



ASBN Update

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December 2014
Volume 18 Number 6

**PRESCRIPTION
DRUG ABUSE
SERIES: PART III
DRUG-SEEKING
BEHAVIORS THAT
NURSES SHOULD
RECOGNIZE**

**DISCIPLINE 101:
REINSTATEMENT
AFTER
VOLUNTARY
SURRENDER**



10th Annual

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Arkansas State Board of Nursing
University Tower Building
1123 S. University, Suite 800
Little Rock, Arkansas 72204
Telephone: 501.686.2700
Fax: 501.686.2714
www.arsbn.org

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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.

EXECUTIVE DIRECTOR Sue A. Tedford, MNsc, RN
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David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Michele Forinash • 800.561.4686 ext 112
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edition 71

ASBN Update www.arsbn.org

Contents

Executive Director's Message • 4

President's Message • 6

Board Business • 7

Staff Directory • 8

Prescription Drug Abuse Series: Part III
Drug-Seeking Behaviors that Nurses Should
Recognize • 10

Help Us Help You • 13

Position Statement 94-1 Administration of IV
Moderate Sedation by the Registered Nurse • 14

Discipline 101: Reinstatement After Voluntary
Surrender • 20

Disciplinary Actions • 25

Congratulations, Nursing Graduates of the
Class of 2014! • 28

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Don't Take a Backseat: Be the Driver

Hundreds of bills are filed during every legislative session. Some are passed and become law while others do not make it past the initial filing. If you are like me, the whole process has become a distant memory from our younger days of sitting in civics class. Do you remember watching the cute video on "How a Bill Becomes a Law?" If you need a quick refresher course, check out one of the versions on YouTube.

The 90th General Assembly will begin January 12, 2015, and there are several bills that may be filed that have the ability to affect nursing practice. Since the bills have not been filed at this time, I can only provide an overview of the bills I see on the horizon.

The one bill I give you details about is the one that will change the board member composition for the Board of Nursing. The changes include:

- Increase the number of APRNs (advanced practice registered nurses) from one to two and require only one to have prescriptive authority (approximately half of all APRNs hold prescriptive authority)
- Decrease the number of RNs (registered nurses) from six to five (two BSN or higher, two ADN and one diploma)
- Decrease the number of LPN/LPTNs (licensed practical nurses/licensed psychiatric technician nurses) from four to three and require one of the LPN/LPTNs to have experience in long-term care
- Add an at-large licensed nurse position (can be an LPN, LPTN, RN, or APRN)
- Require at least one of the licensed nurses to be an educator in a nursing education program
- Continue to have two consumer positions

In the 2013 legislative session, a bill was introduced that, if passed, would have allowed school personnel (non-nurses) to administer insulin to diabetic children. The bill died in committee due to intense opposition. There is speculation that the bill will be reintroduced during the 2015 session.

The 2013 legislative session created the Public School Health Services Committee (PSHSAC) with the charge of conducting a study to inform the General Assembly about the health issues of Arkansas public school students and how school nursing services can be improved. Their findings were reported to the Joint Education Committee in September. The PSHSAC did a fantastic job, and I hope we see legislation rising from this study that will benefit school children across Arkansas.

As of October 6, 2014, the DEA moved hydrocodone containing products from Schedule III to Schedule II. This change takes away the ability of APRNs and physician assistants' to prescribe hydrocodone containing medications such as Norco and Vicodan. The Arkansas Nurses Association (ARNA) is considering a bill that will allow APRNs to prescribe Schedule II medications.

The Community Paramedic is another potential bill for the 2015 Session. The program is designed to provide comprehensive non-urgent care to individuals who don't qualify for home care services from other agencies and are considered high risk for readmission to the hospital.

All bills can be found on the website for the 90th General Assembly. Read the bills that affect the practice of nursing and let your representative or senator know how you feel about a bill. You can contact them by phone or email and it **does** make a difference. I have been in committee meetings and heard a legislator say, "I have heard from so many constituents about this bill and ..." Nurses are the largest group of health care providers, and there is power in numbers. Don't be passive and let someone else shape the future of nursing. Get involved; be the driver!



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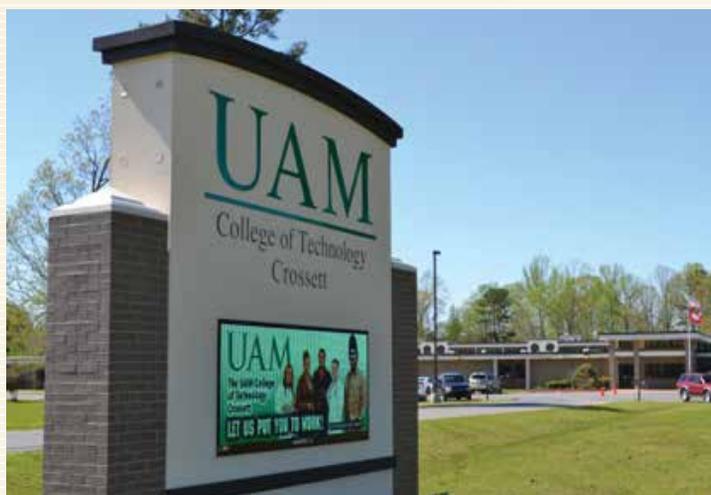
Wow! Who would have ever thought that the painfully shy girl dreaming of becoming a nurse would one day become the President of the Arkansas State Board of Nursing? I certainly didn't. It would be decades before the possibility even occurred to me.

I started my Registered Nursing career practicing in PCCU, a telemetry unit, at St. Francis Medical Center in Monroe, Louisiana. After a year and a half, my career took me to the Emergency Departments at Ashley County Medical Center in Crossett, Arkansas, and then to Morehouse General Hospital in Bastrop, Louisiana.

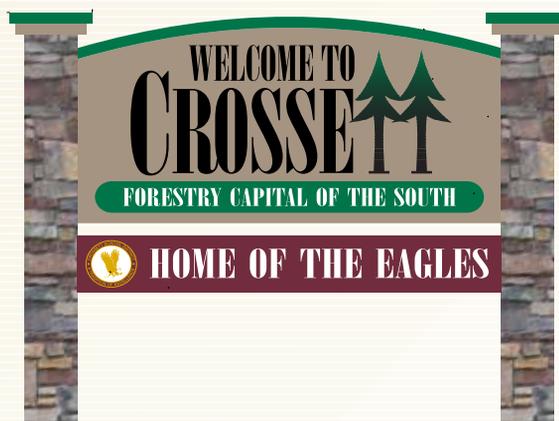
Today, and for the past seventeen years, my full time



Ashley County Medical Center



practice is in nursing education. I am the Program Chair for the Practical Nursing Program at the University of Arkansas at Monticello College of Technology Crossett. I administrate the program, teach the theory, and instruct some of the clinical. Thirteen of my 17 graduating classes have had a 100% pass rate on their first attempt at sitting for the NCLEX-PN. I also continue to practice nursing in the clinical setting as a PRN staff nurse at Ashley County Medical Center. I primarily work in the



Medical-Surgical, CCU, Emergency, and Home Health departments.

Three years ago I was appointed to the ASBN. I have learned so much about nursing regulation during my term. I have also had the opportunity to represent the ASBN nationally and meet nurses from all over the United States. I enjoy learning from other nurses, but I am always glad to come home and practice in Arkansas.

Board Business

2015 BOARD DATES

January 7	Hearings
January 8	Business Meeting
February 11	Hearings
February 12	Hearings
March 16-18	NCSBN Midyear Meeting, Louisville, KY
April 1	Hearings
April 2	Hearings
May 6	Board Strategic Planning
May 7	Business Meeting
June 10	Hearings
June 11	Hearings
July 8	Hearings
July 9	Hearings
August 19-21	NCSBN Annual Meeting, Chicago, IL
September 9	Hearings
September 10	Business Meeting
October 14	Hearings
October 15	Hearings
November 18	Hearings
November 19	Hearings

President Shela Upshaw presided over the hearings held on October 8-9 and November 5-6.

One of the privileges I have this year is to share my passion for nursing with the nurses and nursing students in our state. As a nurse educator I hope to inspire my students with passion for nursing. I want them to understand that the only way to ensure a high standard of nursing care is to model it themselves. We each bear that responsibility. I know that it is hard to maintain that level of enthusiasm in the face of demands placed on nurses. Our challenge is to find creative ways to overcome the obstacles we face as we care for our patients and take care of ourselves. Each of us has the opportunity to make a difference in patient care in Arkansas.

I want to encourage nurses to rise to the opportunities of leadership in our communities, our state and our nation. One of the ways you can make a difference this year is to get involved in the legislative process. The ASBN Update will contain information about proposed legislation that will affect nursing. Decide what you think about it and CONTACT YOUR LEGISLATOR. You can identify your Representative and Senator by going to www.ar.gov. The listing contains contact information for each one. Encourage your family and friends to voice their opinions as well. Let this be the year that our Legislators really know what nurses in Arkansas want for our profession. I can guarantee you that the physicians in this state are not passive about legislation affecting their practice. They are also not passive about legislation affecting nursing practice. Do not let anyone else's voice be louder than ours on issues that affect nursing.

Another opportunity for you to make a difference in your community is to get involved in volunteer work. No one has to participate in every opportunity for volunteering, but if everyone does something, it's amazing what can be accomplished.

As of the writing of this article, there are 53,466 nursing licenses held and approximately 7,000 nursing students in Arkansas. My hope is that we become united in the commitment to model excellence in every area of our lives, but especially in nursing. If we are successful, we will impact our communities, our state, and perhaps even our nation.



Clevesta Flannigan, LPN, was presented a plaque to commemorate her terms on the Board and to thank her for her service to the citizens of Arkansas, to all nurses and to the Arkansas State Board of Nursing. Pictured with Flannigan are ASBN Executive Director Sue Tedford and Board President Shela Upshaw.

STAFF DIRECTORY

ARKANSAS STATE BOARD OF NURSING

1123 South University Ave.
Suite 800
Little Rock, AR 72204
Office Hours: Mon - Fri
8:00-12:00; 1:00-4:30
Phone: 501.686.2700
Fax: 501.686.2714
www.arsbn.org

All staff members may be reached via e-mail by using first initial and last name@arsbn.org

ADMINISTRATION

Sue A. Tedford, MNSc, RN
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ASBN General Counsel

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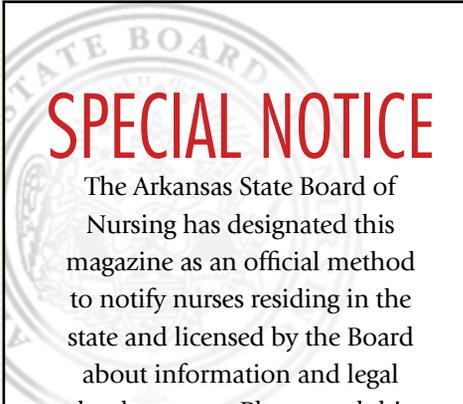
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SPECIAL NOTICE

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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can generalize that the street value for some of these drugs is approximately \$1 per milligram (depending on the type of drug, generic versus brand name, milligram strength):

- Hydrocodone - ~\$5 to \$10 per pill
- Xanax - ~\$2 to \$3 per pill
- Oxycodone - ~\$1 per milligram
- Oxycontin 80 mg pill - ~\$80 to \$100 per pill
- Dilaudid - ~\$4 per milligram

Some addicts will even use an elderly family member or their child to get the drugs (for example, requesting a certain opioid for their "poor mother's horrible arthritic pain"). In no way is this article intended for prescribers to not prescribe controlled substances as needed, but rather to encourage nurses to watch for those seeking these medications for addictive reasons.

In upcoming articles of this series, we will discuss drug-seeking behaviors in co-workers, how to handle drug-seekers, and red flags that nurse employers should monitor.

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A CALL TO ACTION: YOU ARE NEEDED TO HELP ADVANCE NURSING IN ARKANSAS!



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Our Mission:

The Arkansas Action Coalition is a state-wide initiative to implement the recommendations from the Institute of Medicine Report: *The Future of Nursing: Leading Change, Advancing Health*.

The Arkansas Action Coalition is a diverse group of Arkansas stakeholders working with the intent of effecting sustainable changes for nursing. We are working to build a quality healthcare environment for Arkansans.

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Education Pillar

Our goal is to demonstrate pathways that will increase the number of nurses prepared with higher academic degrees in nursing as care becomes more complex. Continuing education and lifelong learning are essential to ensure nurses provide high quality patient care in Arkansas.

Practice Pillar

Much work is being done at the state and national level to ensure that advanced practice nurses can practice to the full extent of their education and training. Our coalition is communicating this work to advance practice nurses in the state and advocate for full scope of practice for nurses at all education levels.

Leadership Pillar

Nurses bring a unique, important perspective to health care, higher education, business, and policy discussions, but not enough nurses are 'at the table' to address significant health care challenges in Arkansas. Our coalition challenges nurses to step up and contribute their valued perspectives and talents.

Workforce Data

Our coalition seeks research data about Arkansas nurses to inform us of the need for diversity in the nursing workforce and about the training each provider possesses. Nurses practicing in all venues are striving to provide high-quality patient care in Arkansas. With the information gathered, Arkansas can plan and prepare for nursing supply/demand issues and increases in healthcare needs, especially in underserved areas.

Get Connected and Join!

Erin Fifer, MSN, RN, CPN | Phone number 501-364-3339 | Cell 501-908-2157 | aractioncoalition@gmail.com.
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HELP US HELP YOU



There is a cell phone commercial that has been around for a while where calls are dropped at inopportune times. Unfortunately, this does not only happen on TV. Much like those commercials, the staff at the Board is sometimes working with “half” of a phone number while the person who left the message is frustrated that no one called them back.

Although the example above may seem a bit dramatic, we really do meet similar challenges. Here are some suggestions of ways you can help us to help you.

- When you leave a voice mail message, speak slowly and clearly. It is also a good idea to repeat the phone number where you would like for us to contact you. Be sure to include the area code.
- If you would like for us to leave a phone message, be sure we can do so. We are unable to leave a message if we

call and get the message “the voicemail is full” or “the person you are trying to reach has not set up a voicemail.” If you call from a cell phone, please try to call from an area that you know gets good reception. If you know you are in a “dead zone,” it would probably be best to use a land line telephone.

- The best way to contact us is via e-mail. Each staff member’s email is listed on our website at www.arsbn.org, or if you know the name of the person you are trying to contact, you can reach the staff member by the first initial of the first name and last name @arsbn.org. (i.e. the email address for Darla Erickson would be derickson@arsbn.org)
- If you contact us by email or through our website, first check the settings on your computer. Filters, firewalls, etc. may block our responses.

- If you contact us by email or through the website, include your telephone number as well as your e-mail address in the correspondence. (Then if we get the notice from the system administrator that “this message is undeliverable” we still have a way to contact you.)
- Put your license number on all communications. Amazingly enough, even if your name is pretty unique, there is a good chance there are more people with the same name. Figuring out which person is requesting information or sending a payment can be difficult, if not impossible.

The staff of the Arkansas State Board of Nursing strives to provide good customer service. However, as you may guess from the requests above, we sometimes encounter obstacles that make it difficult to respond as we would like. Please assist us in our quest to better help you.

POSITION STATEMENT 94-1 ADMINISTRATION OF IV MODERATE SEDATION BY THE REGISTERED NURSE

The Arkansas State Board of Nursing has determined that it is within the scope of practice of a registered professional nurse to administer pharmacologic agents via the intravenous route to produce moderate sedation. Consistent with state law, the attending physician or a qualified provider must order the drugs, dosages, and concentrations of medications to be administered to the patient. Optimal anesthesia care is best provided by qualified anesthesiologists and certified registered nurse anesthetists. However, the Board recognizes that the demand in the practice setting necessitates non-CRNA registered nurses providing IV moderate sedation. A registered nurse may not administer medications that should be administered only by persons trained in the administration of general anesthesia. However, the administration of these medications for moderate sedation for comfort care in the final hours of life or for sedation of intubated critically ill patients is not prohibited.

As with all areas of nursing practice, the registered nurse must apply the *Nurse Practice Act* and *Rules* to the specific practice setting, and must utilize good professional judgment in determining whether to engage in a given patient related activity.

Employing facilities should have policies and procedures to guide the registered nurse. The Arkansas State Board of Nursing has adopted the following guidelines.

Position Statement on the Rule of the Registered Nurse (RN) in the Management of Patients Receiving IV Moderate Sedation for Short-Term Therapeutic, Diagnostic, or Surgical Procedures



Position Statement 94-1 Guidelines

A. Definition of Moderate Sedation.

The American Society of Anesthesiologists (ASA) defines the various levels of sedation and anesthesia that are now incorporated into this statement. (ASA Statement on Granting Privileges for Administration of Moderate Sedation to Practitioners Who are Not Anesthesia Professionals, Approved by ASA House of Delegates on October 25, 2005, and amended on October 19, 2011).

“Moderate Sedation/Analgesia” is a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Also, note that Procedural Sedation involves the use of sedative and analgesic agents to reduce the anxiety and pain suf-

fered by patients during procedures (American College of Emergency Physicians [ACEP] Policy Statement, Sedation in the Emergency Department, Approved by the ACEP Board January 13, 2011).

“Deep Sedation/Analgesia” is a drug induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in anesthesia care and airway management, and trained in advanced life support. The qualified anesthesia practitioner corrects adverse physiologic consequences of the deeper-than intended level of sedation (such as hypoventilation,



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As with all areas of nursing practice, the registered nurse must apply the *Nurse Practice Act* and *Rules* to the specific practice setting, and must utilize good professional judgment in determining whether to engage in a given patient related activity.

hypoxia and hypotension) and returns the patient to the originally intended level of sedation.

“General Anesthesia” is a drug induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug induced depression of neuromuscular function. Cardiovascular function may be impaired.

B. Position Statement 94-1 Guidelines for Management and Monitoring

It is within the scope of practice of a registered nurse to manage the care of patients receiving IV moderate sedation during therapeutic, diagnostic, or surgical procedures provided the following criteria are met:

1. Administration of IV moderate sedation medications by non-anesthetist RNs is

allowed by state laws and institutional policy, procedures, and protocol.

2. A qualified anesthesia provider or attending physician selects and orders the medications to achieve IV moderate sedation.
3. Guidelines for patient monitoring, drug administration, and protocols for dealing with potential complications or emergency situations are available and have been developed in accordance with accepted standards of anesthesia practice.
4. The registered nurse managing the care of the patient receiving IV moderate sedation shall have no other responsibilities that would leave the patient unattended or compromise continuous monitoring.
5. The registered nurse managing the care of the patient receiving IV moderate sedation is able to:
 - a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology, cardiac dysrhythmia recognition and complications related to IV moderate sedation and medications.
 - b. Assess total patient care requirements during IV moderate sedation and recovery. Physiologic measurements should include, but not be limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient’s level of consciousness.
 - c. Understand the principles of oxygen delivery, respiratory physiology, transport and uptake, and demonstrate the ability to use oxygen delivery devices.
 - d. Anticipate and recognize potential complications of IV moderate sedation in relation to the type of medication being administered.
 - e. Possess the requisite knowledge and skills to assess, identify and intervene in the event of complications or undesired outcomes and to institute nursing interventions in compliance with orders (including standing orders) or institutional protocols or guidelines.
 - f. Demonstrate skill in airway management resuscitation.
 - g. Demonstrate knowledge of the legal ramifications of administering IV mod-

erate sedation and/or monitoring patients receiving IV moderate sedation, including the RN’s responsibility and liability in the event of an untoward reaction or life threatening complication.

6. The institution or practice setting has in place an education/competency validation mechanism that includes a process for evaluating and documenting the individual’s demonstration of the knowledge, skills, and abilities related to the management of patients receiving IV moderate sedation. Evaluation and documentation of competence occurs on a periodic basis according to institutional policy.

C. Additional Guidelines

1. Intravenous access must be continuously maintained in the patient receiving IV moderate sedation.
2. All patients receiving IV moderate sedation will be continuously monitored throughout the procedure as well as the recovery phase by physiologic measurements including, but not limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient’s level of consciousness.
3. Supplemental oxygen will be immediately available to all patients receiving IV moderate sedation and administered per order (including standing orders).
4. An emergency cart with a defibrillator must be immediately accessible to every location where IV moderate sedation is administered. Suction and a positive pressure breathing device, oxygen, and appropriate airways must be in each room where IV moderate sedation is administered.
5. Provisions must be in place for backup personnel who are experts in airway management, emergency intubation, and advanced cardiopulmonary resuscitation if complications arise.

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- American Radiological Nurses Association
- American Society of Pain Management Nurses
- American Society of Plastic and Reconstructive Surgical Nurses
- American Society of Post Anesthesia Nurses
- American Urological Association, Allied Association of Operating Room Nurses
- Association of Pediatric Oncology Nurses
- Association of Rehabilitation Nurses
- Dermatology Nurses Association
- NAACOG, The Organization for Obstetric, Gynecologic, and Neonatal Nurses
- National Association of Orthopaedic Nurses
- National Flight Nurses Association
- National Student Nurses Association
- Nurse Consultants Association, Inc.
- Nurses Organization of Veterans Affairs
- Nursing Pain Association

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2. American Association of Nurse Anesthetists. (2010). Considerations for policy development number 4.2: Registered nurses engaged in the administration of sedation and analge-

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3. Emergency Nurses Association (ENA). Procedural sedation and analgesia in the emergency department. [Position Statement]. (Developed 1992; revised and approved by the ENA Board of Directors in July 2005). Retrieved from http://www.ena.org/SiteCollectionDocuments/Position_20Statements/ProceduralSedation.pdf
4. American College of Emergency Physicians (ACEP) Board. (2011, January 13). Sedation in the emergency department. ACEP Policy Statement. Retrieved from: <http://www.acep.org/Clinical---Practice-Management/Sedation-in-the-Emergency-Department/>

Adopted November 1994

Revised September 17, 2009

Revised September 12, 2014



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DISCIPLINE 101: REINSTATEMENT AFTER VOLUNTARY SURRENDER

Life is complicated. No one would disagree with that statement. Situations arise that most persons would never imagine possible. For example, nursing students, generally before graduation, come to the board office and observe hearings. Depending on the schedule and the nurse before the Board, some hearings may be quite memorable. Generally, however, what students hear are cases involving poor documentation, poor patient care, or cases involving drug diversion or substance use disorder by the nurse. After hearings, it is not unusual for board staff to be told by many students "YOU ARE NEVER GOING TO SEE ME HERE BEFORE THE BOARD!" But life is complicated and things happen.

Many nurses who appear before the Board are disciplined in some manner. The Board issues an ORDER with stipulations for the nurse to comply with. The nurse who cannot comply with the stipulations of the Board Order faces further discipline for noncompliance. If the nurse is on probation, the opportunity for voluntary surrender is still available. If a nurse is on suspension, then voluntary surrender is not an option.

With a voluntary surrender, the nurse surrenders licensure and the privilege to practice in Arkansas. Voluntary surrenders are anywhere from one (1) year to a lifetime. Most voluntary surrenders are for three (3) years or less.

A voluntary surrender does not mean that the nurse loses licensure. Instead, voluntary surrender should be viewed as an opportunity for self-improvement while the licensure is held by the Board.

What happens when it is time to request reinstatement of the surrendered licensure? What does the nurse do?

First, send a written request to the board's office. This should be addressed to: REINSTATEMENT REQUEST, 1123 S. University, Suite 800, Little Rock, Arkansas, 72204. In the request, be sure to include your name. Sounds silly, right? Well, as stated before, life happens. People get married or divorced. If you have not updated your name properly with the licensure department, the name you may be using now may not be the name in our database.

Go online to our website and update your

contact information. This may be done at www.arsbn.org. There will be written communication from board staff requesting information. To be effective in reaching you, staff needs current contact information. In the reinstatement request, include your license number. A few years ago, a leading zero was added to all license numbers. If you have been surrendered for a while, you may not realize this. Please be aware that as of July 1, 2003, if you have been absent from nursing for five years; you will also be required to take a refresher course.

Once a license is surrendered, 20 continuing education hours are required for reinstatement. Start working on your continuing education requirements. Other documentation requirements will vary dependent on each nurse's circumstance. Documentation may include a personal narrative, treatment programs intake and discharge summaries, criminal history, court documents, complete work history, prescription history, and other information from your personal care provider.

After the request is received, an instruction packet is sent out by certified mail (you will need to sign for it). Six weeks is allowed for you to submit the requested documentation and criminal background check application, and obtain an addiction/psychological evaluation. It is your responsibility to submit complete and accurate information. This is your opportunity to explain and provide evidence of the steps you have taken in your life to correct the problems that led to surrendering your licensure. It is not unusual to have you submit to a criminal background check at the state

and federal level.

Once all requested documents, Arkansas State Police and FBI background check reports, and evaluation report(s) are received, your file will be reviewed. After the initial review it is sometimes necessary to request additional information. Submit complete and accurate information to avoid delays in the reinstatement process. After the final review, if it is determined that your licensure is eligible for reinstatement, your file will be sent to the attorney specialist to prepare.

Reinstatement of a surrendered license is normally through probation Consent Agreement with the Board. Once properly executed and notarized Consent Agreement and accompanying forms are returned to the board office, the Consent Agreement will be presented to the Board for ratification (approval) at the next scheduled board meeting. The Board reserves the right to modify or reject the Consent Agreement upon presentation.

The probationary period starts the day the Consent Agreement is ratified by the Board. After ratification, you will receive an instruction packet via certified mail and begin the terms of the Consent Agreement. The packet will contain your renewal application that you will need to submit proof of completion of twenty (20) CE hours and any applicable renewal fees in order to have your reinstated licensure renewed. Renewal fees generally include a late fee and licensure fee(s).

If you have additional questions please contact Mary Trentham, Attorney Specialist, at mtrentham@arsbn.org.



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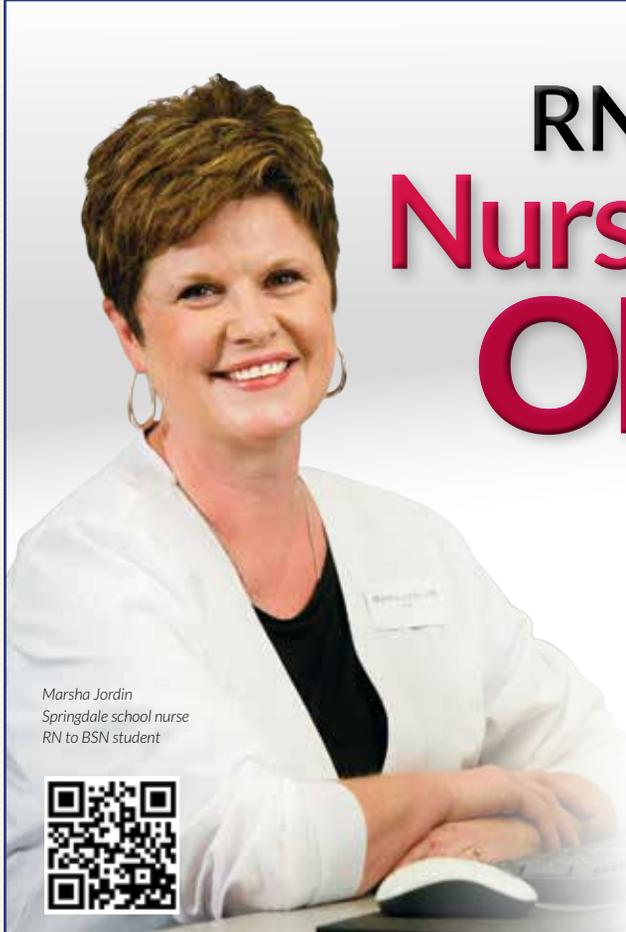
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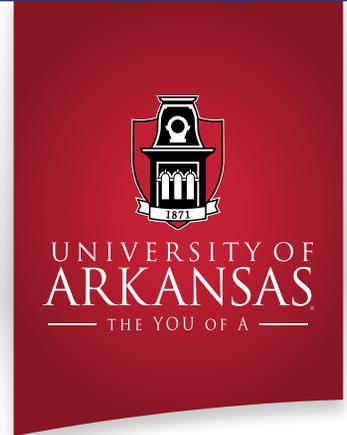
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Education: Graduate from an accredited vocational school of nursing.

Experience: Minimum one (1) year as an LPN/LVN/LPTN in psychiatric nursing preferred. Must pass a medication administration exam before administering medications. CPR certification and successful completion of HWC including restraint and seclusion policies, within 30 days of employment and prior to assisting in restraining procedures.

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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 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	Effective Date	
Arnold	Amy M	R094729	Arkadelphia	Letter of Reprimand	October 1, 2014
Ashton	Crystal	L053435	Paragould	Probation Status Removed	October 3, 2014
Baker	Christe Dawn	L053139	Foreman	Voluntary Surrender	September 29, 2014
Bane	Kendra Marlene	L051534	Conway	Voluntary Surrender	October 7, 2014
Beaty	Kathy Elaine Bray	L028291	West Plains, MO	Voluntary Surrender	September 11, 2014
Branton	Pamela Sue	Tennessee Privilege to Practice	Murfreesboro, TN	Appeal Dismissed - Failure to appear	October 8, 2014
Breckenridge	Jodi Deshea	R081358	Hot Springs	Voluntary Surrender	September 11, 2014
Brown	Lorna Deloris Wiles	R025518	Little Rock	Letter of Reprimand	October 6, 2014
Brush	Jennifer Anne Long	R073119	Texarkana	Probation - 2 yrs.	October 9, 2014
Burse	Lynda Benita Coleman Avery	R063334, L032453	Wilmar	Probation - 2 yrs	October 8, 2014
Byers	Cassandra Marie Wilson	L041987	Nashville	Suspension until terms of Letter of Reprimand are met	October 8, 2014
Bynum	Mae Catherine	Wisconsin Privelege to Practice	Little Rock	Privilege to Practice Revoked	October 8, 2014
Champlin	Jenny Rebecca Bowen Roberson	L038988	Hindsville	Suspension 2 yrs. - Probation 2 - yrs.	October 8, 2014
Chapman	Patsy Jean Johnson Lynn	L021257	Hermitage	Voluntary Surrender	October 7, 2014
Curtis	Steven Douglas	R044879	Hot Springs	Probation Status Removed	September 29, 2014
Dailey	Kimberly Ann	R034391	Texarkana	Cease & Desist RESCINDED	July 30, 2014
Duvall	Rhett Robert	R077478	Atkins	Probation - 1.5 yrs.	October 8, 2014
Flynn	Trevor Gilbert	R094491	Bentonville	Probation Status Removed	September 29, 2014
Fuller	Linda S	R096433	Conway	Letter of Reprimand	October 6, 2014
Gibson	Shellie Leeann	R077359	Benton	Probation - 3.5 yrs	October 9, 2014
Graham	Marie Antoinette Lewis	A003059, R054905, Prescriptive Authority	North Little Rock	Voluntary Surrender - CNP & PAC	September 29, 2014

Name		License #	City	Action	Effective Date
Gregory	Amy Leanne Broadwater Canard	R085012, L044427	Marianna	Probation - 3 yrs.	October 8, 2014
Griffin	Brandon Garrett	L051220	Bentonville	Letter of Reprimand	September 30, 2014
Griffith	Sheila Ann Leopard	L035592	Mountain View	Suspension until terms of Letter of Reprimand are met	October 8, 2014
Gross	Kevin Reed	R096669, L036061	Charleston	Letter of Reprimand	October 6, 2014
Hilton	Darlene Kolbicka	R031102	Glenwood	Voluntary Surrender	October 7, 2014
Hobson	Justin Lynn	L052077	Fayetteville	Probation Status Removed	September 29, 2014
Hollinger	Robert Benjamin	A003968, R082103	Monticello	Probation Status Removed	September 29, 2014
Lloyd	Ashley Dawn Allen	R074370, L042616	Jonesboro	Suspension 5 yrs. - Probation 3 yrs.	October 9, 2014
Malone	Deanna Kaye Hannuksela	L050164	Harrison	Voluntary Surrender	September 29, 2014
Michael	Dana Lee Bowden Orsbun	R020519	Greenwood	Reinstatement	September 11, 2014
Miller	Trista Kaye Howland	L046976	Camden	Probation - 5 yrs.	October 8, 2014
Mooney	Krystal Gale Edwards	L044659	Camden	Voluntary Surrender	September 11, 2014
Moore	Sheila Ann	L042775	Hampton	Suspension - 2 yrs. Probation - 2 yrs.	October 9, 2014
Patton	Tracy Eilizabeth Tarvin Vail	R043531	Farmington	Voluntary Surrender	October 6, 2014
Pierce	Shawn Dalrymple	L035430	Hot Springs	Probation - 1 yr.	October 8, 2014
Powell	Shawn Delaney	R055803	Mulberry	Voluntary Surrender	September 22, 2014
Pullin	Kristy	R096165	Lowell	Letter of Reprimand	October 6, 2014
Rainbolt	Travis Cole	L054460	Paragould	Voluntary Surrender	October 2, 2014
Rains	Julie Kathryn Finley Cole	R032872	Benton	Probation - 1 yr.	October 9, 2014
Sailor	Tasha Marie Boppeler	R071253	Mountain Home	Probation - 5 yrs.	October 8, 2014
Schuttrow	Kelly Rae	R092165, L050737	Hot Springs	Probation Status Removed	September 29, 2014
Simmering	Taira Renea	R089079	Benton	Voluntary Surrender	September 29, 2014
Simmons	Chelsea Ann	PN Applicant	Springdale	Probation - 2 yr.	October 8, 2014
Vallery	Samuel Todd	R096678	Conway	Letter of Reprimand	October 6, 2014
West	Irma Pearl Stinson	L035698	Taylor	Probation Status Removed	September 29, 2014

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Congratulations, Nursing Graduates of the Class of 2014!



After a long road of studying, and preparation, you have reached the finish line. And yet, ahead of you is the starting line to another journey as you begin your nursing practice. As you start your job search, or perhaps begin orientation at your first nursing job, the road ahead of you may seem challenging; sometimes you may not see where the road leads. The most important thing to remember about your journey, said best by Ralph Waldo Emerson, is this: “What lies behind us, and what lies before us, are tiny matters compared with what lies within us.”

Within each of you is an excellent nurse—a person who chose to dedicate her or his career to the care of others. No matter where your road takes you, it is vital that this aspect of you, this caring, dedicated nurse, does not get lost along the way. The staff here at NCSBN have thought back on their own nursing journeys. Here is some of the advice they offer for staying focused on the outstanding nurse that lies within:

Respect your license. Your nursing license is one of the most valuable things you will ever own. Protect it by reviewing your state nurse practice act and its rules and regulations; know what is expected of you as a professional. Don't ever forget that your license is an agreement between you and the state board of nursing that you will provide safe and competent care.

Provide safe and competent care:

- Never distribute medication without remembering the five rights of medication administration.
- Stay focused. Avoid distractions while you are administering medication, performing a treatment, or documenting in the medical record.
- Think about what has been ordered for the patient. Does it make sense? If you are unsure, question the order.
- If you do not know how to do it, do not do it. Ask for help.
- Care for every patient as you would your mother, father, husband, wife, or child.

Know what you do not know. Do not be afraid to ask questions and ask for help. If you do not know why a patient needs a certain medication, test, or treatment, you need to stop and find out.

If something does not seem right, trust your intuition and follow up. Do not think that someone with more experience must be right and you, the new grad, must be wrong. Remember, you are that crucial last line of defense for the patient. Take that position seriously: Speak up and follow up.

Talk to your patients and their families. Pay attention to their concerns. If a patient or family member is telling you something is wrong, listen to them.

Respect everyone you work with. Build relationships with the staff on your unit and the interdisciplinary team; you will be surprised at how much each person on the unit can teach you and help you, if you let them.

Do not discuss your patients on social media. Posting a picture or mentioning a patient on Facebook, Twitter, or other social media, even if you do not include his or her name, will get you into trouble.

Learn about substance use disorder. If you suspect one of your colleagues has a substance abuse problem, talk to your supervisor. Doing so may save the life of a patient or that of your colleague. If you have a substance use disorder, talk to your supervisor. It may save your life and/or your nursing license. In many states, nurses are mandated to report substance abuse.

Pursue continued competence. Nursing is a profession that requires life-long learning. Join a professional organization, read nursing journals, attend meetings, or become certified; be engaged in the profession. If acquiring continuing education credits, think about what you need, what you do not know, and areas or skills you want to improve upon; then get CEs in those areas. Look for websites that can send information to you, such as drug updates or new diagnostic and treatment information.

Have a mentor. Find someone more experienced than you, someone you admire and who can serve as a role model. She or he will help you and your career in more ways than you can imagine.

“Smile.” Some of the NCSBN staff who are not nurses said, a smile goes a long way in helping patients feel at ease.

One last piece of advice: Take time for yourself and for your family and friends along the way. Keep a balance in your life.

The nursing profession encompasses an endless number of career possibilities. Pursue your passion. Become a leader. Your career path may lead you to being an educator, a chief nursing officer, the president of a nursing organization, a researcher, a policy maker, or even a member of your state board of nursing.

Good luck, best wishes, and enjoy the journey!

Maryann Alexander, PhD, RN, FAAN
Editor-in-Chief



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John Brown University, private, evangelical and Christian, is seeking **FOUR** full-time faculty members for its newly approved nursing program, positions to begin **July 1, 2016**. JBU is seeking outstanding applicants who are visionary, innovative, and passionate about teaching. The Department of Nursing is seeking a balanced educational team in order to enrich and augment students' nursing education; and faculty in a variety of specialties are needed, including simulation. Responsibilities include but are not limited to teaching undergraduate nursing classes, advising, committee assignments, and the development of graduate programs. An earned doctorate is preferred; MSN required. Applicants must show evidence of scholarly potential, have effective teaching experience in higher education, and a commitment to Christian higher education. Must hold (or be eligible for) an unencumbered license in the state of Arkansas. Visionary leadership skills are essential. Positions begin **July 1, 2016**, with one position potentially beginning a semester or two prior to this date. Screening process begins November 3, 2014. **Submit electronically** (as attachments) a letter of interest and vita to academicaffairs@jbu.edu. Attn: Dr. Ed Ericson III, Vice President for Academic Affairs, John Brown University, Siloam Springs, AR. Phone: 479.524.7129.

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