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December 2013 Volume 17 Number 6



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

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The ASBN Update circulation includes over 52,000 licensed nurses and student nurses in Arkansas.



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Our Centennial Year

Wow, this has been a busy year! This is our centennial year and the Board members and staff worked hard to make this year special. With the help of everyone, including many nurses from around the state, we succeeded. We had a t-shirt design contest, a video contest, a proclamation signing by Governor Beebe, the Arkansas flag flown over the U.S. Capitol, a birthday party, a celebration luncheon and many receptions around the state. We also sold centennial t-shirts, coffee mugs and lapel pins. Nurses from around Arkansas have been very generous in loaning or donating various nursing memorabilia. We have school uniforms and pins, books, photographs, and other nursing related items that we have displayed at our centennial functions.

I want to say thank you to PCI (the publisher of this magazine) for its extensive financial support and co-sponsorship of the celebration luncheon. I also want to thank the following hospitals and agencies for hosting a centennial reception:

- Ashley County Medical Center - Crossett
- Baxter Regional Medical Center – Mountain Home
- Christus St. Michaels - Texarkana
- Faulkner County In Home Service - Conway
- Jefferson Regional Medical Center – Pine Bluff
- Northwest Medical Center - Bentonville
- St. Bernard's Medical Center - Jonesboro
- St. Mary's Regional Medical Center – Russellville
- White County Medical Center- Searcy

We kicked off our centennial year at the 2012 Expo and we will conclude this centennial year at this year's Expo on December 7. Come by our booth to see the memorabilia on display, view the winning video, purchase a centennial item or just say hi.

This has been a fun year, and I look forward to being a part of the next 100 years.



A handwritten signature in black ink that reads 'Sue A. Tedford'.

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TEAMWORK



In today's health care market, the practice of teamwork has gained in popularity. This

is especially true for professional nurses. When nurses function as part of a unit, and when they act as part of a team, the job itself is easier and more efficient. Moreover, overall patient care is enhanced. Teamwork is defined as a group of people working cooperatively to achieve shared goals. Teamwork is an essential element in any health care setting. A great health care team achieves success through elements of skillful work, shared vision, positive attitudes, and respect of each teammate.

Since health care is a very demanding profession, many problems within a close working team can occur. The barriers to effective teamwork can be narrowed down to problems in these four areas: leadership, attitude, collaboration, and communication

People who work in a hospital situation know how to manage high-stress situations, but frustrations can build. Working as a team will reduce situations where an employee feels overwhelmed by his workload or the temperament of an unpleasant staff member. Compassion and common courtesy are appropriate not only when communicating with patients; they are also vital in how you treat your coworkers.

Teamwork will not only cut down on duplicating efforts within a hospital setting, it also will cut costs. During tough economic times, hospitals and health care providers decrease their number of employees in order to save costs. If everyone does his/her job in an efficient manner and is aware of the needs of other staff members, that person can contribute to the overall morale. If for instance, a person passes by the lab on the way to another department to pick up something for a coworker, that person will instill a sense of camaraderie in that employee and

make that person want to do the same for others.

Effective teamwork skills rely on basic communication within departments and all personnel. Often, different floors, wings and buildings of a hospital can seem like they are worlds apart, yet they all have the same goal. Using the intranet, regular staff meetings and high-priority e-mails will keep all members of the team updated on current policies, parts of the team that are short-handed and any aspects of the job that need fine-tuning

Teamwork is a key component of many professions; when employees feel as if they are part of a unit, relevant outcomes are improved. Nurses report enhanced job satisfaction and patient care outcomes are met. No longer can nurses function in isolation. Their profession mandates teamwork and effective communication.

The relationship between the nurse and the physician is paramount. The physician orders necessary intervention, and the nurse or therapist is responsible for carrying it out. Physical therapists, speech therapists and respiratory therapists all perform patient care. And, it is crucial that all team members work together and communicate effectively. Any changes in the patients' status, whether deterioration or improvement, should be shared between team members. In some of these acute events, attention from a practitioner is warranted. In many instances, however, the attending physician might be at an off-site practice. Therefore, many acute care settings have implemented hospitalists into practice.

In health care, every care discipline is integral in patient care. If the patient needs respiratory care, the respiratory therapist implements an ordered treatment. The speech therapist carries out an ordered study; the physical therapist fulfills her/his duty. Each discipline plays a part; each care provider is part of a team. Achieving the desired patient outcome rests on teamwork and effective communication. In the contemporary acute care setting, many patients are over the age of 65. For

these patients, care has been markedly improved through the implementation of teams of professionals focused on their acute care needs. The patient might rely on the unlicensed staff to assist in turning, she/he might rely on the nutritionist for appropriate dietary recommendations, and she/he might rely on physical therapy for mobility. Each team member plays an important role, and overall care management rests on the communication between members. There are many other examples of the value of teamwork, but the underlying theme is that teamwork clearly strengthens the ability of nurses and other health care providers to provide higher quality, more efficient care.

Among direct care staff, teamwork and communication are equally important. When changing shift, for instance, it is imperative that all relevant patient care information be shared with the oncoming nurse. Similarly, it is important for the licensed nurse and the unlicensed care staff to have an open line of communication. The nurse should be aware of what duties can be delegated; she should have an understanding of what falls under the scope of his/her nursing practice. She should communicate her needs with her co-assigned aid, and it is imperative that the two have a strong working relationship, whereby trust, appreciation, and teamwork are the underlying principle.

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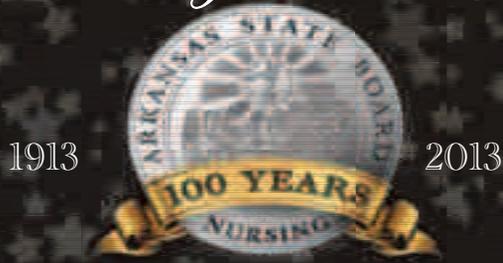
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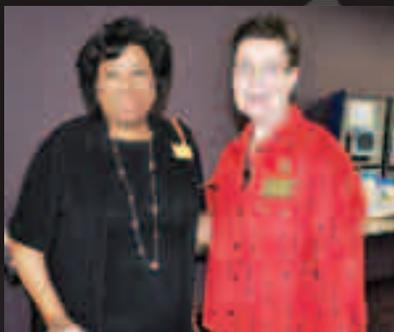
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January 9	Business Meeting
February 12	Hearings
February 13	Hearings
March 10-12	NCSBN Midyear Meeting, Kansas City, MO
April 9	Hearings
April 10	Hearings
May 7	Board Strategic Planning
May 8	Business Meeting
June 11	Hearings
June 12	Hearings
July 9	Hearings
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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.

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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(ERSNs) trained around the country to provide this professional development program to school nurses (National Association of School Nurses, 2013). Arkansas has two trained ERSN's ready to provide technical assistance to school nurses so they can train their own school staff.

In Arkansas, students are allowed to carry their own epinephrine or asthma inhalers because of a law (ACA 6-18-707) known as Alex's Law (Arkansas State Legislature, 2013). During this past legislative session, there were two amendments to Alex's law that were passed. Unfortunately, these two laws are slightly different and leave school nurses wondering what they are allowed to do. The first amendment passed was HB 2011, now ACT 757. It is an ACT to allow a school nurse to:

- 1) provide epinephrine to a student as prescribed for that student
- 2) administer auto-injectable epinephrine to a student that has been prescribed for that student,
- and 3) allows a school nurse to administer stock epinephrine to a student that, in the nurse's professional opinion, is having an anaphylactic reaction but does not have a prescription for epinephrine (Arkansas State Legislature, 2013). The nurse must work within the standing protocol from a licensed physician in the state of Arkansas.

The second amendment seems similar, it was SB 1173, now ACT 1437. In this ACT the school district shall adopt a policy for the possession and administration of epinephrine in each school (Arkansas State Legislature, 2013) The school district must develop a health care plan to implement a certificate that has been issued by a licensed physician to be able to stock epinephrine. The epinephrine can be administered by a school nurse or a school district employee that has been through training to be designated as a care provider. Following the training, the school nurse or care provider can administer epinephrine to a student believed to be

having a life-threatening anaphylactic reaction (Arkansas State Legislature, 2013). The prescribing physician will specify the circumstances when the epinephrine can be administered.

Even with the differences in these two amendments, two things are certain — school nurses will soon be able to provide epinephrine to students who have an undiagnosed severe allergy and school nurses will continue to provide excellent care for students who already have a diagnosed severe allergy. To continue to provide the best possible care, NASN has developed many tools the school nurses can use with their students and their families. The toolkit called Saving Lives at School: Anaphylaxis and Epinephrine which was developed by Centers for Disease Control, NASN, Food Allergy and Anaphylaxis Network and the National

School Boards Association (National Association of School Nurses, 2013). All the tools are available online and can be used by the school nurse to help prevent anaphylactic reactions at school.

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INCREASED QUALITY OF LIFE FOR NURSING HOME RESIDENTS WITH DEMENTIA: NON-PHARMACOLOGICAL INTERVENTIONS

Dementia affects many individuals older than 65 and has become a growing health concern because of the rapidly increasing population in that age group. Concern about high rates of atypical antipsychotic medications used to treat dementia patients with behavioral or psychological symptoms has led to a nationwide effort to promote non-pharmacological interventions and create a culture shift in nursing homes toward interdisciplinary teams who provide person-centered care to residents with dementia.

The Alzheimer's Foundation of America defines dementia as "a general term that describes a group of symptoms — such as loss of memory, judgment, language, complex motor skills and other intellectual function — caused by the permanent damage or death of the brain's nerve cells, or neurons." Individuals with dementia remember less with time and have difficulty living normal lives and maintaining relationships. They may have personality changes and behavioral issues, including agitation, delusions and hallucinations.

As the global population ages, the number of people affected by dementia — estimated at 35.6 million worldwide — is expected to double by 2030 and triple by 2050. With this increase comes increased expense to consumers and Medicare. Atypical antipsychotic medications cost more than \$13 billion in 2007, nearly 5 percent of all U.S. drug expenditures. About 305,000 nursing

home residents (about 14 percent) had Medicare claims for atypical antipsychotic drugs, according to the Office of the Inspector General. Of these, about 20 percent were prescribed these medications in ways that violated government standards for their use.

Antipsychotic medications are not approved to treat individuals over 65 for symptoms of dementia. The FDA issued a black box warning outlining the dangers associated with using these medications to treat the elderly. Risks include an increased rate of stroke and death, and the medications can cause movement problems such as tremors, shuffling and facial twitches.

Antipsychotics can be helpful and need to be used at times to increase comfort and quality of life. They can help control aggressive behaviors such as hitting, kicking and biting. They are also used to manage symptoms of hallucinations and delusions that make caring for an individual difficult. When caregivers and families are aware of the risks associated with antipsychotic use, the decision to use a drug to control a behavior can be carefully weighed by considering how the person was before getting dementia and how he or she would respond if he or she was aware of the aggressive behaviors and hallucinations/delusions. Families and health care workers have to make decisions based on quality of life by looking at the risk versus benefit of certain treatments. Some difficult or

resistant behaviors may have roots in a patient's history, and using a non-pharmacological approach to determine the cause and devise a solution may resolve the problem.

As part of a national focus on reducing inappropriate use of antipsychotics in nursing homes, Quality Improvement Organizations in each state, including the Arkansas Foundation for Medical Care, were charged with helping nursing homes reduce use of antipsychotic medications. In 2012, the national goal was a 15 percent reduction. Individual nursing homes' rates for antipsychotic use can be found on the Nursing Home Compare website, www.medicare.gov/nursinghomecompare.

CMS updated guidelines for long-term care to provide increased guidance on unnecessary medications and quality of care for residents with dementia. Because of increased awareness and the need to use non-pharmacological interventions as the first line of treatment, care of dementia patients is shifting to a team approach. A team might consist of a physician, a pharmacist, nursing staff, the resident, family members, direct care staff, dietary staff, housekeeping, friends, and administrative staff. The University of Iowa developed a training program, called Improving Antipsychotic Appropriateness in Dementia Patients (IA-ADDAPT), which provides educational tools for members of the interdisciplinary team.

CMS also distributed a training



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series called Hand in Hand to nursing homes nationwide. It targets nursing assistants, but is also valuable for administrators and medical staff. Caregivers and family members report increased ability to manage residents with dementia after receiving education about symptoms of dementia and training on non-pharmacological interventions.

There are several approaches caregivers can take when caring for a person with dementia and problem behaviors. Caregivers need to know their attitude and feelings about what is taking place, and remind themselves that the person they are providing care to needs help. Approach the person slowly, in a non-threatening way, with hands

visible. Don't stand in front of or over the person. Talk to the person in short sentences, speak in your normal voice, and avoid sarcasm. Listen to what the individual is saying. For example, the resident may say, "Please hand me the cow over there," when what she was asking for was the carton of milk. Dementia caused her to forget to say milk but she correctly associated milk with a cow. Do not correct the resident or use sarcasm. The person may still be aware that he or she cannot remember. If caregivers make the person feel threatened, he or she may withdraw or act out due to frustration. Caregivers must try to soothe the person, but know when to leave or request assistance if the behaviors or

psychotic episode escalates. Assess the person for physical, psychological, environmental and / or psychiatric factors that may contribute to the behavior.

Research shows that residents with dementia can have increased quality of life when an antipsychotic medication is eliminated, reduced or never started. Residents have even shown increased mobility, weight gain and alertness after dosage reduction. By improving individualized, person-centered dementia care in nursing homes, there is hope that reduction in use of antipsychotic medications to treat behavioral and psychological symptoms will improve quality of life for residents and reduce stress on caregivers.



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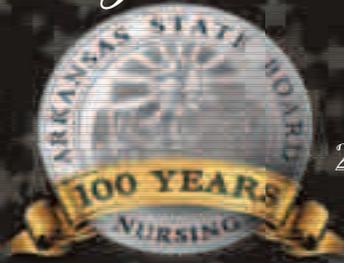


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As an APRN, How Should I Sign My Name & Credentials?

This is a question many APRNs often ask – especially after the recent title changes (APN to APRN and ANP to CNP). No changes were made as to what licensure identification titles/credentials that APRNs should include when prescribing or as a general title. However, the changes did initiate conversation regarding what should be included in an APRN's professional signature. It can be confusing because APRNs hold multiple "titles/credentials." Per the Nurse Practice Act and the Chapter 4 Rules, APRNs should comply with the following:

For APRNs with Prescriptive Authority: As always, the title "APRN" must be included when writing or submitting a prescription. APRNs are welcome to also include their role (CNP, CNS, CRNA, or CNM) or subspecialty title (FNP, ACNP, PNP, etc.) if they choose, or they can include what their certifying body requests them to sign, but these are optional. For example, all of the following would be correct when signing or submitting a prescription:

- Jane Doe, APRN
- Jane Doe, APRN, CNP
- Jane Doe, APRN, FNP
- Jane Doe, APRN, CNP, FNP-BC

Bottom line – when prescribing (regardless of prescription format), the title of "APRN" must be included after the APRN's name/signature. Included below are excerpts from the Chapter 4 Rules, Section VIII, Prescriptive Authority that detail what must be included when writing or submitting a prescription:

D. PRESCRIBING PRIVILEGES

5. The APRN shall note prescriptions on the client's medical record and include the following information:
 - a. Medication and strength;
 - b. Dose;
 - c. Amount prescribed;
 - d. Directions for use;
 - e. Number of refills; and
 - f. Initials or signature of APRN.

E. PRESCRIPTION FORMAT

1. All prescriptions issued by the APRN shall contain the name of the client, and the APRN's name, title, address, telephone number, signature with the initials "APRN" and shall include information contained in Subsection D.5.a-f of this Section.
2. All prescriptions for controlled substances shall be in accordance

with federal rules. The APRN's assigned DEA registration number shall be included on the prescription when a controlled substance is prescribed.

Signing in General: For general purposes (i.e., documentation, advertising, etc.), APRNs can simply sign "APRN" after their name. They also have the choice to sign with their APRN role (CNP, CNS, CRNA, or CNM). Another choice is to add their subspecialty (FNP, PNP, WHNP, ACNP, etc.). The Nurse Practice Act and Chapter 4 Rules do not specifically address what must be included other than ensuring that "APRN" or the APRN role (CNP, CNS, CRNA, or CNM) is included.

Certification agencies request that APRNs include their respective certification title. There is no problem adding what they request, but it must be in addition to the "APRN" or role (CNP, CNS, CRNA, or CNM). For example, all of the following (in addition to the examples listed above for prescribing) would be correct when signing for general purposes:

- Jane Doe, APRN, CNS
- Jane Doe, APRN, ACNP-C
- Jane Doe, CNM
- Jane Doe, CNP, FNP
- Jane Doe, CRNA

Bottom line for general signing – as long as the APRN and/or role title is included, this is considered correct practice. Adding the APRN's subspecialty is optional.

It is also correct for APRNs to include their degree if they wish. However, it is not required by law to include the degree title in a professional signature. For example, all of the following would be correct:

- Jane Doe, MNsc., APRN
- Jane Doe, MSN, APRN, PNP-BC
- Jane Doe, MSN, CNP
- Jane Doe, DNP, APRN, FNP

It is the responsibility of an APRN to ensure it is clear to the public and other professionals that he or she is an Advanced Practice Registered Nurse. Many APRNs sign their name, "Jane Doe, APRN, FNP" which is a great way to include the APRN title and subspecialty.

For questions, please contact Jill Hasley at jhasley@arsbn.org or (501) 686-2725.



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Tips for Your Nursing License Renewal

To renew your license on time and maintain an active status, you must renew your license within the 60 day period preceding your expiration date. The renewal cycle falls every two years at the end of the month of your birth – odd or even years as they coincide with your year of birth respectively; i.e., if you were born in an even numbered year, you will renew every two years on even numbered years.

Here are some tips to assist you in renewing your license:

Know the status of your nursing license

It is essential for you to know the status of your nursing license, rather than assuming it is active. It is illegal to practice nursing without a valid license, so it is important to realize the significance of renewing your license rather than letting it lapse and continuing to practice. The status of your license can be verified on our website, www.arsbn.org via the Registry Search. The Registry Search provides Primary Source Verification. Click on your name to see a detail of each license that is listed.

Keep your contact information current with the ASBN

A courtesy renewal postcard is mailed to your last known mailing address on record in our licensure database. If for some reason you do not receive the courtesy renewal post card, it is still your responsibility to ensure your nursing license is renewed by the expiration date. Do not wait until you renew your license to change your address. In accordance with Chapter 2, Section X, of the Arkansas State Board of Nursing *Rules*, a licensee shall **immediately** notify the Board in writing of an address change. The easiest way to submit your address change is to submit it online at, www.arsbn.org. Click on FORMS and select Address Change under the Online Services. Address changes are not accepted by telephone and

there is no fee to submit an address change.

It is also important to submit name changes to the ASBN. To do so, access our website, www.arsbn.org. Click on FORMS and select and print the Name Change Request form. You will need to mail or fax the completed form to ASBN, along with a copy of your marriage license or other legal documentation.

Remember the following information in regard to name changes:

- Marriage changes your last name only; your middle name is unaffected by marriage and remains the same. You may not simply drop your current legal middle name and use your maiden or former last name without going through the proper legal process. The only way we will change your middle name is with a duly processed court order.
- You may opt for a hyphenated last name using your last name at the time you marry and following it with a hyphen and the last name of your spouse. Please clearly indicate if this is your preference by filling out the Name Change Request form accordingly.
- Divorce does not automatically change your name. To return to a previous last name due to a divorce the decree must specifically state the name change; otherwise, a court order will be required for your last name to be changed.

Renew your license as soon as possible

The ASBN renewal process allows us to review each renewal request before it is processed. This enables the board to approve qualified renewals, and withhold approval of any renewals that require further investigation or additional information or documentation. In light of this process, there is a minimum delay of 2-3 business days from the day that you submit your renewal application to the earliest day that your new expiration date

will post to our registry search. As a result, we strongly advise all nurses to renew as far before their expiration date as possible to allow sufficient time for approval. Until your renewal is approved, your licensed is NOT approved, and there are instances when nurses are being sent home without pay because they renewed at the very end of the month and didn't allow enough processing time. So please renew your license as soon as you are able to do so in order to assist ASBN in processing and reviewing your application before it expires.

Renew Online and Be Prepared

License renewal is accomplished via accessing the ASBN online renewal system. The convenient process is accessible directly from our home page under online services. Have all of your information available before you begin the renewal process since you will be required to list your continuing education for the renewal cycle (do not send certificates to ASBN unless you receive a letter informing you that you have been selected for an audit). You are expected to complete your license renewal by the online system. However, you may not renew online if one or more of the criteria listed below applies to you:

- Your license has been expired for more than five years.
- Since your last renewal, you have been convicted of a crime, pled guilty or nolo contendere to any charge in any state or jurisdiction. (With the exception of DWI, traffic violations do not constitute a crime.)
- Since your last renewal, you have been addicted to or treated for the use of alcohol or any other abuse potential substances since your last renewal.
- Your primary state of residence is currently Arizona, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota,

Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, or any other compact state other than Arkansas.

*If you do not meet the criteria to renew online, mail a request to ASBN (including your full name, license number, and current address) and **send a self-addressed, stamped (prepaid) envelope with your request.**

An Advanced Practice Registered Nurse (APRN) is required to renew both your Registered Nurse (RN) license and your APRN license. Renewing your APRN license does not automatically renew your RN license. You may renew both licenses via accessing the ASBN online renewal system. In addition to online renewal, if you have Prescriptive Authority, you are required to fax a copy of your current Collaborative Practice Agreement to ASBN.

Be Honest

As we have always heard, honesty is the best policy. If you fail to answer any question correctly or provide false or misleading information on your renewal application, a

delay in the processing of your renewal may occur and you may be subject to disciplinary action. You will be required to answer a series of questions on your renewal application regarding criminal offenses, disciplinary action, etc. If you have not reported a conviction, disciplinary action or other information as asked on the renewal application to ASBN prior to completing the renewal application, BEFORE your license may be renewed you must send ASBN:

- Court records and a letter of explanation, if you answer "yes" to the criminal activity question;
- Board certified orders and letters of explanation, if you answer "yes" to the disciplinary history question; and/or
- Other documentation as requested by ASBN staff

You will be required to list your continuing education on the renewal application. If you are renewing prior to your expiration date, requirements can be met in one of the following three ways:

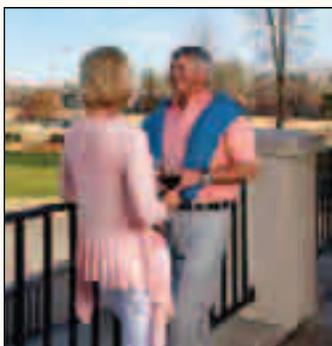
- 15 practice-focused contact hours from a

- national or state continuing education approval body recognized by ASBN,
- Maintenance of certification or recertification by a national certifying body recognized by ASBN,
- Completion of an academic course in nursing or related field.

APRN continuing education requirements are identified on the website.

Accurately list information associated with the continuing education activities that you are identifying on your renewal application. Remember that in the event that you are audited, you will be required to provide ASBN the certificates, certification card or academic transcript that demonstrates your compliance with the continuing education requirements. If you do not complete the required continuing education requirements or provide documents that are falsified to ASBN you may be subject to disciplinary action.

You may access additional information on our website at www.arsbn.org. Click on the Licensing tab and click the Renewal Frequently Asked Questions (FAQs).



2014 Nursing Compassion Award & Outstanding Nurse Educator Award

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For Details call Michele Forinash at 501-221-9986 or 800-561-4686 ext. 112 sramsel@pcipublishing.com



2013 Nursing Compassion Award Winner, Melanie Morrison, RN
2013 Outstanding Educator Award Winner, Linda Castaldi, MSNc, RN

DISCIPLINE 101: VOLUNTARY SURRENDER

There are many reasons a nurse may be disciplined. The most common reasons are unprofessional conduct involving being impaired at work, drug diversion, exceeding scope of practice, not performing safe nursing practice, or a criminal conviction that is a bar to nursing. There is an alternative to a formal Board hearing or entering into a Consent Agreement. This alternative is voluntarily surrendering your license for a period of time not less than one (1) year.

A voluntary surrender does not mean you lose your nursing license. Instead, it should be viewed as an opportunity for self-improvement while your license is held by the Board. Nurses indicate that it is very stressful being under a disciplinary Order or Consent Agreement with the Board. If the nurse is on probation, the nurse must not only focus on the stipulations of any Board Order or Consent Agreement but also integrate the stressors of work and personal life. This is one reason nurses must consider if they are psychologically able to comply with any disciplinary stipulations.

There are also financial considerations. If the nurse's license is suspended, the nurse must still comply with any Board Order or Consent Agreement stipulations while not being able to work. If drug testing is ordered for either a suspended or probated license, the nurse faces monthly fees associated with the lab monitoring company as well as the collection site fee for each test. As many nurses have learned, in February 2013, the testing cost changed to \$100 a month for the term of the suspension and/or probation. Each time the nurse tests, there is an associated drop off charge at the collection site. The drop off site charge is payable at the time the nurse presents for testing. Also included in financial stipulations are a civil penalty and any costs associated with the investigation. The nurse is responsible for all costs associated with the Order or Consent Agreement.

Nurses must consider if they are physically able to comply with the stipulations of the Board Order or Consent Agreement. Transportation is often an issue. The call to the lab must be made daily and the drop off must be made in that same day. There is a two (2) hour report time from the time of the call to the time of collection. This means the nurse cannot call the lab monitoring company to see if selected for testing before reporting to work then go to test after work. The two (2) hour time limit begins at the time of notification from the lab monitoring company that the nurse has to test. So if it takes one (1) hour to get to the testing site, the nurse should always be prepared to test at the time the call is made to the lab monitoring company. Just remember, the daily call and the drop off must be made the same day. So, if the nurse calls at 10:30 p.m., be sure the test is done before midnight.

If the nurse has acquired a criminal conviction that is a bar under A.C.A. § 17-87-312, it is required the nurse request a waiver from the Board to continue to practice nursing: *(e) Except as provided in subdivision (1)(1) of this section, no person shall be eligible to receive or hold a license issued by the board if that person has pleaded guilty or nolo contendere to, or been found guilty of any of the [listed] offenses by any court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court* (for list of offenses see <http://www.arsbn.arkansas.gov/forms/Documents/NursePracticeActSubchapter3.2013.pdf>). It is possible to request a waiver from the Board to continue to practice nursing but depending on the circumstances it may be in the nurse's best interest to voluntarily surrender licensure until any sentence or court ordered conditions are completed. Once completed, the nurse may request reinstatement of licensure. This is achieved through a Board hearing or a Consent Agreement. It is always best to work with board staff when facing these serious issues.

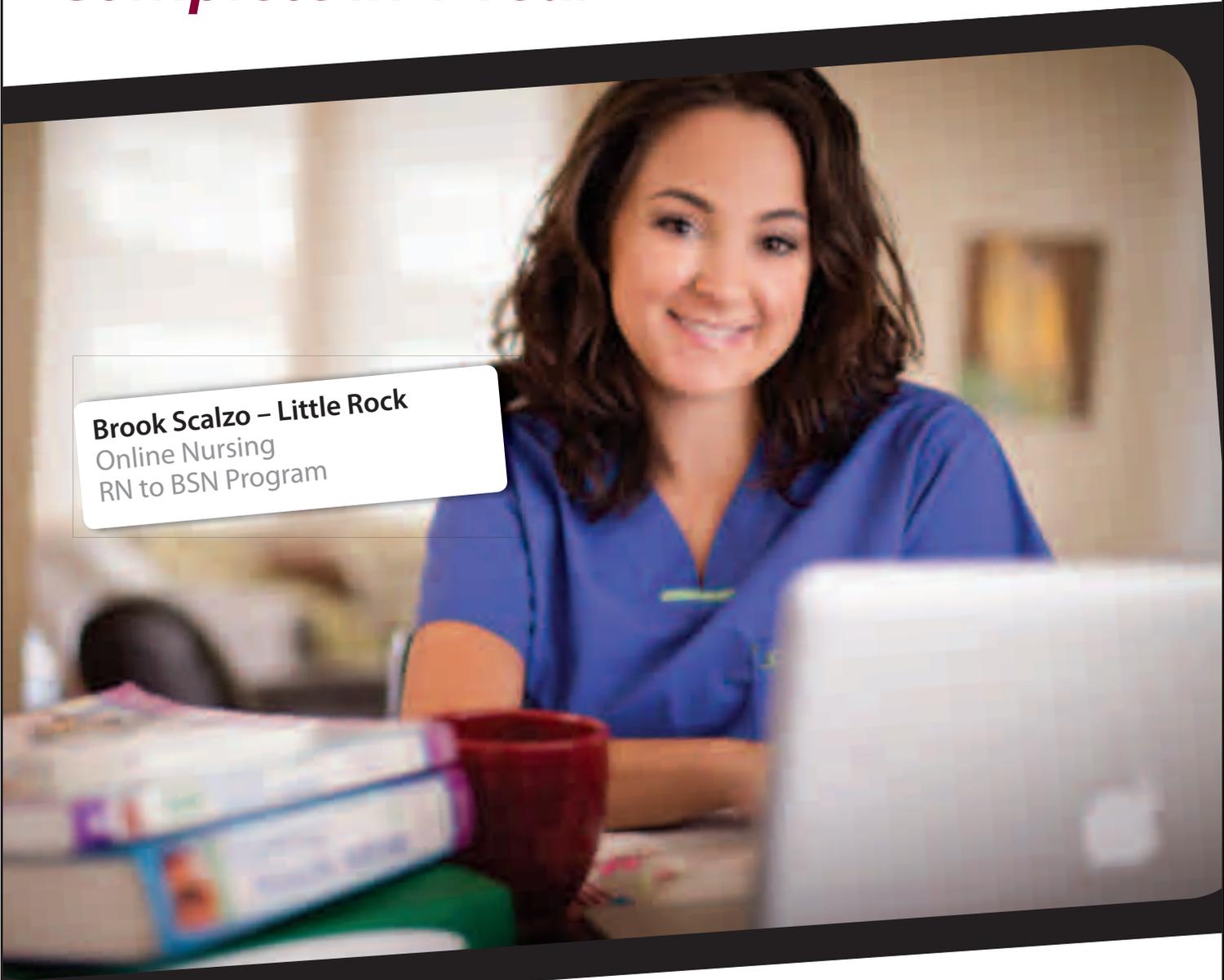
The nurse who cannot comply with the stipulations of the Board Order or Consent Agreement faces further discipline for noncompliance. If the nurse is on probation, the opportunity for voluntary surrender is still available. If a nurse is on suspension, then the voluntary surrender is not an option. With a voluntary surrender, the nurse surrenders licensure and the privilege to practice in Arkansas. A voluntary surrender of a nursing license is considered disciplinary action. A voluntary surrender is public information and made a part of the nurse's record. It is also reported in *ASBN Update*. Licensure and disciplinary actions are also reported to the National Council of State Boards of Nursing Disciplinary Data Bank and to The Data Bank, which is a national data bank of disciplinary action against healthcare practitioners.

Voluntary surrenders are anywhere from one (1) year to a lifetime. Most voluntary surrenders are for three (3) years or less. A written request and appropriate documentation must be submitted to the Board's General Counsel for consideration of reinstatement. Documentation requirements will vary dependent on each nurse's circumstance. Nurses reinstating nursing licensure to active status after the expiration date of the current license shall document completion of continuing education as required by the Board.

To voluntarily surrender a license, contact the discipline department or myself for a form. It will be sent to you for your signature and date. There is no need to submit your licensure card with this form.

For further information, please contact Mary Trentham, Attorney Specialist, at mtrentham@arsbn.org.

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HOW LONG CAN I WORK ON MY COMPACT LICENSE?

The Arkansas State Board of Nursing (ASBN) held a public hearing notice of amending the ASBN Rules in October 2013. At the time of this writing, the proposed revision will be scheduled next for review at the Public Health and Rules Committees. Once approved via these legislative committees, the proposed revision to ASBN Rules Chapter 2 Licensure: RN and LPN Section III B. 6 & 7 will be effective January 1, 2014.

The revision relates to the length of time a registered or licensed practical nurse may practice under the former home state license and multistate licensure privilege. Previously, this was thirty (30) days. Effective January 1, 2014, this will be ninety (90) days.

ASBN Rules Chapter 2 Licensure: RN and LPN Section III B. 6 & 7 will state:

6. A nurse changing primary state of residence, from one party

state to another party state, may continue to practice under the former home state license and multistate licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed ninety (90) days.

7. The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the ninety (90) day period in section B.6. shall be stayed until resolution of the pending investigation.

Full content of the Rules are available at www.arsbn.org under the Laws & Rules tab.



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Healthcare is still the nation's fastest growing industry and offers more opportunity right now than any other workforce. Yes, there is competition, but this event offers you the opportunity to prepare and put your best foot forward with recruiters that are hiring right now!

It's more than just jobs and schools! There is something for everyone! Even if you are a happily employed nurse, you should still come out! You can take advantage of great bargains on scrubs and Christmas gifts available at the Expo. Plus, this is a statewide reunion and celebration of all that is happening in the career of nursing!

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Education: Graduate from an accredited program of professional nursing required; Bachelor's Degree preferred.

Experience: A minimum of three (3) years experience in a psychiatric health-care facility preferred.

POSITION: LPN SHIFT: Full-time 7a-3p, WEO

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.

POSITION: Intake Clinician SHIFT: PT (WEO), PRN

This position will provide administrative support for the assessment team and will be responsible for scheduling assessments and documenting inquiries. This position works closely with the Nursing Services Department and external clinicians to facilitate the admission process for clinically appropriate patients.

Education: Registered Nurse.

Experience: A minimum of two (2) years direct clinical experience in a psychiatric or mental health setting, with direct experience in patient assessment, family motivation, treatment planning, and communication with external review organizations.

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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.

PROBATION

Beckley, Thomas Chad
R088496, Rogers
Probation Noncompliance
Probation – 2 years
Civil Penalty - \$500

Bell, Bobbie Joe Bell Barnes
L038251, Rison
Probation Noncompliance
Probation – 2 years
Civil Penalty - \$500

Bostic, Verona Maxine Goodwin
P001356, R036062, L019173, Little Rock
A.C.A. §17-87-309(a)(4),(a)(6),(a)(8)&(a)(9)
Probation – 3 years

Burrow, Michelle Lynn McDaniel
L043063, Pocahontas
A.C.A. §17-87-309(a)(4)&(a)(6)
Probation – 5 years
Civil Penalty – \$4,725

Chase, Tesa Marie
L052624, Elkins
A.C.A. §17-87-309(a)(6)
Probation – 1 ½ years

Gilbert, James Kenneth
L030644, Little Rock
Probation Noncompliance
Probation – 1 year
Civil Penalty – \$500

Harris, Kizzie Tadeka Hunter Gullely Coulter
R068046, Delight
A.C.A. §17-87-309(a)(6)&(a)(8)
Probation – 3 years
Civil Penalty - \$1,500

Hill, Angela Gail Anderson
L044435, Batesville
A.C.A. §17-87-309(a)(6)
Probation – 1 ½ years
Civil Penalty - \$1,000

Hines, Theron Ray
R039894, Rogers
A.C.A. §17-87-309
(a)(1),(a)(2),(a)(4),(a)(6)&(a)(8)
Probation – 2 years

Hughes, Kimberly Dawn
R052500, L033525, Lowell
A.C.A. §17-87-309(a)(2),(a)(6)&(a)(9)
Probation – 1 year

Lasiter, Amy Susan Baldwin
R067560, L039419, Little Rock
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty - \$475

Metcalfe, Karen Margaret Light
R080830, L025243, Jonesboro
A.C.A. §17-87-309(a)(6)&(a)(9)
Probation – 2 years
Civil Penalty – \$1,000

Moyers, Erica Lynne Slavens
R081509, Bella Vista
Probation Noncompliance
Probation – 1 year
Civil Penalty – \$500

Pastor, Susan Jane
R090757, Blytheville
Probation Noncompliance
Probation – 2 years

Smith, Faith Marie Stansbery
L041095, Siloam Springs
A.C.A. §17-87-309(a)(6)
Probation – 1 year

Wallace, Sarah Elizabeth
R084879, Benton
A.C.A. §17-87-309(a)(6)
Probation – 2 years

SUSPENSION

Allen, Nicole Alyn Blackbird
L048777, Muldrow, OK
Probation Noncompliance
Suspension – 2 years, followed by
Probation – 2 years
Civil Penalty - \$2,000

Eubanks, Amy Annette
L041427, Springdale
Probation Noncompliance
Suspension – 2 years, followed by
Probation – 3 years
Civil Penalty – \$2,500

Peppers, Robin Elaine Russell
R031172, Mayflower
Probation Noncompliance
Suspension – 6 months, followed by
Probation – 1 year
Civil Penalty - \$750

Williford, Sandy Michelle
L045705, Lonoke
A.C.A. §17-87-309(a)(2),(a)(4)&(a)(6)
Suspension – 3 years, followed by
Probation – 2 years
Civil Penalty - \$4,240.00

VOLUNTARY SURRENDER

Doyle, Nexie Nicole Johnston Sweeten Hartwick
R066110, L037718, Higden
October 10, 2013

Franklin, Koreina Marie Baggs
L040917, Chester
September 19, 2013

Ellis, Quana Lacol
L047915, Texarkana
September 23, 2013

Grant, Belinda Richea
R066609, Ward
September 27, 2013

Kirkpatrick, Christine Anna Munro
R053783, Bigelow
October 1, 2013

McGill, Nick R.
L044231, Mountain Home
September 23, 2013

Ozment, Christie Dawn
L044818, Bentonville
October 9, 2013

Smith, Cynthia Gayle
L038054, Kingsland
October 7, 2013

Wells, Allison Susanne
R087196, Conway
October 3, 2013

Whitright, Valerie Anina
L053560, Farmington
September 23, 2013

REINSTATEMENTS WITH PROBATION

Greene, Meagan Elizabeth
L044117, Benton
Reinstate to Probation – 3 years
Civil Penalty – remaining balance

Marks, Catricia Elaine
L044219, Little Rock
Reinstate to Probation – 2 years
Civil Penalty – remaining balance

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McClain, Leanna Carol
L051280, Rison
A.C.A. §17-87-309(a)(6)
Probation – 3 years
Civil Penalty – \$1,500

Pierce, Julie Carol Shores
R067125, Hot Springs
Reinstate to Probation – 2 years
Civil Penalty – remaining balance

Scorfina, Jacalyn Michelle
L046766, Marmaduke
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

REINSTATEMENTS

Funmaker, Brandi Jeanne Brownfield
R078452, Van Buren
September 25, 2013

REVOCATION

Dorvil, Faubert S.
R089704, Little Rock
October 9, 2013

Minor, Catherine Lois Felts
L024073, Hensley
October 10, 2013

Vincent, Sheema T.
R084999, Latham, NY
October 10, 2013

PROBATIONARY STATUS REMOVED

Carter, Autumn Renee
L053436, Pocahontas
September 27, 2013

Davis, Beverly Rene
R080157, Pine Bluff
October 8, 2013

McCullough, Rebecca Lynn
L034436, Conway
September 27, 2013

McKay, Shelley L.
R063853, Little Rock
September 27, 2013

Meador, Cortney Ellen
R077475, Fayetteville
September 27, 2013

Ruff, Kenneth Eugene
R067942, L033744, White Hall
September 27, 2013

Smith, Matthew M.
R092078, Hot Springs, AR
September 27, 2013

Steinfeld, David Adam
R092077, Little Rock
September 27, 2013

Tedder, Christy Renae Emery Norman
L031381, Jonesboro
September 27, 2013

Vaughn, Ronald Glenn
A003061, R068371, Paragould
September 27, 2013

York, Darla Joelle
R049585, L028565, Bryant
September 27, 2013

WAIVER GRANTED

May, Misty Michele
PN Applicant, Fayetteville
October 9, 2013

Zeiger, Vanessa Lyn Warmouth
RN Endorsement Applicant, Springdale
October 9, 2013



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