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August 2016
Volume 20
Number 4

JILL HASLEY
1971 - 2016

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ASBN Update

PUBLISHED BY

Arkansas State Board of Nursing
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Little Rock, Arkansas 72204
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SUE A. TEDFORD, MNSc, APRN

Jill Hunter Hasley
April 30, 1971 – July 30, 2016

I write this article with a heavy heart. We have lost a special person and valued member of our work family, Jill Hunter Hasley. If you personally knew Jill, you know she would want us to celebrate her life instead of mourn her death. As a tribute to this wonderful friend and colleague, I will put on my happy face and remember the good times we shared.

Being a nurse was a way of life for Jill. She started her nursing career as a LPN in 1994. She returned to school and obtained her RN license in 1997. That was not enough for Jill, so back to school again – this time for her master's degree and licensure as an APRN in 2004. Her love for learning never stopped, and she was working on her post-master's certificate in mental health at the University of Arkansas for Medical Sciences. Knowing Jill, I am sure a doctorate in nursing would have soon followed.

Jill joined the Board of Nursing staff as Program Coordinator of Advanced Practice in 2011. Prior to accepting a position at the Board, Jill worked in multiple clinical settings as well as an educator in several nursing programs. I was most impressed with the work she did as the Program Director for a pilot project – Arkansas Rural Nursing Education Consortium (ARNEC). It was the first of its kind program in Arkansas – six community colleges from around the state joined together to offer a LPN to RN program. This was a tremendous feat to accomplish this task, and Jill achieved it with such determination. Jill was a member of Sigma Theta Tau-Gamma XI chapter, Arkansas Nurses Association, Arkansas Nurse Practitioner Association and American Psychiatric Nurses Association. She served on many state and national committees, and she was active with the National Council of State Boards of Nursing APRN activities.

When Jill walked into a room, happiness radiated from every ounce of her body. Her laugh would brighten the hardest day. If there were mischievous acts around the office, I always knew Jill was somehow involved. I loved how Jill gave almost every inanimate object a name — Flash was the agency's car and Bob was one of our copiers.

The Nightingale Tribute (Kansas State Nurses Association) was designed to honor nurses. The following poem is a part of the tribute.

She Was There

When a calming, quiet presence was all that was needed,
She was there.
In the excitement and miracle of birth or in the mystery and loss of life,
She was there.
When a silent glance could uplift a patient, family member or friend,
She was there.
At those times when the unexplainable needed to be explained,
She was there.
When the situation demanded a swift foot and sharp mind,
She was there.
When a gentle touch, a firm push, or an encouraging word was needed,
She was there.
In choosing the best one from a family's "Thank You" box of chocolates,
She was there.
To witness humanity, -- its beauty, in good times and bad, without judgement,
She was there.
To embrace the woes of the world, willing, and offer hope,
She was there.
And now, that it is time to be at the Greater One's side,
She is there.

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President's Message

RAMONDA HOUSH,
MNSC, APRN, CNP, C-PNP

Leaving a Legacy

Legacy is defined by Merriam-Webster as "something transmitted by or received from an ancestor or predecessor" or "a gift" received by someone who has passed. Jill Hasley's life definitely left a legacy for the profession of nursing. Jill loved being a nurse! The only thing she loved more was her beautiful family — and the Razorbacks were a close second!

I was blessed to meet Jill in 2000, when we entered into the pediatric nurse practitioner tract of the advanced practice registered nurse program at UAMS. Jill lived in Nashville, AR and I lived in Conway. We quickly hit it off and became friends. Spending three years with someone in a classroom allows you to get to know one another pretty well. I knew that Jill was a loving mother of two beautiful girls, a devoted wife, a former LPN, an RN who had worked many areas, but loved OB and Women's Health, and a nurse educator, working at SAU Magnolia at that time. I also learned how dedicated Jill was to learning and that she, like most of us nurses, was OCD! I loved having her in my group for class projects! LOL!

Following graduation, Jill and I were able to work together from across the state. She became the Director of the Arkansas Rural Nursing Education Consortium (ARNEC) program, which my institution, Black River Technical College in Pocahontas, was one of the founding member colleges. We spent the next six years working alongside one another to build a very successful consortium that is still going strong today.

In 2010, Jill relocated to Benton and began teaching for UALR. A year later, she was hired by the Board of Nursing as the Program Coordinator of Advanced Practice, where she has been an advocate for APRNs in the state, pushing for APRNs to be able to practice within their full scope of practice. I was always texting, emailing or calling her as a resource for both my APRN position and my nurse educator position. She was a wealth of knowledge.

Jill was never content to have only one job! In her "spare time," she continued to teach online for a BSN program and to teach live NCLEX® reviews for Assessment Technologies Institute (ATI) for PN and RN graduates— all while going back to school to pursue a post-master's in mental health. For years, she had been begging me to go back and get our DNP together. Jill loved learning,and Jill loved to teach!

Jill touched the lives of so many individuals it would be difficult to get a count. She was a compassionate bedside nurse, outstanding nurse educator and a pioneer for nursing practice and education. According to ATI staff, in all the years teaching for ATI, Jill never received a negative student evaluation! She was truly a gift!

The nursing profession has lost a great nurse, and we have lost an even more amazing lady. I encourage you all who had the privilege of learning from or working with her to continue to live out her legacy by practicing as she did, with a desire to learn, to educate others, and to give in a compassionate manner — and don't forget a lot of humor! Never let nursing become stagnate, boring or a chore. Keep it full of fun, dedication and love as Jill did! And don't forget to wash your hands — there's "cooties" out there!

I miss you dear friend.

Donations may be made to the Jill Hasley Memorial Scholarship Fund in care of the Arkansas State Board of Nursing, 1123 South University, Suite 800 Little Rock, AR 72204.

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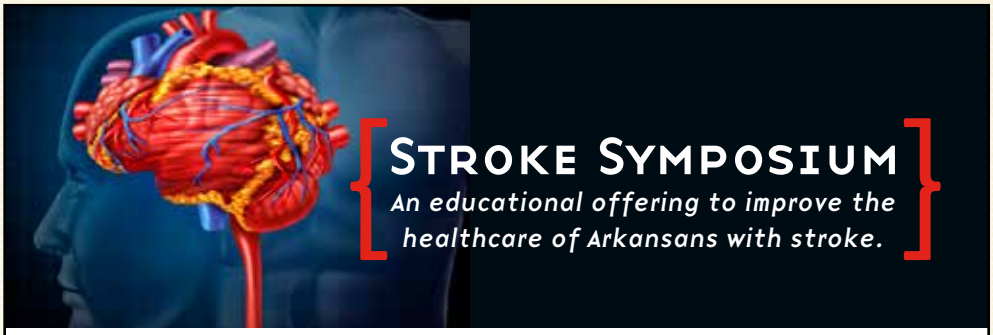

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The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference 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.

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Kathy Shipp, MSN, RN, FNP, attended the NCSBN 2016 Midyear Meeting with her daughter, first-time attendee Kaci Bohn, PhD. Shipp is a faculty member at West Texas A&M University in the Family Nurse Practitioner Program and works as a nurse practitioner in a private family practice. Bohn is an assistant professor at Harding University College of Pharmacy in Arkansas. She is an NCSBN consumer member. NCSBN caught up with them during a break to get their thoughts on the Midyear Meeting, and the opportunity it provided for a mother-daughter trip.

FAMILY MATTERS:

MOTHER AND DAUGHTER ATTEND THE NCSBN MIDYEAR MEETING TOGETHER

Kaci, how did you get involved with NCSBN?

My mother had served on the Texas Board of Nursing for several years and I enjoyed hearing about her experiences. She encouraged me to apply for the Arkansas State Board of Nursing (ASBN). In October 2015 a consumer position opened up and I applied with the support of my local senator. I was truly honored when the governor's office called to tell me I had been selected. I feel like I bring a unique background to the board due to my pharmacology knowledge, education experience, and different perspectives as a "non-nursing" member. The ASBN staff and board members have been amazing to work with and have been so helpful in helping me to become an effective member of the board.

What was it like to attend the Midyear Meeting together?

Kathy: Attending with my daughter was an amazing experience. When I encouraged her to apply to the ASBN I felt she would be a productive and engaged consumer member. I never thought we would have the opportunity to attend meetings together. Sharing nursing regulation and serving our states and our country together is a huge honor. We talk after all of our board meetings and shared our thoughts after every session at the Midyear Meeting. It has been a great experience to see nursing regulation through her eyes as a new board member.

Kaci: I have always been extremely proud of my mother, but I truly had no idea how amazing she is at her job until I saw her in action. She was a wealth of knowledge for me as a first-time attendee. I enjoyed sitting back and taking it all in! I felt well-informed because she made sure to get me up to speed on current issues before we attended the meeting and then took extra time to answer all my questions and explain anything with which I was unfamiliar. Because of this, I really felt like I walked away with a much better understanding of current issues that pertain to nurses and NCSBN.

Any takeaways from this year's meeting you'd like to share?

Kathy: I always come away from every NCSBN meeting impressed with the forward vision of NCSBN in our mission of regulation in this changing health care environment. We are participants on the global level for regulatory excellence. I love to participate and network in the President's Forums. The enhanced NLC and APRN Compact are examples of the foresight of our organization. The media training was beneficial and greatly improved my interviewing skills; attendees will agree since I was on the stage and they saw my before and after, which was fun! I always appreciate the updates from the committees and enjoy networking in the Area meetings.

Kaci: As a first-time attendee, my overall experience was great! I truly enjoyed getting to meet the board members and executive officers from other states. It was interesting to hear the differences in laws and regulation from state to state. I enjoyed the session on fraud detection and was impressed with the Leadership Selection Committee and how hard they work to ensure our leaders are well-prepared to support NCSBN.

Did you have time to do anything fun together?

Kathy: My daughter and I never have the opportunity to be together alone. She lives 11 hours away from me and has three little ones we are always loving on and caring for them when we are together. So when we had the opportunity for this trip, we came in two days early and spent girl time seeing Washington on day trips. We also enjoyed walking around the harbor and eating in Baltimore. We laughed a lot!

Kaci: My mom had not seen much in D.C. and I am really familiar with the area, so I got to play tour guide and take her around. We visited the Holocaust museum, the Smithsonian and the National Archives to see the Declaration of Independence and the Constitution. And of course we shopped!

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Remembering Jill Hunter Hasley

"She was the best boss I have ever had, and probably ever will have! We worked so well together from day one — we just clicked! Even though she was my boss, she always treated me as her equal.

She was so fun to be around, and could turn filing into a party! She had a wicked sense of humor and could make a joke about anything. Her office was a revolving door to other coworkers because she always listened to everyone's problems and always seemed to know what to say to everyone to make them feel better.

She was a mover and a shaker! Things we talked about doing for years in the APRN department, she came right in and just did it. As funny as she was, when it came to work she was serious, dedicated and conscientious! She was very ambitious and was back in school to get a certification in psych/mental health.

Things will never be the same for me. She will be greatly missed!" Ellen Harwell, Licensing Coordinator

"We were so blessed that God chose to put Jill at ASBN. I can't express in words what she added to my life. Not a day passed that she didn't put a smile on my face and a laugh in my heart. Some days I was Sista' and some Mama Gail, but I loved being both. She was the perfect balance of life in the fast lane and will forever be an example to me, to love life and live it to the fullest with the ones you love. I know I'm not alone when I say my life was so blessed by her presence. She will forever hold a piece of my heart in her hands." Mama Gail – Gail Bengal, Fiscal Support Specialist

"Since coming to the ASBN in September 2015, I have been very grateful for my friendship with Jill Hasley. She was a very special person, and she will be missed more than words can express. Her hilarity and stories and laughter can never be replicated, but

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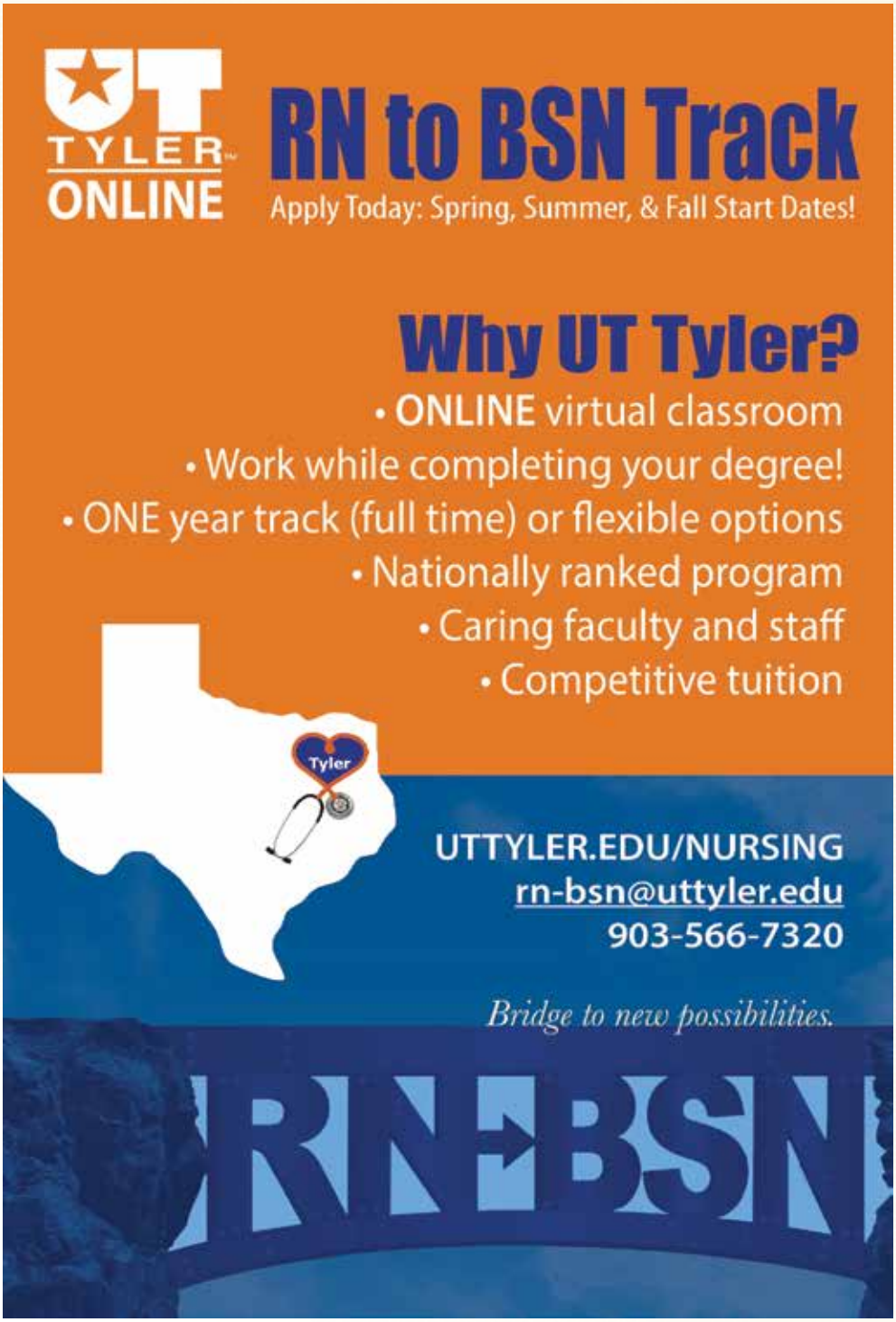
I'm very happy for the honor of calling her my friend. Although my knowing Jill Hasley was brief, she will continue to impact my life. She is irreplaceable. I hope that those in the nursing profession will challenge themselves to commit to being the kind of nursing professional and educator that Jill Hasley was. SHE made Florence proud."
Jim Potter, ASBN Regulatory Board Chief Investigator

"Jill came to my office one day to ask me



something and I had my desk radio on. They were playing "Oh What a Night" by the Four Seasons, and she said she really liked that song. I said I did too and always like the music by Four Seasons. Jill then asked me if I had heard or seen the Jersey Boys group who were singing those songs. I said no, and she indicated she had the movie about them and would let me borrow it. I replied with thanks and we both went back to work. Every time I've heard that song since then, I always think of Jill and always will." *Carmen Sebastino, Legal Support Specialist*

"It's hard to think of Jill and not remember her vibrant smile and zest for life. She was a loving wife, mother to two beautiful daughters and the most proud "Jilly" there was to her sweet baby Bryn. Many considered her a friend, but I felt she was more of a sister to me. Jill lectured me and loved me through several difficult times in my life. She wasn't afraid to tell me when I was wrong and needed to straighten up. I frequently heard her say "just let someone prove me wrong and

continued on page 14

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Remembering Jill Hunter Hasley
continued from page 13

I'll back away." She was a smart woman, because I could never prove her wrong. There are so many special memories I have with my sister, so it's hard to pick just one to share. From cruises, to craft fairs, to cheering on the Hogs, there won't be a moment that I don't think of her. All I can say is thank you for your friendship and love. I will always carry a piece of you in my heart…love you boo!" Tammy Claussen, ASBN Program Coordinator

"Jill was a great story teller and comedian, and she really had a way of lighting up the room. She was a hard-working, dedicated nurse, in addition being an expert in all matters relating to Advanced Practice Registered Nurses. She was also a loyal friend who always supported those she loved. Everyone who knew her knew how much she loved her family and the Arkansas Razorbacks. She was an absolute pleasure to work with because she was organized, dependable and extremely intelligent. She had a quick wit and used her wicked sense of humor when she named our state car "Flash", as a reference to the lazy dog from the television series the Dukes of Hazard. Flash was not an attractive car, lacked horsepower, and had a tendency to smoke which made driving Flash slightly embarrassing. During the Arkansas State Board of Nurse's centennial year, a group of ASBN staff members drove Flash to multiple medical facilities throughout the state visiting nurses. Every trip was an adventure in Flash because Jill had us rolling with laughter. Jill brought sunshine and love to our office. She will be missed more than words can express." Susan Lester, Executive Assistant to the Director

"Jill was a delight, and I was very fortunate to work with her. For a while, I occupied the office next to Jill's. After she moved into her office at the Board, she personalized it. In moving some shelving, she discovered that the last time her office had been painted the painters had painted around the shelving, so she had a

two-toned office. After a while, the wall was repainted to match the rest of her office. Jill's desk is propped up on bricks. Yes, bricks — the red kind with holes in the center. When the painters moved Jill's desk back against the wall, they placed one leg extension of her desk in the hole of the brick. This left her desk lopsided. I went in to see if I could help her get her desk moved. We tugged and attempted to lift this desk, but it would not budge out of the brick. So, I got down on the floor to see if I could get the leg extension out of the brick hole. Jill tried to lift the desk while I attempted to manipulate the leg extension. No luck. She was tickled that I was down on the floor, and we both started to laugh and I commented "I've fallen and I can't get up!" Jill had dialed into a national conference prior to our attempting to move the desk and had her phone on speakerphone. Suddenly we hear over the line "Did someone fall? Is someone hurt?" We just looked at each other and I whispered, "You're not on mute?" She quickly hit the mute button and we laughed until we cried!" Mary Trentham, Attorney Specialist

"Jill loved her work and was a fierce advocate for the Arkansas State Board of Nursing and APRNs. To say Jill was dedicated to the profession of nursing would be a colossal understatement — Jill lived and breathed nursing. Anyone who knew Jill knew she loved her family, friends and profession. I will always consider it a blessing to have known, worked with and been considered a friend of Jill's." Fred Knight, General Counsel

"Jill Hasley – If you ever met her, you would never forget her. In our office, she had a way of bringing out the best in everybody. Jill was passionate about her family, her Hogs and her nursing. I can only imagine what students thought when she was their instructor. She could make learning fun and memorable. Her compassion was obvious in her patient care and in dealing with nurses applying for licensure or under investigation. Jill loved life and her life showed it. She is greatly missed."

Debbie Jones, ASBN Assistant Director

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The Arkansas State Board of Nursing is a thirteen (13) member board appointed by the governor for four-year terms with the following designations:

- Five registered nurses — one diploma school graduate, two associate degree graduates, two baccalaureate or post-baccalaureate degree graduates
- Two advanced practice registered nurses (APRN) with one being an APRN holding a certificate granting prescriptive authority.
- Three licensed practical nurses or licensed psychiatric technician nurses
- One member shall be an at-large licensed registered nurse or licensed practical nurse
- One lay person representing consumers of health care services
- One member shall be sixty years of age or older and shall be the representative of the elderly
- At least one member who is a licensed registered nurse or APRN also shall be a nursing program educator.

Qualifications for the nurse Board members are that you hold an Arkansas license and are actively practicing in your license category, have been a nurse for five years and have actively practiced 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. Board members can serve a total of two four-year terms.

Board member positions whose term expires on Oct. 1, 2016, are two baccalaureate or post-baccalaureate degree registered nurse positions and a licensed practical nurse position.

If you are interested in serving on the Board, you can apply through the governor's website, www.governor.arkansas.gov. On the right side of the home page, select the drop down menu, and then choose Online Services. You will then choose Boards and Commission Application for Appointment and 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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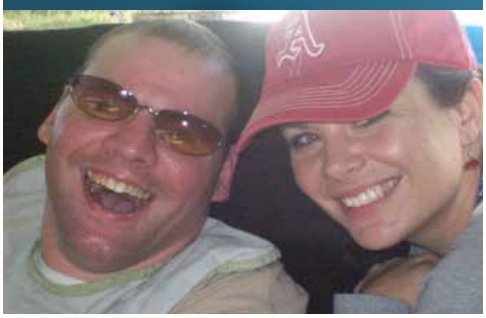


Issues up close

Should I, or shouldn't I? Guidance for APRNs

By Andrea Brassard, PhD, FNP-BC, FAANP, and Diane Thompkins, MS, RN

ADVANCED PRACTICE REGISTERED NURSES (APRNs) are increasing in number and in value to the healthcare delivery system. As more people have access to health care, expanded opportunities for APRNs bring up questions about scope of practice. "Should I do this?" is the question we hear most often from APRNs.

For two categories of APRNs—certified registered nurse anesthetists (CRNAs) and certified nurse midwives (CNMs)—there is little confusion about scope of practice regarding care settings and patient age limits. CRNAs administer anesthesia and provide pain-care management to patients of all ages in hospitals, surgical centers, and outpatient settings. CNMs provide health care services to women from adolescence to beyond menopause. CNMs also care for normal newborns during the first 28 days of life and treat male partners for sexually transmitted infections.

But for certified nurse practitioners (CNPs) and clinical nurse specialists (CNSs), questions arise. The recommended approach is to think through scope-of-practice questions to make informed decisions, using the models for decision making and professional nursing practice regulation as guides. (See *Scope-of-practice decision-making model for CNPs and CNSs*.)

Questions about patient ages

Your first resource for APRN practice questions is your state nurse practice act. Some nurse practice acts or regulations specify age ranges for NP or CNS practice, but many states do not.

The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (2008) (APRN Consensus Model) does not rigidly define age limits, but advocates for APRN services to be defined by patient needs. For example, a patient with cystic fibrosis may be best served by the pediatric NP who has been his or her primary care provider since childhood.

NPs and CNSs certified by the American Nurses Credentialing Center (ANCC) may recall that earlier versions of test content outlines included age ranges. ANCC removed age ranges to be consistent with the APRN Consensus Model.

Settings of care

The APRN Consensus Model states that scope of practice is not setting specific but based on patient care needs. Recall that CNS education typically includes the full spectrum of wellness and illness; there are no primary or acute care CNS categories. However, healthcare employers who credential APRNs often have questions about settings of care for acute and primary care NPs.

Primary care and acute care NPs

There is considerable overlap along the primary care-acute care continuum. Specialty clinics and long-term care settings may predominantly serve acutely ill patients, or their patients may be chronically ill but clinically stable. Patient acuity can vary greatly within settings. Acute care and primary care CNPs should question prospective employers about the typical acuity of the population they will serve.

Questions about scope of practice

You need to be able to articulate your role and function. Ask yourself, "If something went wrong, could I convince a jury that I was competent to care for that patient?"

Does experience count?

Prospective APRN students need to think through their future career goals when considering types of programs. For instance, an experienced intensive care unit nurse who enrolls in a family NP program would not be equipped after graduation to work as a hospitalist. Prior RN experience in an acute care setting does not enable a primary care NP to practice as an acute care CNP.

On-the-job experience as a CNS or CNP does not prepare an APRN to change specialties. For example, a family NP who is currently practicing in acute care does not qualify to take the acute care NP certification exam. On-the-job training coupled with continuing education or APRN fellowship can prepare a CNS or CNP to practice in a subspecialty.

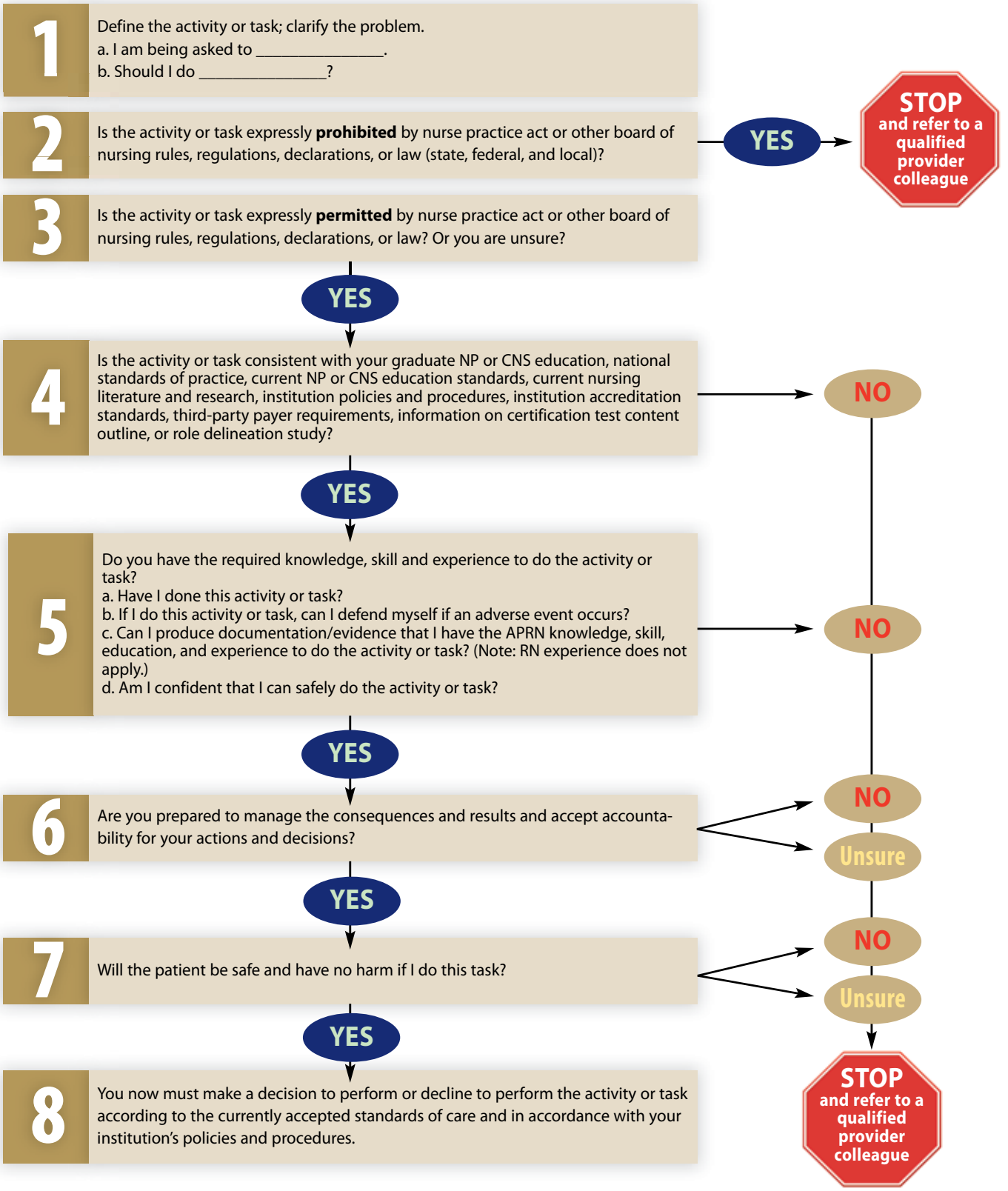
Experience with technical skills is important for safe practice, credentialing, and privileging. CNSs and CNPs should keep track of the special procedures they practiced in their APRN program and perform in their work experience. ✯

Reprinted with permission from Andrea Brassard, PhD, FNP-BC, FAANP, and Diane Thompkins, MS, RN

Andrea Brassard is director of Health Policy at ANA. Diane Thompkins is a senior certification program analyst with the American Nurses Credentialing Center.

Scope-of-practice decision-making model for CNPs and CNSs

Use the process flow below to think through your scope-of-practice decision.



Acknowledgement for the development of the APRN decision tree:
Oklahoma Board of Nursing, "Decision Making Model for Scope of Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and License Practical Nurse Scope of Practice," September 2013

Oregon State Board of Nursing, "Scope of Practice Decision Making Guideline for RN and LPN Practice," November 2006
Georgia Board of Nursing, "RN Scope of Practice Decision Tree"
North Carolina Board of Nursing, "Scope of Practice Decision Tree for the RN and LPN"

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Resources

LACE Clarifying Statement on Age Parameters for APRNs http://login.icohere.com/connect/d_connect_item framer.cfm?vsDTTitle=Clarifying%20Statement%20on%20 Age%20Parameters%20for%2 APRNs&dseq=11071&dtseq =63052&emdisc=2&mkey=public935&vbDTA=0&viNA=0&vs DTA=&PAN=1&bDTC=0&blog=0&vsSH=A NAPNAP Position Statement on Age Parameters for Pediatric Nurse Practitioner Practice www.pncb.org/ptistore/resource/content/forms/ napnap _age_parameters.pdf NONPF Statement on Acute Care and Primary Care Certified Nurse Practitioner Practice http://c.ymcdn.com/sites/www.nonpf.org/resource/ resmgr/ consensus_model/acpcstatementfinaljune2012.pdf

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SEX TRAFFICKING FOR NURSES: WHAT YOU NEED TO KNOW

As Mimi arrived in the emergency room, blood was trickling down the side of her head, which already ached from the blows she sustained in the attack against her. Blood soaked through what was left of her hair. She had lost a large patch after her assailant had grabbed her by the hair and slammed her face to the ground in the gravel alley, then kicked her multiple times in the stomach. She wished she hadn't taken this violent customer to such a private spot.

Earlier, she had stumbled to her feet, afraid she was badly hurt. She had struggled to get to the street where her trafficker waited. He was her help for any situation—as well as the one who sold her for sex multiple times every night. He had driven her to the hospital and stayed by her side, as pimps do, to protect their merchandise. As hospital staff asked Mimi questions he answered for her.

Although Mimi's story was relayed by another (Sabella, 2011), it is typical for victims of the sex slave trade (U.S. Department of State, 2011). Often traffickers identify themselves as a loving family member, boyfriend, or employer who is simply trying to help. Victims also may identify traffickers in these ways. For the trafficker, this is a financial decision. Mimi was a great source of income to her pimp. For those unfamiliar with sex trafficking, most don't realize that girls working the streets keep none of the money they receive for sex. All monies—100% including tips, is given to the pimp. Her pimp considers her his property and source of income.

The well-intentioned nurses, physicians, and other staff who cared for Mimi didn't question why this young girl, wearing excessive makeup, was out so late in scantily clad clothing on a cold night. Additionally, no one seemed to realize the need to separate her from the man who accompanied her. If Mimi had been questioned alone, the truth may have been uncovered (Belles, 2012).

What is sex Trafficking

Sex Trafficking and terms like "modern day slavery" usually conjure images of young girls being sold to sex tourists in faraway countries. Movies and documentaries feature scenes of tourists being kidnapped and forced into sexual servitude. Sex trafficking is a real and growing problem all over the world, including here in the United States. It defies stereotypes and experts continue to build new knowledge about the issue.

The sex trafficking market is driven by the laws of supply and demand. As long as there remains a demand for a commercial sex industry, there will remain a supply of individuals willing to profit from its sale. Sex trafficking is a highly profitable criminal enterprise generating several billion dollars annually, second only to illegal arms trafficking and the drug trade (FAS, 2000). Sex trafficking is a high profit, low risk business where the commodity, a human body, can be sold repeatedly, unlike drugs or weapons, where the product can only be sold once.

Along with a means to recruit victims, traffickers use technology to reach a wide client base for prostitution services. The perceived anonymity of online transactions has emboldened traffickers to openly recruit, buy and sell their victims via the internet (Boyd, 2012). Consequently, those looking to profit will continue to recruit, abduct, and exploit young people for the purpose of supplying the demand (Harris, 2012).

Although there is limited data to quantify the exact number of human trafficking incidences, we know that the sex trafficking of minors happens and has devastating physical and mental health consequences on victimized youth. It can be difficult to detect unless people who interact with victims are trained to recognize the signs.

Front-line health care settings where a victim may present for services include the emergency room, urgent care, primary care clinics, obstetrics/gynecology clinics, school nurse's office, community health centers, mobile clinics, Planned Parenthood and dental clinics. Common public health concerns often co-occurring with sex trafficking victimization include domestic violence, child abuse and neglect, HIV and other Sexually Transmitted Infections, unwanted pregnancies, unmet preventative healthcare needs, drug and alcohol abuse and addiction (Williamson etal., 2009).

Unfortunately, the majority of nurses have a limited understanding of the issue of sex trafficking and how it may present with their patients. The reality is that trafficked victims often endure physical violence and neglect, and are likely to present for medical care at some point during their abuse. In fact, nurses are one of the few groups of professionals who interact with victims while they are still under the control of their abuser or the person profiting from their abuse (Issac, Solak & Giardino, 2011).

NURSES PLAY A CRUCIAL ROLE IN KEEPING CHILDREN SAFE. IF YOU SUSPECT OR HAVE REASON TO BELIEVE THAT A CHILD IN YOUR CARE HAS BEEN SEXUALLY ABUSED OR EXPLOITED IN ANY WAY, YOU MUST TRIAGE THE SITUATION AND ALERT THE APPROPRIATE AUTHORITIES IMMEDIATELY.

WHO ARE THE VICTIMS?

While there is no commonly accepted profile for victims of minor sex trafficking, certain populations are more vulnerable than others. Pimps/traffickers target runaway or "throwaway" teens or those who are having trouble at home. Runaway and homeless youth are at

increased risk for predators as they have few resources, may not be old enough to legally get a job, and are often running away from difficult situations.

It is common for these adolescents to trade sex to meet their basic survival needs of food, clothing or shelter. According to a recent survey of homeless youth in New York, of those engaged in commercial sex, they said they did it for shelter because they needed someplace to stay (Bigelsen, 2013).

How do individuals become victims of trafficking?

- Recruitment by "Romeo/boyfriend" pimps who convince them that they love and care for them.
- Kidnapping by "gorilla pimp" and forced into the life.
- Gang related prostitution.
- A parent or family member pimps their child for drugs or money.
- Running away and living on the streets and are forced to exchange sex for survival.

MISSED OPPORTUNITIES

Despite chances for intervention, nurses can easily fail to identify victimized youth. With increased knowledge about the topic, and new screening tools and intervention strategies, you can begin to ask the right questions and help your clients avoid further exploitation and abuse.

Vulnerable youth can be lured into prostitution and other forms of sexual exploitation using promises, psychological manipulations, provision of drugs and alcohol, and violence. The trafficker's main purpose is financial gain and will make every effort to establish trust and allegiance by wooing the victim in what feels like a loving and caring relationship.

TARGETED Pimps "shop" for their victims online, in shopping malls, bus stops, schools, after school programs, foster homes and other places where teens gather.

TRICKED Pimps invest a lot of time and effort in forming a bond with their victim. They often buy gifts, provide a place to stay, and give affection before revealing their true intent to sexually exploit them. Traffickers use a powerful technique pioneered by religious cults knows as "love bombing" in which a girl is showered with affection as a means of manipulating her (Dorais & Corriveau, 2009).

TRAUMATIZED The pimp's use of psychological manipulation, physical violence and rape can make the victim feel trapped and powerless. The "trauma bond" is very difficult to break and may require intensive long term treatment and counseling (National Center for Missing and Exploited Youth, 2014).

THERE IS NO SUCH THING AS A WILLING CHILD PROSTITUTE

The Federal Trafficking Victims Protection Act (TVPA) defines the crime of trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where such an act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age. The most important thing to understand from the federal definition is that anyone under the age of 18 who is induced to perform a commercial sex act is automatically a trafficking victim.

Victims are often reluctant to come forward because they have been taught by their victimizer that if they attempt to seek help, no one will believe them, and they will be treated like a criminal and a prostitute (Bigelsen, 2013). It is helpful to understand that there are many similarities in victimization between intimate partner violence and sex trafficking. Victims of sex trafficking and domestic violence tend to hide their situations and both victim groups are hesitant to disclose their victimization in medical or clinical settings (Roe-Sepowitz et al, 2013).

Nurses can apply their knowledge about domestic violence, trauma and sexual abuse to better understand a trafficking victim's fear and reluctance to leave the relationship. In addition, common myths and stereotypes about sex trafficking can affect judgment and response. Common myths include "that only happens abroad" or "it was consensual." The more health care providers know about this population, including the mindset of a victim, the better equipped they will be to identify victims and focus on prevention strategies.

UNDERSTANDING THE MINDSET OF A VICTIM

- Victims often do not see themselves as victims.
- Victims may feel shame, self –blame and feelings of unworthiness of a better life.
- Victims may be coached to lie to nurses and other health professionals and often give fabricated histories with scripted stories.
- Victims are often fearful and distrust law enforcement and government services due to fear of arrest.
- Victims often fear for their own safety and the safety of their loved ones due to threats of violence
- Victims may have formed a trauma bond with their exploiter and may have deep loyalties and positive feeling for their abuser.
- Drugs often play a role in sex trafficking situations – sometime as a way to cope or victims sometime enter "the life" to support a drug habit.

POSSIBLE PHYSICAL SEX TRAFFICKING INDICATORS

- Evidence of sexual trauma
- Cigarette burns
- Fractures
- Bruises and or contusions
- Tattoos found on the body may serve as a "brand" that the victim belongs to a certain trafficker
- Respiratory infections
- Drug related health issues such as asthma, Hepatitis C, skin infections
- Tension headaches, back pain, stomach pains
- Malnutrition and poor diet
- Dehydration
- Unexplained scars
- Injuries to head and mouth
- Bladder damage, injury or infection
- Temporal Mandibular joint problems from oral sex
- Bite marks
- Stab or gunshot wounds
- Hearing loss from head trauma
- Traumatic Brain Injury (TBI)
- Bald patches from having hair pulled
- Dental problems

(Dovydaitis, 2010; Sabella 2010 & 2013)

RED FLAGS

- Discrepancy in reported age and apparent age
- Resistance to gynecological exam
- Homelessness

continued on page 24

- Chronic runaway
- History of abuse
- Traveling with an older male
- Presence of an older "boyfriend" or older peer
- Unusual tattoos or branding marks
- Involvement with the juvenile justice system through truancy, curfew violations and other status offenses
- Companion who refuses use of an interpreter
- Use of street lingo with references to "the game" "the life"
- Lack of identification
- Dominating or controlling "boyfriend" or companion in the room who refuses to leave
- Claim that the patient is "just visiting" the area and unable to provide a home address

Randy Christensen, founder and director of a mobile health clinic for homeless youth in Phoenix, Arizona shares many stories of interacting with victims of sex trafficking in his book, "Ask Me Why I Hurt: The Kids Nobody Wants and the Doctor Who Heals Them."

In one case, Dr. Christensen reports seeing both vaginal and rectal tearing from a violent rape. The victim didn't want to call the police for fear they would not believe her because she thought there was no such thing as raping a prostitute. His nurse commented, "Whatever happens to her she thinks she deserves it."

Some excerpts from the book:

"Oh, I'm eighteen. We're always eighteen, unless you want me to be twelve, a lot of "Johns" (customers) do."

"She was physically there, but not emotionally present at all. I learned what I had read about sexual abuse victims and how they learned to disassociate from their bodies. Reading about it was different than actual patient on my exam table, a child who lay there like a defenseless puppet."

"These kids have built fortresses around their hearts. They seemed so shut down that I wasn't sure if anyone could reach them. I wondered if it would be possible to act professional yet also connect as a caring adult."

DID YOU KNOW

Between 244,000 and 325,000 American youth are considered at risk for sexual exploitation, and an estimated 199,000 incidents of sexual exploitation of minors occur each year in the United States (Estes & Weiner, 2001).

The average age at which girls first become exploited through prostitution is 12–14 years old (US Department of Health and Human Services, 2013).

Minors in sex trafficking nearly always have a pimp — someone who they view as their protector but who in fact is managing and benefitting from the sexual exploitation of the child (Shared Hope International, 2009).

Adolescent boys and lesbian, gay, bisexual, transgendered and queer/questioning (LGBTQ) can also be victims. According to a recently released study, boys make up almost half of the victim population Bigelsen, 2013).

THE ROLE OF TRAUMA

Instead of asking WHAT'S WRONG WITH YOU?" or "WHY ARE YOU DOING THIS?" ask "WHAT HAS HAPPENED TO YOU?"

This change reduces the blame and shame that some people experience when being labeled. It also builds an understanding of how the past impacts the present, which effectively makes the connections that progress toward healing.

Sex trafficking victims have endured a high level of trauma and require services and interventions that do not inflict further trauma such as physical restraint, isolation or harsh verbal interrogation. Traumatic experiences can be dehumanizing, shocking or terrifying and often include a loss of safety and the betrayal by a trusted person or institution (National Center for Trauma-Informed Care, 2013).

If you suspect your client could be a victim of sex trafficking, the first step is to get them alone in a confidential location for an interview. If the client is in immediate danger, call 911.

Sample messages to use with a victim to gain trust:

- "You can trust me."
- "I am here to help you."
- "My first priority is your safety."
- "We will give you the care you need."
- "We can help you find a safe place to stay."
- "No one has the right to hurt you or make you do things against your will"

Screening questions to ask:

- "Can you come and go as you please?"
- "Has anyone ever paid someone else to have sex with you (like a boyfriend, boss, manager, etc")
- "Tell me about that tattoo."
- "Do you have to work to contribute money to your 'family'?"
- "Do you have a boyfriend? If so, how old is he and what do you like to do together?" "Where did you meet?"
- "Have you ever run away from home? If so, where did you stay and who did you stay with?"
- "Have you ever had to do things in order to stay somewhere that you did not want to do?"
- "Has anyone ever taken pictures of you and put them on the internet?"
- "Have you been physically harmed in any way?"
- "Where are you staying?"
- "Are you or your boyfriend a member of a gang?"

(Ohio Human Trafficking Task Force Human Trafficking Screening Tool, 2013)

AFTER VICTIM IDENTIFICATION, WHAT DO I DO?

If the victim is under 18, it is mandatory under state and federal law to report sexual exploitation of children. Notify the police and Child Protective Services.

Call the National Human Trafficking Resource Center to report the incident and ask for help.

The center's phone number is 1-888-3737-888.

WHERE CAN I GET MORE INFORMATION?

www.endsextrafficking.az.gov
https://ssw.asu.edu/research/stir
www.polarisproject.org
www.sharedhope.org

The information contained in this Article is from What You Need to Know, Sex Trafficking and Sexual Exploitation: A Training Tool for Health Care Providers written by:

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The Arizona Human Trafficking Council

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Disciplinary Actions

JUNE 2016

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 A.C.A. §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 penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract 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.

NAME		LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Adcock	Rose Ann Moten Smith	L038921	Magnolia	Suspended - 3 years Probation - 2 years	(a)(4), (a)(6)	June 9, 2016
Aynes	Farrah Rae	L054080	Waldron	Voluntary Surrender		June 8, 2016
Blees	Anthony Charles	R089024	Mountain Pine	Probation - 1 year	Terms of Probation	June 9, 2016
Bollinger	Jeffrey Michael	L053463	Little Rock	Reinstatement		May 9, 2016
Boyd	Jenny D. McAllister	R093060	White Hall	Probationary Status Removed		May 24, 2016
Brandon	Amber Nicole Strickler	PAC 004123	Hot Springs	Probationary Status Removed		April 18, 2016
Bray	Stephanie Michele Hough	R086735	Van Buren	Probationary Status Removed		May 24, 2016
Caringola	Vickie Carol Murphy	R019148	Little Rock	Suspended	Terms of Reprimand	June 8, 2016
Clay	Julia Michelle Kaufman	R073230	Paron	Voluntary Surrender		May 9, 2016
Collins	Shirley Rebecca Spencer Leavitt	L026075	Prescott	Voluntary Surrender		May 23, 2016
Daniel	Matthew Stephen	R088133, L050398	Fort Smith	Reinstatement to Probation - 2 years		May 10, 2016
Davis	Melissa Janell Holland	L048282	Hamburg	Suspended - 2 years Probation - 3 years	(a)(6)	June 9, 2016
Dismuke	Sheree Shantae	PN Applicant	Lewisville	Probation - 1 year	(a)(2)	June 8, 2016
Estep	Linda Carol Baum	R065813	Little Rock	Probationary Status Removed		April 18, 2016
Ferguson	Tina Ann Crowson	MO RN 2006-030610	Cassville, MO	Cease and Desist	(a)(2)	May 19, 2016
Ford	Kerri Dawn Klepper Mason	R083234, L037477	North Little Rock	Probationary Status Removed		April 18, 2016
Forkum	Russell Paul	L056454	Jonesboro	Probationary Status Removed		April 18, 2016
Geddings	Debra Michelle Stoneburner	R050605	Hot Springs	Probation - 1 year	(a)(4), (a)(6)	June 8, 2016
Ginn	Larry Eugene	R027729, L012910	Shell Knob, MO	Letter of Reprimand	(a)(6)	May 3, 2016
Goodman	Bruse Louis	R097387	Star City	Letter of Reprimand	(a)(6)	June 2, 2016

Disciplinary Actions

JUNE 2016

NAME		LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Haberle	Robert Alan	R063215	Kansas City, MO	Voluntary Surrender		May 11, 2016
Harris	Cheri Lynn	L043541	Hot Springs	Letter of Reprimand	(a)(6)	June 8, 2016
Hart	Kellie Jean Ruff	R072606	Pine Bluff	Probation - 1 year	(a)(6)	June 8, 2016
Henry	Dana Michelle Clark Rutherford	L027097	Gurdon	Voluntary Surrender		May 24, 2016
Hildreth	Sandra	L047235	Harrison	Letter of Reprimand	(a)(2)	May 11, 2016
Hillistad	Brittany Faith	L049142	Hot Springs	Probation - 3 years	(a)(6)	June 8, 2016
Homan	Angela Renee	L056499	Little Rock	Probationary Status Removed		May 24, 2016
Huffman	Jennifer Dee	R086553	Blytheville	Letter of Reprimand	(a)(6)	June 2, 2016
Kidd	Julie A.	PAC 004124	Springdale	Probationary Status Removed		April 18, 2016
Lagrant	Makita Kayana	L050966	Pine Bluff	Letter of Reprimand	(a)(6)	May 16, 2016
Lane	Judith Kay Harp	A001029, P000450, R023207, PAC 1126	North Little Rock	Probation - 2 years	(a)(4), (a)(6), (a)(9)	June 9, 2016
Lawhorn	Kelly Morris	TN 101350	Memphis, TN	Cease and Desist	(a)(6)	May 31, 2016
Martin	Mindy Ann Turley	R088203, L043304	Scott	Voluntary Surrender		May 19, 2016
Massey	John Patrick	R101021	Texarkana	Letter of Reprimand	(a)(1), (a)(2)	May 18, 2016
McGehee	Tammy Michelle	L055018	Melbourne	Letter of Reprimand	(a)(6)	May 31, 2016
Michael	Maranda Lynn	L054119	Paragould	Probation - 1 year	(a)(1), (a)(6)	June 8, 2016
Miller	Amanda Gail	L048855	Mountain View	Voluntary Surrender		June 1, 2016
Miller	Amber Nichol	R094174	Conway	Letter of Reprimand	(a)(1), (a)(6)	May 26, 2016
Myles	Lillian Novak Tucker	L043361	Beebe	Letter of Reprimand	(a)(2), (a)(6)	May 5, 2016
Parker	Tracy Ray	L045007	Jacksonville	Suspended - 3 years Probation - 2 years	(a)(6)	June 9, 2016
Peeples	Bradley Houston	R098426	Paragould	Probationary Status Removed		May 24, 2016
Quiroz	Carlos Eduardo	L056453	Bigelow	Probationary Status Removed		April 18, 2016

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Disciplinary Actions JUNE 2016

Rodriguez	Anthony Ray	L031776	Waldron	Voluntary Surrender		May 12, 2016
Saala	Christopher Steven	R090486, L042816	Pocahontas	Probationary Status Removed		April 18, 2016
Shobe	Brandi Lynn Neer	R066545	Cedar Park, TX	Letter of Reprimand	(a)(2), (a)(6)	June 2, 2016
Suttles	Amy Jeane Matthes	L045180	Vilonia	Probation - 3 years	(a)(6)	June 9, 2016
Tarver	Flemon	R049377, L025726	Little Rock	Revocation	(a)(2), (a)(6), (e)(30)	June 9, 2016
Tibbs	Desiree Nicole Demchak	L049569	Rogers	Voluntary Surrender		May 16, 2016
Tolliver	Misti Dawn McKeever	L037630	Bentonville	Probationary Status Removed		April 18, 2016
Turner	Jimmie Roy	L035872	Lake City	Voluntary Surrender	(a)(6)	June 10, 2016
Underwood	Hollie Meagan	L054768	Batesville	Probation - 1 year	(a)(6)	June 9, 2016
Wendt	Cindy Mae	R064078	Clarksville	Probationary Status Removed		April 19, 2016
Wilson	Christopher Michael	R089696	Conway	Probation - 2 years	(a)(4), (a)(6)	June 9, 2016
Wood	Lisa Kathleen Adair	R035196, L025076	Little Rock	Probationary Status Removed		April 19, 2016
Wooley	Sherry Denise McCarty Alford	R085166, L013455	Little Rock	Probationary Status Removed		April 19, 2016

Disciplinary Actions JULY 2016

NAME		LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Baker	Christie Dawn	L053139 (expired)	Foreman	Probation - 1 year	(a)(8)	July 13, 2016
Berryman	Ryan Vincent	R086356, L045462	Ward	Probation - 3 years	(a)(4), (a)(6)	July 13, 2016
Bevins	Vanessa Kaye	L043054	Dardanelle	Probation - 1 year	(a)(6)	July 13, 2016
Blount	Sandra Juanell Draper Robbins	R069492, L030261	Kirbyville, MO	Voluntary Surrender		July 6, 2016
Brown	Lisa Dale Rakestraw	R039943	Cabot	Voluntary Surrender		July 12, 2018
Bryant	Candice Nicole	R094216	Little Rock	Probation - 1 year	(a)(6)	July 13, 2016
Butler	Jonna Anne Hillyard	R069022	Star City	Suspension - 2 years, Probation - 3 years	Terms and Conditions	July 13, 2016
Calvert	Jamie Leigh	L049837	Carlisle	Probationary Status Removed		June 13, 2016
Cheney	Olivia Kristine Johnson	L050460 Expired	Jacksonville	Probation - 1 year	(a)(6)	July 13, 2016

			OK			
Davis	Cynthia Lynn	R081282	Piggott	Probation - 1 year	Terms and Conditions	July 13, 2016
Deweese	Sonja Charisse Johnson	L044565	McGehee	Probationary Status Removed		June 13, 2016
Evans	Monica Nicole	R078126, L040452	Hardy	Reinstatement to Probation - 1 year		June 7, 2016
Frey	Nicole	RN Endorsement Applicant	Rogers	Probation - 2 years	(a)(1), (a)(6), (a)(7)	July 13, 2016
Gibbs	Brooklynn Shaye	L056039	Fort Smith	Probation - 1 year	(a)(6)	July 13, 2016
Gilbert	Jacob Lyle	RN Applicant	Russellville	Probation - 1 year	(a)(2)	July 13, 2016
Gillihan	Kagni Lain	R087827, L047188	Melbourne	Voluntary Surrender		July 19, 2016
Glover	Hapsy Denann Broussard	A003199, PAC 3318, R063824, L033878	Little Rock	Probation - 2 years	Terms and Conditions	July 13, 2016
Hamilton	Christina Gaye Cockrill	R072698	Vilonia	Suspension - 3 years, Probation - 2 years	Terms and Conditions	July 14, 2016
Headley	Katrina Lynn Buirley	L042780	Prescott	Letter of Reprimand	(a)(6), (A)(a)6	June 27, 2016
Horton	Amanda Michelle McCrary Mills	L039014	Quitman	Probationary Status Removed		June 13, 2016
Hutchens	Pamela Jo Bailey	R025109	Summers	Voluntary Surrender		July 6, 2016
Jenkins	Stacy Marie Bauer	L036449	Mountain Home	Suspension - 3 years, Probation - 2 years	Terms and Conditions	July 14, 2016
Johnson	Keisha Renee Casteel	R082290	Jonesboro	Suspension - 3 years, Probation - 2 years	(a)(4), (a)(6)	July 14, 2016
Kinkade	Wendy Nichole Bishop	R087590, L048997	Nashville	Voluntary Surrender		June 20, 2016
Krallman	Sheila Joyce Duvall	R032445	Ft. Smith	Voluntary Surrender		July 12, 2016
Lasiter	Amy Susan Baldwin	R067560, L039419	Little Rock	Suspension - 1 year, Probation - 2 years	Terms and Conditions	July 14, 2016
McCoy	Brittany Nicole Hazelwood	R092239, L047936	Benton	Voluntary Surrender		July 6, 2016
McKee	Felicia Gayle	R090051, L050573	Cove	Probation - 2 years	(a)(2), (a)(4), (a)(6)	July 13, 2016
Menschik	Mary Sue	MORN2000163955	Saint Joseph, MO	Cease and Desist	(a)(1), (a)(4), (a)(6)	July 11, 2016
Mitchell	Gayla Sue Mitchell Haynes	R066501, L039184	Black Rock	Voluntary Surrender		June 21, 2016
Rambin	Mary Catherine	R048509	Greenwood	Probation - 1 1/2 years	Terms and Conditions	July 13, 2016
Reed	Amber Jné Jackson	L047720	Springdale	Probation - 1 year	(a)(6)	July 13, 2016
Rogers	Cara Leigh Williams Cunningham Guill	L041240	Mulberry	Probationary Status Removed		June 17, 2016
Sailor	Tasha Marie Boppeler	R071253	Mountain Home	Probation - 4 years	Terms and Conditions	July 14, 2016
Sawyers	Marcille	R100651	Port Richey, FL	Summarily Suspended	(a)(1), (a)(4), (a)(6), (a)(7)	July 13, 2016

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Setzer	Michelle Deanne	L052995	Springdale	Voluntary Surrender		July 18, 2016
Sharum	Kevin Arthur	R027984	Alma	Voluntary Surrender		June 21, 2016
Smith	Philander D.	L042145	Wynne	Reinstatement to Probation - 2 years		June 23, 2016
Smith	Wade Thomas	R078932	Boles	Probation - 3 years	(a)(6),(a)(7)	July 14, 2016
Stallings	Donna Renee Nance	R063389	North Little Rock	Probationary Status Removed		June 13, 2016
Talley	Regina Deanna	L053712	Rogers	Suspension - 3 years, Probation - 3 years	Terms and Conditions	July 14, 2016
Terry	Rochelle Nicole Terry Kelly	R083174	North Little Rock	Probationary Status Removed		June 13, 2016
Terry	Mary June Knight	L046228	Harrisburg	Suspension - 3 years	(a)(2), (a)(4), (a)(6)	July 13, 2016
Thomas	Tina Marie Fox	R063964	Berryville	Probation - 1 year	(a)(2), (a)(6), (e)(31)	July 14, 2016
Underwood	Whitney Marie	L056377	Paragould	Letter of Reprimand	(a)(6)	July 7, 2016
Young	Linda Isabell Catellanos	C002647, R078158	Jacksonville	Probation - 4 years	Terms and Conditions	July 14, 2016

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