep left over medications in so if I get a migraine, I have something to take for it. . .

I found a Hydrocodone I had left over from four years ago in my bathroom medicine cabinet, so I took it for back pain. . .

I found an Adderal in my purse when I was cleaning out my closet and took it. I used to take Adderal two to three years ago. . .

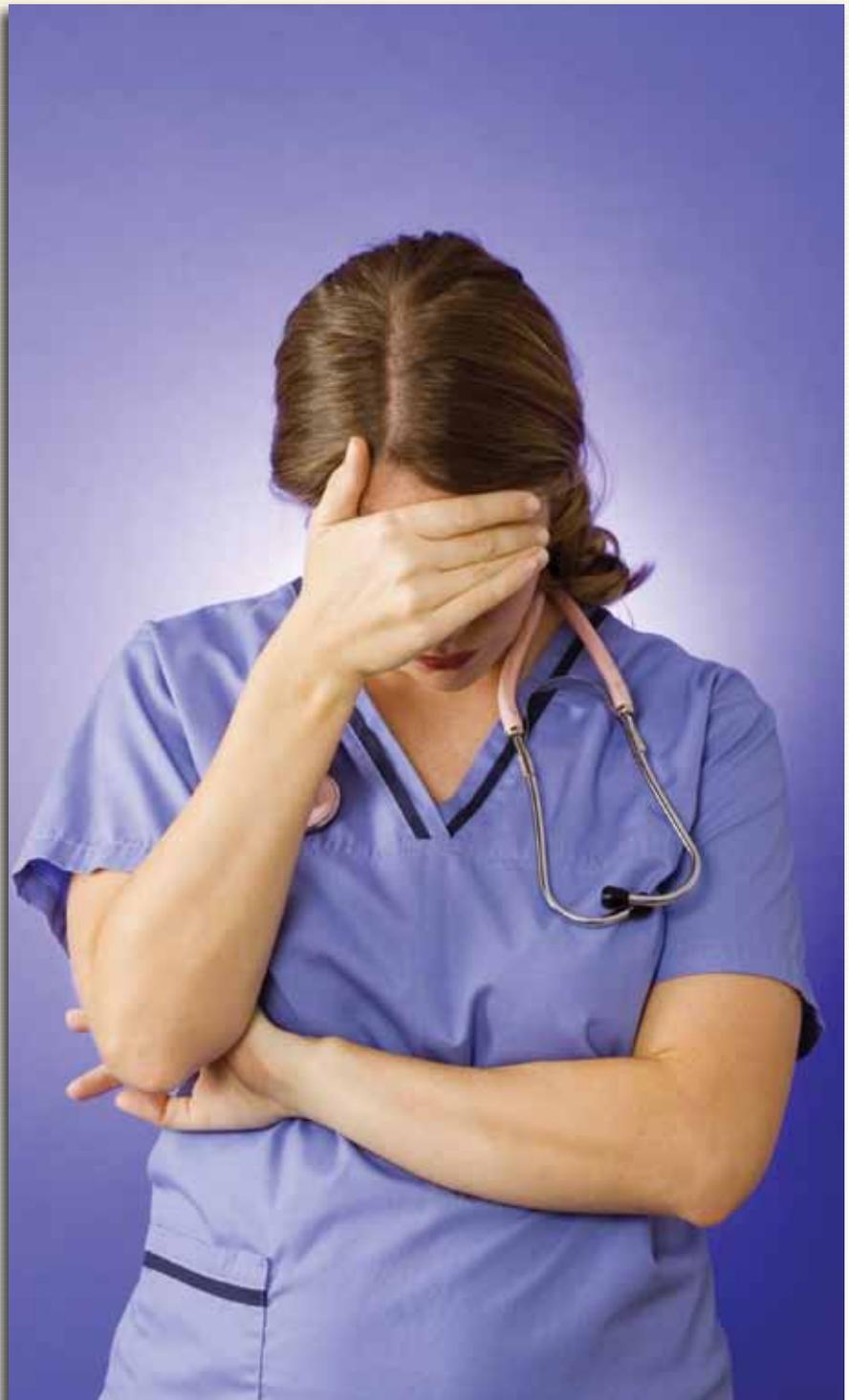
I must have taken my cat's Hydrocodone by mistake. . .

The nurses' statements above were the reasons given for why they tested positive for a controlled substance in the twenty-four hours or so after the nurse returned to work. The drug screens were done for both random and reasonable cause. The nurses were terminated by their respective employers for not being able to produce a prescription for the medication for which they tested positive. The nurses were also referred to the Arkansas State Board of Nursing (ASBN) for violation of the facilities' policies and procedures as they relate to fitness for duty.

As educated nurses, we would never advise our patients to take a medication that they have 'saved' from the last time they had a prescription filled. Saving the last few antibiotics 'for the next time' is one cause of drug resistant infections. Self-medicating is dangerous in other ways, especially when taking 'saved' controlled substances for pain.

Pain is a symptom. Medicating for pain without determining the reason for the pain may prevent the timely diagnosis of cancer, heart disease, or serious infection. Saving medications and taking them later may place you at risk for a serious drug interaction when you mix former and current medications. This interaction may affect your reasoning ability, damage your organs, or in the worst-case scenario, cause death.

Saving unused medications also may place your



family at risk. You save the remainder of the prn Hydrocodone from your sprained ankle in year one, now in year four, you may be tempted to give one to a family member or friend who complains of pain. You have placed your license at risk for prescribing and dispensing pain medication. If there is a poor outcome, such as a fall due to dizziness and a fractured hip, you may be legally implicated by the harmed person and family.

There is also the recent surge of children and teens taking medications from home, grandparents, and other relatives for the purpose of trading, selling, and even using them. Your nine-year-old Billy stays weekends with grandma, who saves her pain medication to avoid paying a clinic visit co-pay. Four years later, Billy is now thirteen. His friends are also well known to grandma. They know that grandma saves her 'old' pills. They reason that grandma will not miss a bottle of pills or remember how many she 'saved' in one of her bottles, so they take some of the pills. Unfortunately, this happens more than we

care to admit.

When a nurse is referred to the ASBN for testing positive on a drug screen, it generally means that the nurse was not able to produce a prescription for the Medical Review Officer (MRO) who evaluated the drug screen for the medication that was reported positive. The MRO has to decide what policy he or she would like to follow, and what they would be willing to defend in a court of law (i.e. is the policy legally defensible)? Every MRO has his or her own way of doing things when it comes to this issue.

Generally, if the prescription is less than one year old, the prescription information is confirmed with the pharmacy. If the prescription is over a year old, then the MRO may request that a copy of the original bottle be sent. If the bottle is no longer available, the nurse generally ends up with a positive test. Most of the time, nurses cannot produce the bottle of the medication claimed to have been taken in the last 24 to 48 hours. The nurse had kept the bottle for two to four

years and now it is gone. Is the nurse being truthful of where the medication came from? Was this the one and only time the nurse took an 'old saved' controlled substance and had a drug screen the next day? Only the nurse knows.

The mission of the ASBN is to protect the public and act as their advocate by effectively regulating the practice of nursing. When a nurse takes an 'old' prescription, that nurse is self-prescribing and self-medicating thereby risking serious consequences and should be held accountable and reprimanded. Providers generally advise patients not to take a prescription that is over a year old. Prescription bottles are usually labeled with a 'use before date' that is generally one year after the prescription is filled. While it is not against the law to take expired medicines, a nurse may risk discipline, as he or she should be aware of the consequences of this risky behavior.



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COLLABORATIVE PRACTICE AGREEMENT FOR APNs WITH



What must be included in a Collaborative Practice Agreement? Does it need to be signed by the APN and the collaborating physician? How many collaborating physicians do I need to include? Is there an example I can use? How often does it need to be updated? Do I send in a copy when I renew my license? Is the Collaborative Agreement considered to be a "supervisory" agreement between the APN and the collaborating physician?

These are frequently asked questions we have received about the Collaborative Practice Agreement.

Advanced practice nurses (APNs) with Prescriptive Authority must submit a Collaborative Practice Agreement (CPA) and Quality Assurance (QA) Plan upon initial application for Prescriptive Authority. For license renewal, if the CPA and QA Plan are

still exactly the same as previously submitted, you may fax in the previously signed Collaborative Practice Agreement without getting new signatures. However, if there are any changes, you must submit a new original CPA and QA Plan. You will then receive a letter stating that your CPA and QA Plan have been approved or needs revision.

The purpose of the CPA is to provide the APN with a reliable resource phy-



sician to collaborate with in the case the APN is unsure about a diagnosis, treatment options, needs to prescribe a medication that is outside of their prescriptive protocols, etc. Collaboration should always be documented by the APN on the patient's chart. The CPA also includes a provision that a QA Plan is followed, which the APN and collaborating physician will follow and document at least annually. The collaborating physician does not need to sign behind the APN's orders or prescriptions unless a verbal order is given by the physician or per facility/clinic policy. The CPA is not intended to be a business contract or a "supervisory" document.

There are specific guidelines that must be addressed in a CPA. These guidelines can be found on the ASBN's website in the ASBN *Rules*, Chapter 4: Advanced Practice Nursing.

The guidelines that must be included in the CPA (but not limited to) follow:

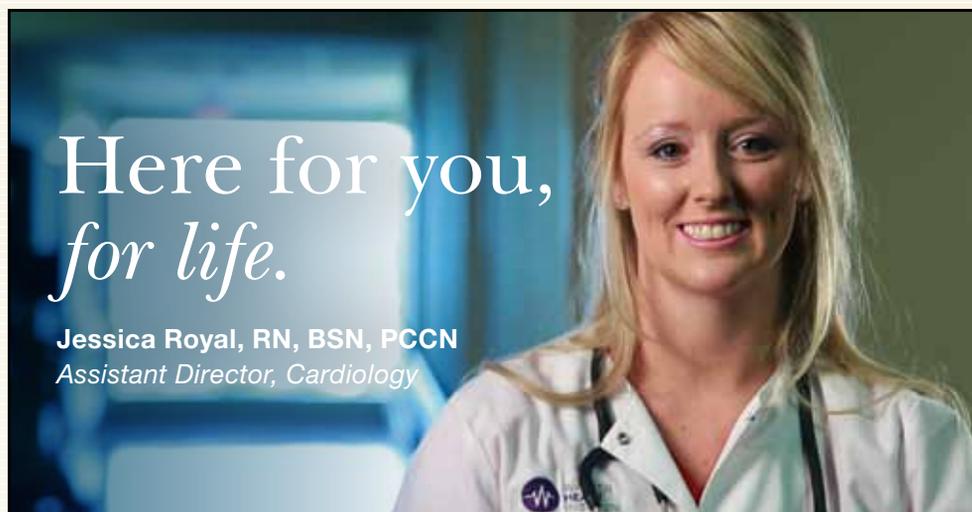
- a collaborating physician who is licensed in Arkansas, has an unrestricted DEA registration number and who has a practice comparable in scope, specialty, or expertise to that of the APN.
- the collaborating physician agrees to be available for consultation and/or referral either in person or via electronic/telephonic communication.
- the use of protocols for prescriptive authority, which should be reviewed annually. Do not submit prescriptive protocols to the ASBN unless they are requested.
- plans for emergency coverage of the health care needs of the patient

in the absence of the APN and/or collaborating physician.

- a provision statement for quality assurance (a QA Plan must be submitted to the ASBN with initial or new CPAs).
- signatures of the APN and collaborating physician, which signify mutual agreement to the terms of the collaborative practice. The physician's Arkansas medical license number and specialty must be included. The name and address of the work site(s) for the APN and the collaborating physician must also be provided.
- statement that the APN will limit prescribing to the area of educational preparation and certification.

The APN must use their own judgment regarding submitting more than one collaborating physician. For example, if an APN works at a hospital facility in the oncology and respiratory care units, they would need a collaborating physician for each unit, since the specialties are very different. Many Arkansas APNs work PRN in multiple facilities/clinics; therefore, they would need to have a separate CPA and QA Plan for each facility/clinic.

In addition to the QA Plan examples on the www.arsbn.org website (select the Adv. Practice tab), there is an example of a Collaborative Practice Agreement that most of Arkansas' APNs use.



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Jessica Royal, RN, BSN, PCCN
Assistant Director, Cardiology

"I started here as a staff nurse, moved into the role of a charge nurse, then became a preceptor to train and mentor new nurses, then shortly after that I was promoted to Assistant Director of Cardiology. Washington Regional has some of the areas best physicians and nurses, and I love that the hospital is committed to community service." – Jessica

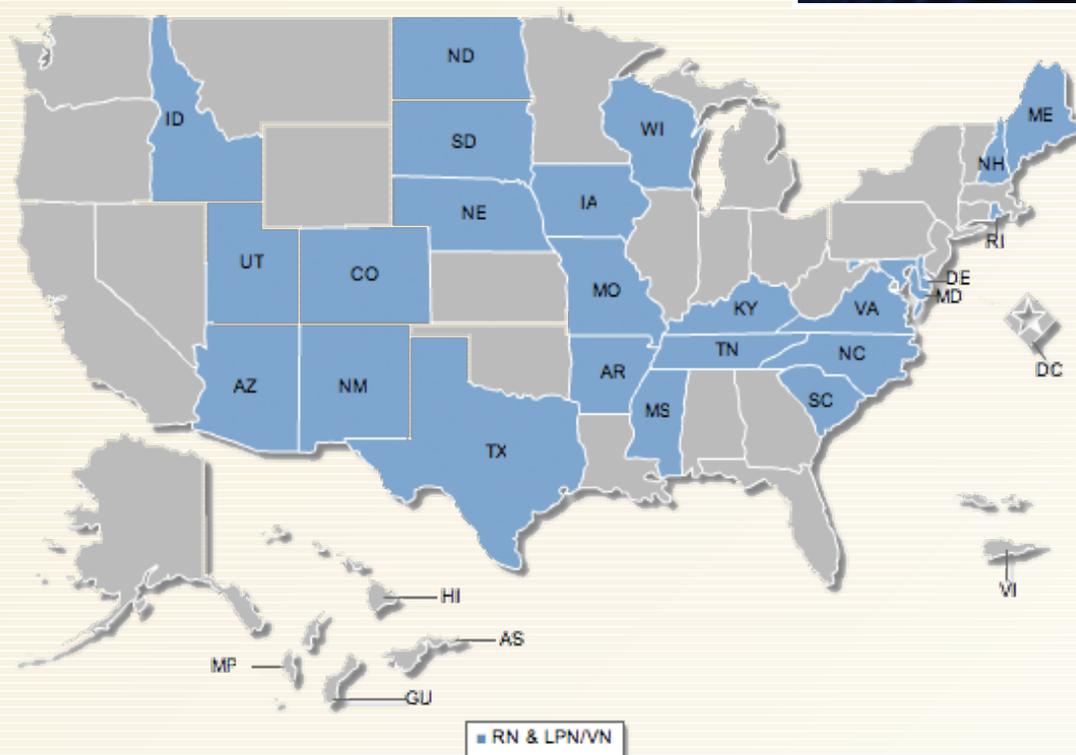
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The Nurse Licensure Compact Administrators (NLCA) released “The Nurse Licensure Compact Explained,” a new video that explains the privilege to practice that a multistate license provides to registered nurses and licensed practical/vocational nurses. In addition to explaining the difference between single state and multistate license, nurses learn what states are compact states, eligibility requirements for a multistate license, and key points to note when moving to a new state. The video can be found on our website at www.arsbn.org. Choose the Compact tab, then the link at the bottom of the page.



HAVE YOU CONSIDERED SERVING ON THE STATE BOARD OF NURSING?

The Board of Nursing is composed of thirteen board members appointed by the Governor for four year terms with the following designations: seven registered nurses, one of which is advanced practice with prescriptive authority, two of which are diploma school graduates, two of which are associate degree graduates, and two baccalaureate degree or post-pacalaureate degree graduates; four licensed practical nurses or licensed psychiatric technician nurses, one consumer member; and one representative

of the older population (age 60 or over). Board members can serve a total of two four-year terms.

Qualifications for the nurse Board members are that you have been a nurse for five years, actively practicing for the last three years, the last two of which must be in Arkansas.

Service on the Board requires a time commitment of two days a month for about nine months out of the year.

If you are interested in serving on the Board, you can apply through the Governor’s Web site, www.governor.arkansas.gov. On the left side under Services, click on the link for Board Appointments. You will then fill out an online application. It is helpful to have letters of support from your legislators and your professional colleagues. If considered, a thorough background investigation is conducted. If selected, you will receive an appointment letter from the Governor.

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- Current licensed RN with Masters Degree from an Accredited Advanced Nurse Practitioners Program
- Must have obtained APN Certification
- Minimum of 2 yrs APN experience
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September 26

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November 8

Henderson State University
Garrison Center Lecture Hall
Arkadelphia

8:30 - 9:00 a.m.		ASBN 101
9:00 - 10:00 a.m.		A Line in the Sand: Professional Boundaries in Nursing
		Break
10:00 - 10:15 a.m.		
10:15 - 11:00 a.m.	Can You Spot a Red Herring?	
11:00 - 12:00 noon	Stay safe! Infection Control & Disaster Preparedness	
		Lunch
12:00 - 12:45 p.m.		
12:45 - 1:30 p.m.	CSI: What Not to Do	
1:30 - 2:30 p.m.	Licensure Privilege to Practice	
2:30 - 2:45 p.m.		Break
2:45 - 3:45 p.m.	The Nuts and Bolts of NCLEX®	

This continuing education sponsored by the Arkansas State Board of Nursing is awarded 6.0 contact hours. Participants who leave immediately prior to the NCLEX presentation will receive 5.0 contact hours. E-mail info@arsbn.org if you have questions.

Application for CE approval has been submitted to Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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Mail completed registration form and \$45.00 registration fee (in-state check or money order) to ASBN, 1123 S. University Ave., Suite 800, Little Rock, AR 72204. Registration must be received one week prior to workshop.

Check date you plan to attend: March 8 September 26 November 8

NAME _____ LICENSE NUMBER _____

CITY _____ ZIP _____ PHONE _____

F A Q S

Q How do compact licenses work?

A If your primary state of residence is in a compact state you cannot hold a license in other compact states. You may work in any other compact State on that compact license. Single state licenses are issued to persons who live in a non-compact state and want to work in Arkansas.

Q I have only had my license for one year. Will I need the entire 15 Contact hours of Continuing Education?

A If your initial license is valid for less than two years, you do not need continuing education with the first renewal.

Q I have enrolled in a BSN to MSN program and keep hearing that a doctorate will be required for APNs around 2015 and some say 2013. Can you let me know when this will go into effect?

A At this time, there is no requirement for APNs to hold a doctorate degree in order to practice. The American Association of Colleges of Nursing (AACN) has made a recommendation for APNs to move from

the Master's degree to the doctorate level by 2015. However, it is within each state's Board of Nursing's jurisdiction to make this a requirement. At the present time, no state Board of Nursing has adopted the doctorate degree as the entry-level degree for APN practice.

Also keep in mind that a nurse's license cannot be rescinded unless they do not renew their license or violate the *Nurse Practice Act* or *ASBN Rules*.

The ASBN could conceivably propose to require a doctorate degree for APNs in the future, but it is not being discussed at this time.

Q Am I still required to take 20 hours of continuing education if my license is expired for only one day?

A Arkansas State Board of Nursing *Rules* do not speak specifically to CE requirements for individuals whose license has expired, but it does address CE requirements from inactive status. Since an expired license is an inactive status, when a person's license expires, even for one day, that places them into the category of having to have completed 20 hours of continuing education in order to renew the license. If the individual is audited following expiration of a license, Arkansas State Board of Nursing would hold them accountable for having the 20 contact hours of practice focused continuing education.

Q What would the risk be to a nurse who works in a physician's office where medical assistants perform invasive procedures and administer medications?

A The Delegation Chapter of the *ASBN Rules* lists tasks that can be delegated without prior assessment, tasks that shall not be delegated and describes circumstances under which other tasks can be delegated if the five rights are met. Medication administration by any route is in the list of tasks that shall not be delegated to any unlicensed persons. Nurses who delegate to unlicensed personnel the performance of tasks other than as described in Chapter 5 are subject to disciplinary action for unprofessional conduct.

POSITION STATEMENT 03-1

SCHOOL NURSE GUIDELINES IN PATIENT CARE SETTINGS OTHER THAN SCHOOLS

It is the Board's opinion that the Arkansas State Board of Nursing School Nurse Roles and Responsibilities Practice Guidelines may be applied to settings other than schools provided they are used as a whole and not taken out of context. Further it is the opinion of the Board that it is inappropriate to use these guidelines to approve or deny services to clients.

In May 2000 the Arkansas State Board of Nursing approved practice guidelines for school nurses. These guidelines were developed to assist the school nurse in determining the nursing care activities that could safely be delegated when certain conditions were met. The guidelines may be applied to other similar settings if:

1. Nursing care is NOT the primary purpose of the client being in the setting,
2. The parent/guardian would do the same nursing task(s) if they were present, and
3. The parent/guardian has given their consent for the unlicensed person to perform the nursing tasks.

In addition, the nurse who delegates nursing care to an unlicensed person must apply the following criteria in determining if it is appropriate to delegate the care:

1. A licensed nurse responsible for the client's nursing care and qualified to determine the appropriate application of delegation to an unlicensed person must assess the client. Periodic reassessment must confirm that the nursing care being delegated to an unlicensed person continues to be appropriate.
2. The client's nursing care needs must be stable.
3. The performance of the nursing care by an unlicensed person must not pose a potential harm to the client.

4. No or little modification can be made in the nursing care provided the client.
5. The nursing care being provided for

identify the task(s) that may be delegated to an unlicensed person. The policies and procedures must



6. The competency of the unlicensed person to perform the required nursing care is validated and documented. This requires the nurse who is delegating the nursing care to be familiar with the client's needs and with the unlicensed person's skills.
7. Supervision that is required for the individual unlicensed person performing the specific task(s) for a specific client is readily available.
8. The facilities' policies and procedures

also recognize that the nurse who is delegating the task(s) is responsible for determining that a task is appropriate to delegate in a specific situation.

Nurses who delegate nursing tasks are responsible and accountable for ensuring that the delegation was appropriate. Unlicensed persons are responsible and accountable for competent performance of the nursing care that is delegated to them which includes calling the delegating nurse for assistance if the client's condition or needs change.

Adopted: February 12, 2003

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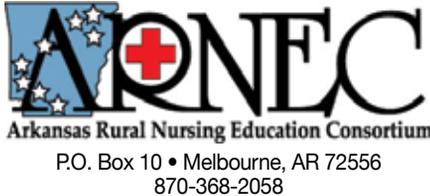
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The full statutory citations for disciplinary actions can be found at www.arsbn.org under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penal-

ties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an impaired-nurse contract with an employer and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the *Nurse Practice Act*. To submit a report use the online complaint form at www.arsbn.org, or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

PROBATION

Farmer, Kandy Kolett Kimes
R19489, Monticello
Probation – Non Compliance
Probation – 1 ½ years
Civil Penalty – \$750.00

Fields, Gina Sue
R76831, Quitman
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years

Glosenger, Shelley Denise Kreuzt Hale
R68679, Ft. Smith
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$2,800.00

McDaniel, Zachary Paul
L52294, Jonesboro
A.C.A. §17-87-309(a)(2)
Probation – 1 year

Miller, Sheila B. Walker Dawes
L34338, Almyra
A.C.A. §17-87-309(a)(1),(4)&(6)
Probation – 3 years
Civil Penalty – \$2,700.00

Owens, Larry Wayne
R36243, Cabot
A.C.A. §17-87-309(a)(2)&(6)
Probation – 1 year

Propst, Rhonda Diane Roberts
R63621, Black Rock
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$1,500.00

Staats, Dawn Peterson
R37290, Benton
A.C.A. §17-87-309(a)(4),(6)&(9)
Probation – 2 years
Civil Penalty – \$1,000.00

Stanley, Mike Vernon
L50375, Pearcy
Probation Non-Compliance
Probation – 1 year
Civil Penalty – \$500.00

Williamson, Michelle Anthonette
Monday Tackett
L28483, Glenwood
A.C.A. §17-87-309(a)(2), (a)(4) and (a)(6) and §17-87-312(e)(28)
Probation – 2 years
Civil Penalty – \$1,000

SUSPENSION

Anderson, Kym M
L49667, Paragould
Suspension – 1 year, flwd by
Probation – 2 years
Civil Penalty - \$1,500.00, plus prev bal
October 13, 2011

Anderson, Seth M
R67789, L35963 (exp), Jonesboro
Suspension – indefinitely
October 13, 2011

Arnold, Brenda Gail McCoy
L29412, Tampa, FL
Suspension – until terms of LOR met
October 12, 2011

Colter, Donna Marie Brooks
L40142, Hatfield
Suspension – until terms of LOR met
October 12, 2011

Hernandez, Heather Dawn Lenington
L40541, Eufaula, OK
Suspension – until terms of LOR met
October 12, 2011

Moore, Deborah Sue Funk Bottoms
L38743, Fayetteville
Suspension – until terms of LOR met
October 12, 2011

Nunley, Shea Louise
L48835 (expired), State University
Suspension – until terms of LOR met
October 12, 2011

Nwosu, Comfort Ihebuozaj
R36596, Dublin, GA
Suspension – until terms of LOR met
October 12, 2011

Pate, Brandy Michelle Forest
L40821, Nashville
Suspension – until terms of LOR met
October 12, 2011

Pruitt, Terry Lynn Pinkston
R72708, Ft. Smith
Suspension – until terms of LOR met
October 13, 2011

Walker, Fandra Marchall Owens
L38827, Texarkana, TX
Suspension – until terms of LOR met
October 12, 2011

Woolsey, Holly Christine Whitley
R70607, Hollister, MO
Suspension – 3 years, flwd by
Probation – 2 years
Civil Penalty – \$2,500.00, plus prev bal
October 13, 2011

VOLUNTARY SURRENDER

Bracken, Kelly Scott
R21110, Rolla, MO
September 19, 2011

May, Amy Marie Russell
L42424, Sparkman
September 28, 2011

Mills, Ruby Ellen Spears Craine
L13993, Fayetteville
October 5, 2011

REINSTATEMENTS WITH PROBATION

Haygood, Talisa Ann Milam
R63331, Royal
Probation – 2 years
September 27, 2011

REPRIMANDS

Beckless, Shanee
R89317, North Little Rock
August 31, 2011

Cetinkaya, Teresa Charlene
L41423, Imboden
August 31, 2011

Edger, Brenda Joyce Hawkins
L19751, Maumelle
August 31, 2011

Green, Ronald Lee
R88410, L48984, North Little Rock
August 31, 2011

Lamb, Terry A
R19922, Ft. Smith
August 22, 2011

Stinnett, Mona Rene
L51624, Russellville
September 7, 2011

PROBATIONARY STATUS REMOVED

Belue, Mary Denise Berry
L29901, Fort Smith
September 22, 2011

Cameron, Patricia Jane Williams
Blakely
R37019, North Little Rock
September 30, 2011

Chastain, Kimberly Suzanne Ward
R63869, Almyra
September 22, 2011

Dismuke, Shaneria Jean Thompson
L46749, Crossett
September 22, 2011

Faul, Cherry Caroline Cox
L41704, Rogers
September 22, 2011

Furr, Daniel Glenn
R71351, Cabot
September 22, 2011

Higginbotham, Kristy Michelle Reed
L37967, Hamburg
September 22, 2011

Knight, Regina Denise Mosley Crossland
R30440, Little Rock
September 22, 2011

Moyers, Kristi Anne Thompson
L35828, Malvern
September 22, 2011

Putman, Shannon Lynn
Hooten Conley Hooten
R54603, Searcy
September 22, 2011

Siccardi, Conita Renee Strickland
R42310, Van Buren
September 22, 2011

Stephens, Jr., John Abraham
R42305, Central City
September 22, 2011

WAIVER DENIED

Mallett, Tiffany Danielle
NCLEX®-PN Applicant
October 12, 2011

WAIVER GRANTED

Garrett, Kristen Marie Nitschke
RN Endorsement Applicant,
No Little Rock
October 12, 2011

Johnson, Kristie LeeAnn Robinson
RN Applicant, Keiser
October 12, 2011

Johnson, Talisha Lane
PN Applicant, Arkadelphia
October 13, 2011

Sargent, Rachael Elaine Burton
RN Endorsement Applicant,
Little Rock
October 12, 2011

Stockard, Ashlee Michelle Roberson
RN Applicant, Dewitt
October 12, 2011

Walker, Kristy Dawn
PN Applicant, Tuckerman
October 12, 2011

continued on page 29

BOARD DISCIPLINARY ACTIONS - JULY 1, 2010 - JUNE 30, 2011

ACTION	RN	CRNA	APN	RNP	LPN	LPTN	APPL	TOTAL
Licenses Suspended	29	0	2	0	33	1	0	65
Licenses Revoked	3	0	0	0	2	0	0	5
Placed on Probation	81	0	6	2	46	0	13	148
Licenses Reinstated	7	0	1	0	11	0	0	19
Probation Removed	46	2	0	0	22	0	0	70
Written Reprimands	27	1	2	0	29	0	0	59
Voluntary Surrenders	54	0	1	0	36	1	0	92
Imposters Investigated	0	0	0	0	0	0	0	0
Prescriptive Authority Terminated	0	0	4	0	0	0	0	4
TOTAL	247	3	16	2	179	2	13	462
Administrative Hearings	38	1	2	0	44	1	15	101
Consent Agreements	79	0	6	2	45	0	11	143
Licenses Fined	75	0	6	2	41	1	0	125
Total Fines Assessed								\$156,810.00
Total Fines Collected								\$128,409.72
In addition, the Board sent non-disciplinary letters of warning as follows:								
Letters of Warning	54	1	3	1	58	2	2	121

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Disciplinary Actions NOVEMBER 2011

PROBATION

Bennett, Alicia Marie
PN Applicant, Rogers
A.C.A. §17-87-309(a)(2)
Probation - 1 year

Coulter, Sibyl Daneylle
L35145, Arkadelphia
A.C.A. §17-87-309(a)(1),
(a)(2) & (a)(6)
Probation - 1 year
Civil Penalty - \$1,200.00

Despain, Jr., Robert Doyle
R84284, Jonesboro
A.C.A. §17-87-309(a)(2),
(a)(4) & (a)(6)
Probation - 1 year

French, Melissa Dawn
R65038, L33367 (exp),
Arkadelphia
A.C.A. §17-87-309(a)(6)
Probation - 1 year

Harris, Kelly Jeanne Summer
Harris
L50282, Texarkana
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,710.31

Harwell, Kim Annette
R55285, Pine Bluff
A.C.A. §17-87-309(a)(4),
(a)(6) and (a)(9)
Probation - 2 years
Civil Penalty - \$1,500.00

Henry, Jamesena Louise Hill
L23583, Judsonia
A.C.A. §17-87-309(a)(2),
(a)(4)
& (a)(6)
Probation - 1 year

Jackson, Buffy Jo Campbell
R85950, Conway
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$500.00

Noel, Billy Hartley
A01824, R42221,
PAC 01688, Branch
A.C.A. §17-87-309(a)(2)
& (a)(6)
Probation - 3 years and
Voluntary
Surrendered - 3 yrs,
Prescriptive Authority Only
Civil Penalty - \$500.00

Sharum, Kevin Arthur
R27984, Alma
Probation Non-Compliance
Probation - 2 years
Civil Penalty - \$500
plus prev bal

SUSPENSION

Bhatia, Ravi Alethea
R56347, Little Rock
Probation Non-Compliance
Suspension - 2 years,
followed by

Probation - 2 years
Civil Penalty - \$2,000
plus prev bal

Boyster, Michelle LaJean
R71767, Bryant
Probation Non-Compliance
Suspension - 2 years,
followed by
Probation - 2 years
Civil Penalty - \$2,000.00
plus prev bal

Brewer, Linda Sue Laswell
L38357 (exp), Rose Bud
Probation Non-Compliance
Suspension - 3 years,
followed by
Probation - 2 years
Civil Penalty - \$2,500
plus prev bal

Danner, Barbara A.
L38793, Texarkana
Probation Non-Compliance
Suspension - 2 years,
followed by
Probation - 2 years
Civil Penalty - \$2,000

Hewett, Francene D. Ray
R53571 (exp), Rogers
A.C.A. §17-87-309(a)(4)
& (a)(6)
Suspension - 3 years,
followed by
Probation - 2 years
Civil Penalty - \$3,362.50

Nelson, Dorothy Jean Robinson
L23734, Dermott
Probation Non-Compliance
Suspension - 3 years,
followed by
Probation - 2 years
Civil Penalty - \$2,500
plus prev bal

Sampley, Annie Marie Davenport
L38379, Ozark
Probation Non-Compliance
Suspension - 1 year,
followed by
Probation - 2 years
Civil Penalty - \$1,500.00

Sterling, Lorrie Kay Hutsell
L24433, Searcy
Letter of Reprimand
Non-Compliance
Suspension - Until Terms
of LOR Met

Stone, Tamatha Ann
R53078 (exp), Winterville, GA
Probation Non-Compliance
Suspension - 1 ½ years,
followed by
Probation - 3 years
Civil Penalty - \$1,000
plus prev bal

VOLUNTARY SURRENDER

Buford, Rita Carol
R15522, West Helena
November 15, 2011

Burch, Michael Anthony
L51192, Portageville, MO
November 21, 2011

Cetinkaya, Teresa Charlene
L41423, Imboden
November 3, 2011

Culberson, Rita Corinea
T01580, Little Rock
November 21, 2011

Henson, Allen Keith
L50348, Newport
November 2, 2011

Mahan, Shawn Noel Rouse Isom
L44431, Flippin
November 17, 2011

Stephens, Carla Sue
L47682, Bradenton, FL
November 3, 2011

Stobaugh, Sarah Marie
R77253, Conway
November 9, 2011

Traywick, Kagan Leah Walls
L43248, Jacksonville
November 9, 2011

Wilson, Karla Leigh
L45443, Wynne
November 3, 2011

RESCISSION

Alaman, Sayward Mary Allen
L36087, Searcy
Letter of Reprimand - Rescinded
November 9, 2011

REVOCAION

Wood, Gerrold Glenn
L24679, Oxford
November 9, 2011

PROBATIONARY STATUS REMOVED

Fitzhugh, Casey Lee
R80953, Benton
November 17, 2011

APPEAL DENIED

Sade, Marie Janine
A03528, PAC 3383,
Forsyth, MO
LOR UPHELD

WAIVER GRANTED

Doolittle, John William
NCLEX®-PN Applicant,
Little Rock
November 9, 2011

Reed, Benice Dianne Burnett
NCLEX®-Applicant
November 10, 2011



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Fri., April 27, 2012	Cozumel, Mexico
Sat., April 28, 2012	Fun Day At Sea
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