



ASBN

Volume 12 Number 3

May 2008

# Update

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ALVARADO:**  
International  
Nursing Student



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**ON THE COVER: KARINA ALVARADO - UCA INTERNATIONAL NURSING STUDENT**



## PROFESSIONAL IMAGE: HOW DO WE ACCOMPLISH THIS?

In last month's letter, I posed four questions for your consideration regarding your "Professional Image." How do you do this? Is it possible? Is it necessary? Why should you do it? This article will focus on how to develop a professional image. Yes, it is possible and absolutely necessary for a professional. And why? To gain the respect and credibility of our peers and colleagues as well as to position ourselves as role models and leaders of regulation and change in the nursing profession.

There are ten elements I believe are key to branding your professional image. They are:

**Position Yourself:** Positioning is the process of assessing your unique personal and professional assets and determining how your assets can fulfill an unmet need in your profession and/or organization. This is based on your unique assets that set you apart from others that are genuine and attractive to your colleagues.

**A Promise Well Kept:** Your professional image in essence is a promise about who you are and what unique assets you deliver that are reinforced every single time people come in contact with you. Your professional image is a pledge upon which you stake your reputation.

**Image Begins from the Inside Out:** Your professional image is a reflection of your core values (what you stand for). The identity you present to the world must be in synch with the identity that resides at the core of your being. In other words, you can't be a "phony." If this doesn't occur, you will lack credibility with your colleagues.

**Be Consistent:** You must present a professional image and experience with total consistency. Display a consistent look, project a consistent tone, develop a consistent level of quality demonstrated through your communication and work, and be consistently true to yourself.

**People Drive Image:** Your professional image is made or broken by human encounters that either advance or erode your image. Gaining the respect and confidence of your colleagues will boost your image. Once you have gained a champion, they will promote

you, but how? Referrals, recommendations, commendations, recognition, etc.

**First Impressions:** When people hear your name, they automatically conjure up impressions and memories of what they believe about you. First impressions are lasting impressions: appearance, communication and behavior all contribute to the success of this encounter. Regardless of whether the beliefs others hold about you are many or few; good or bad; right or wrong, they are your professional image and impact how others respond to you.

**Name Your Image:** How you name or describe your image establishes a memory that's uncovered when people interact with you. If you had to choose one word to describe the image you desire to project, what would it be? Sharp, sophisticated, confident, debonair, etc.

**Actions over Words:** What you say fades in comparison to what you do. Personal encounters trump your message every time. Colleagues rely first on their own experiences with you. Always convey, reinforce, and amplify your professional image through every encounter with your colleagues. Walk the walk; talk the talk!

**Stay Relevant:** Your professional assets should fill an unmet need in your profession or organization. Your professional image should begin and remain credible, current, consistent, and relevant to what is needed by customers' wants, needs, or interest. Be flexible, able to adapt, and adjust as the market needs change. Be a lifelong learner.

**Most Valuable Asset:** The value of your professional image translates into economic benefits: ability to negotiate a premium salary, increases career mobility, reduces concern of competition, increases recognition by colleagues, industry leaders, media, etc.

If we expect to bring about a culture change in nursing and address major regulation issues facing our profession, we must portray a professional image!

*Adapted from Branding for Dummies by Bill Chiaravalle and Barbara Findlay Schenck*

# STAFF DIRECTORY

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# Board Business

## ASBN BOARD UPDATE

• During the March 12 Board meeting, author and facilitator Susan Jones Smith led Board members and staff through a guided process of group strategic planning. The Board identified objectives to focus on in the future, as well as prioritizing responsibilities and goals for performance improvement, to fulfill its mission of protecting the public. Some of the items the Board discussed are: improving the process involving freedom of information requests, the disciplinary process, and how the Board collects data and disseminates accurate information to the public. Specific initiatives and the updated strategic plan will be submitted to the Board for approval at its May meeting.

• Board President Lepaine McHenry presided over the disciplinary hearings held March 13.

## 2008 BOARD MEETING DATES

MAY 14	WEDNESDAY	DISCIPLINARY
MAY 15	THURSDAY	BUSINESS
JUNE 11	WEDNESDAY	DISCIPLINARY
JUNE 12	THURSDAY	DISCIPLINARY
JULY	NO MEETINGS	SCHEDULED
AUGUST 13	WEDNESDAY	DISCIPLINARY
AUGUST 14	THURSDAY	DISCIPLINARY
SEPTEMBER 10	WEDNESDAY	DISCIPLINARY
SEPTEMBER 11	THURSDAY	BUSINESS
*OCTOBER 15	WEDNESDAY	DISCIPLINARY
*OCTOBER 16	THURSDAY	DISCIPLINARY
NOVEMBER 12	WEDNESDAY	DISCIPLINARY
NOVEMBER 13	THURSDAY	DISCIPLINARY
DECEMBER	NO MEETINGS	SCHEDULED

\*Will decide by September if dates are needed.



Board Members: Standing L to R: Brenda Murphree, RN; Doris Scroggin, RN; Darlene Byrd, APN; Cynthia Burroughs, Consumer Rep.; Lori Eakin, LPN; Clevesta Flannigan, LPN; Gladwin Connell, Rep. of Older Population; Stephanie Rockett, RN, Seated L to R: Peggy Morgan, LPN; Lepaine McHenry, RN; Kathy Hicks, RN; Cassandra Harvey, RN, Board member not pictured: Robert Currie, LPTN

**Changes to ASBN Rules** • Several changes to the ASBN Rules became effective May 1, 2008. In Chapter 2: Licensure, the requirement for submission of a picture with an application for licensure has been deleted. This change will facilitate the move toward online applications. In Chapter 6: Standards for Nursing Education Programs, the requirement for onsite survey visits for nursing programs that meet specific standards was deleted. There were also several changes for clarification. The updated Rules can be found on the ASBN Web site, [www.arsbn.org](http://www.arsbn.org).



## What's Up With That?

Have you heard young people say “What’s Up With That?” Well, I have surmised that in so saying, they are questioning the audacity of someone to do something. I’ve heard a lot of nurses saying that recently in response to the Arkansas State Medical Board’s proposed Regulation #30. What IS up with that? I’m

not sure is the answer, but a little history is in order.

Since the passage of Act 128 of 1913, nurses have been regulated by the Board of Nursing. Act 613 of 1979 created a licensure category called registered nurse practitioners (RNP).

In 1980, the State Medical Board promulgated Regulation #10, which provided, among other things, that when a physician employed an RNP, the physician must file prescribed forms with the Medical Board setting forth the professional qualifications and experience of the M.D. and RNP, describing how the RNPs services were to be utilized, stipulating that the physician could employ no more than two RNPs, that the RNP must clearly identify to the public that he/she was an RNP and not a physician, and violation of the regulation constituted malpractice.

In response to a request by a state representative from Blytheville, the Arkansas attorney general in September of 1980 opined that the State Medical Board could not regulate the practice of nursing in the state. Further, the attorney general added that “any requirement of the Medical Board which directly or indirectly affects a nurse practitioner’s right to practice in accordance with the rules and regulations of the State Board of Nursing would be beyond the powers authorized by the State statutes.” (Opinion No. 80-148). The Arkansas Nurses Association brought suit against the State Medical Board and lost in Circuit Court. The Nurses Association appealed to the Arkansas Supreme Court and won in 1984. The Supreme Court found that the Medical Board regulation was invalid and arbitrary.

Fast forward to 1993. In May of 1993, the State Medical Board adopted Regulation #15. Among other things, this regulation required physicians to file prescribed forms with the Medical Board disclosing his/her own professional background as well as that of the RNP, describing how the RNP would be utilized, stipulating that the physician could employ no more than two RNPs, that the RNP must clearly be identified to the public that he/she was an RNP, and violation of the regulation constituted malpractice. Sound familiar?

Well it sounded familiar to the legislators as well, and in response to a request by a state representative from Forrest City, the attorney general reaffirmed the 1980 opinion – that the State Board of Nursing, rather than the State Medical Board, is authorized to regulate the practice of nursing by registered nurse practitioners and that such a regulation was outside the authority of the Medical Board (Opinion 93-208). The Arkansas Nurses Association again brought suit against the State Medical Board and won in Circuit Court in 1993.

In 1995, legislation was passed creating advanced practice licensure and prescriptive authority certificates to be issued by the Board of

Nursing to qualified applicants who have a collaborative practice agreement with a physician. Then, Act 464 of 2001 allowed the Medical Board to take action on a physician for violation of its rules. In 2007 a bill was filed in the state legislature to give the State Medical Board authority to promulgate rules to “regulate and review physician supervision of medical personnel and the role and function of physicians in collaborative practice agreements.” The bill was struck down by the legislators for having been filed inappropriately.

Before the 2007 legislative session officially ended, the State Medical Board asked for an attorney general’s opinion regarding their authority to promulgate rules “setting forth a standard of conduct for physicians who desire to enter into a collaborative agreement with an Advanced Practice Nurse.” (Correspondence ASMB May 4, 2007). The AG opined that they could, to the extent the regulation attempts to ensure physician compliance with the Medical Practices Act. Now you are almost up to date.... The Medical Board is now in the process of promulgating Regulation #30 which purports to “better delineate and explain the requirements on a physician” in a collaborative practice agreement with an advanced practice nurse (APN). It apparently takes three pages of rules to explain to physicians what the Arkansas legislature covered in one paragraph in the *Nurse Practice Act*. This “new” regulation requires, among other things, that the physician file prescribed forms with the Medical Board disclosing MDs and the APNs scope, specialty and expertise of practice, describing the extent of scope of practice and written specific procedures or functions (how the APN will be utilized), a policy to notify patients of the title of the M.D. or APN, a sign or signs posted in a conspicuous place that informs patients of the collaborative physician’s name and contact information, when the physician is on-site and of the patient’s right to have their chart reviewed by the physician. These requirements sound all too familiar to 1980 and 1993. In addition, the Medical Board requires that the collaborating physician must be within 60 minutes of the APNs practice, review 10 percent of the APNs charts, and be on-site with the APN for a half day every two weeks. Compliance with some of the regulation may be waived or different from the requirements if the Medical Board deems it so. Failure to comply with the Board’s requirements puts the physician in jeopardy of license sanctions for violation of their rules. Can you imagine the two MDs working for the health department reviewing all the APN charts across the state? That part of the regulation can’t be waived. It all makes me wonder what has changed in the last almost 30 years. More care has been given to more patients and access to care has been improved, but the opposition to the provision of care by advanced practice nurses has stayed the same. What really is up with that? A rose by any other name (Regulation 10, 15 or 30) smells the same.

*Faith A. Fields*

Faith A. Fields, MSN, RN



## ATTENTION: All APNs

If you did not receive a "Test Message" for the APN Listserv in late March 2008, then we do not have your current e-mail address. We use e-mail and the ASBN Update as methods for communication with you. On occasion, the Board has the need to inform the APN group of issues that affect your practice. For example, in the past few months, we notified you about the "tamper-resistant" prescription pads required for Medicaid prescriptions.

If you want to be on the APN Listserv, please send an e-mail to Ellen Harwell, the licensing coordinator for advanced practice, at [eharwell@arsbn.org](mailto:eharwell@arsbn.org) with your e-mail address, and Ellen will add you to the list. If you have questions, please contact Dr. Jackie Murphree at [jmurphree@arsbn.org](mailto:jmurphree@arsbn.org) or call 501.686.2725.

## 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.

Bradley, Rosa Marie	L16658	Shupert, Angela	L37543
Gonzalez, Jessica	Exam Application	Sivils, June Elizabeth	L30290
Knemeyer, Denise	L40696	Wilborn, Rhonda	L30911
Mulhernin, James	L28486	Williams, Della	L28175
Sanders, Amber	R73529	Williams, Sally F.	L26287
Shaheed, Nathan	T01220		

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COMMUNITY HEALTHCARE **RIGHT HERE** AT ST. BERNARDS

by LouAnn Walker, Public Information Specialist/ASBN Update Editor



More than 1,500 miles from home, Karina Alvarado Mejia is an international nursing student who is making Arkansas her new home. She was born and raised in La Ceiba, a port city on the northern coast of Honduras. Honduras is a democratic republic in Central America bordered to the west by Guatemala, to the southwest by El Salvador and to the southeast by Nicaragua.

She lived in Honduras with her father, a scientist for Dole Fruit Company, her mother, a homemaker, and her younger brother and sister. She was valedictorian of her graduating class at Mazapan School, an American accredited high school in Honduras.

Karina said she has always been interested in healthcare, but “nursing is not a valued profession in my country like it is here in the United States.”

At least two-thirds of the Honduran people live below the poverty level, and many have no access to health care. When she was in high school and because she spoke English and Spanish fluently, she had the opportunity to be an interpreter for an American medical brigade doing mission work in Honduras.

“When I saw the role of the nurse in that aspect I became interested in being a nurse, so I did a lot of research on the Internet and found out about the shortage of nurses in the United States,” she said.

Her chance to become a nurse became a reality when Karina was offered a full tuition scholarship to attend the University of Central Arkansas after a college recruiter, who also happened to be a nurse, came to her high school.

Karina said, “It was a very big blessing that I was not expecting.”

Initially the hardest part of leaving her country was leaving her family and being independent because she didn’t know anyone in the United States. Karina said families in Honduras are extremely close, and she misses her large extended family and how they find any excuse for a celebration. However, technology has allowed her to see her family more often because she visits with them through a Web cam. Her family will be visiting Arkansas for her college graduation this spring.

Karina said she credits a lot of her success in the United States

to the International Student Program and her instructors in the nursing program at UCA. “People here are very compassionate,” she said.

Karina recently presented her undergraduate thesis, Providing Culturally Competent Prenatal and Postnatal Care for Mexican American Women: A Guide for Nurses, to an audience at UCA. As part of her clinical rotation for a Leadership and Management nursing class, Karina interned at the Board of Nursing where she participated in mock disciplinary hearings and learned the functions of each department at the board.

Karina said her favorite thing about the United States is her independence. “Now that I’ve been independent I like that you don’t have to depend on anyone. It makes you stronger,” she said. Her favorite things about Arkansas are the people and the beauty of the state.

Even though Karina has an obvious love for her country, she said she hopes to stay in the United States to practice nursing after graduating because “people in my country live in fear of muggers. There is a lot of violence and drug trafficking. Houses are fenced, glass on top, gates locked, barbed wires. There are five locks to get into my parents’ house.” She also noted how hospitals in Honduras are not modern and specialized as they are in the United States.

For now she’s finishing her studies at UCA, studying for the NCLEX® and working as a Patient Care Partner at Arkansas Children’s Hospital. Karina has a special interest in pediatric cardiology and future plans include getting a master’s degree in nursing.

There are many other international nursing students in the nursing programs in our state. The students and their country are: **Africa** – Aza Mofor (SAU), Ritha Ntemi(UAMS); **Cambodia** – Seyhan Suon (ASU); **Cameroon** – Emmanuel Tabe (HSU), Monga Ceraphin (UACC, Hope), Isabelle Simeni (UAMS), Cathy Fleuret Tankoua (HSU), Christian Fatso (NPCC), Olive Fai Yengo (ASU); **China** – Quan Li (SAU); **Indonesia** – Andri Artayudianto (Ouachita Technical), Junita Tanudjaja (NWACC); **Kenya** – Rose Euppah (HSU), Edith Musebe (HSU), Jack Tharamba (ASU), Mercy Wathondu (UCA); **Korea** – Sin Kim (UAPB); **Malaysia** – Mooi Teoh (UA); **Nigeria** – Yinka Alayande (UAPB), Abayomi Ajasin (ASU), Sabaniah Awopetu (UAPB), Frank Dafe (UAPB), Edith Egwim (UAPB), Mary Gachukia (NWACC), Esther Ikanih (UAPB), Angela Nwachuku (UAPB), Rita Omagun-Izekor (UAPB), Frank Onyeokeziri (UAPB), Emiola Sanni (ASU), Omotomike Kuku (ASU), Kikanwa Osih (UAMS); **Pakistan** – Syed Owais (ASU); **Philippines** – Ma Rachel Lacerna (UAMS); **Russia** – Vera Borisovna Pollard (UCA).

We wish all our international students well and hope they take nursing positions in Arkansas when they graduate!

## AETN IS SEEKING WORLD WAR II NURSES

The Arkansas Educational Telecommunications Network (AETN) is looking for World War II nurses to be interviewed for In Their Words: AETN's World War II Oral History Project. Now, more than ever, a combat nurse's traits of courage, integrity, loyalty and compassion need to be recorded and remembered. Once interviewed, the testimony will be archived for future generations at our online video library located at [www.aetn.org/intheirwords](http://www.aetn.org/intheirwords).

Through the use of oral history, AETN can now tell the stories of women who in years past received little representation in WWII history. With AETN's In Their Words project, we now have a unique opportunity to share the whole story of World War II. If you served our country, in any capacity, during the Second World War and would like to be interviewed for this project, please contact David Elmore, AETN Production Technician, at 501-852-2804.



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# NURSES – Making a Difference Everyday!

## Nurses Week Activities:

**May 12:** Arkansas Travelers Celebrate Nursing  
 @ Dickey-Stephens, Little Rock, 7:10 pm  
 \$3 tickets available for purchase at Baptist Health, JPMC, North Metro, UAMS, and Bank of the Ozarks (Taylor Loop branch and Benton locations).



**May 10:** Arkansas Twisters Celebrate Nursing  
 @ Alltel Arena, Little Rock, 7:05 pm  
 Limited Supply of \$10 tickets by calling Shari at (501) 221-9986.



**May 7:** Arkansas Naturals Celebrate Nursing @  
 Arvest Ballpark, Springdale, 7:00 pm  
 Limited Supply of \$4 tickets available at the gate and at Bank of the Ozarks in Fayetteville (Wedington Drive Branch) & Rogers (Olive Branch).



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For more details, visit [thinkaboutitnursing.com](http://thinkaboutitnursing.com) or call 501-221-9986.

# TASK FORCE ON TRAUMATIC BRAIN INJURY ESTABLISHED

During the 86th General Assembly Regular Session of 2007, Act 125 was passed, which establishes the Arkansas Legislative Task Force on Traumatic Brain Injury (TBI). The purposes of this act are:

- (1) To study the rates and severity of traumatic brain injuries in Arkansas;
- (2) To project the incidence of traumatic brain injuries over the next 10 years;
- (3) To develop a strategic statewide plan to ensure an appropriately prepared workforce to treat traumatic brain injuries and provide for rehabilitation services to the extent possible; and
- (4) To convene stakeholders from health care providers, the health care industry, business, the legislature, and the public.

**"A STATEWIDE REVIEW IS NOW IN PROGRESS TO ASSESS THE SYSTEMS IN PLACE IN ARKANSAS AND DETERMINE GAPS IN SERVICES."**

The task force is comprised of 27 members representing stakeholders in the diagnosis and treatment of traumatic brain injuries in Arkansas. The task force has four nurses serving who represent advanced practice nurses, school nurses, case managers and Rep. Sandra Prater. Members of the task force also include family members of persons with TBI. The population of TBI individuals includes all ages, all methods of injury consistent with the definition of "traumatic brain injury" and all methods of payment. The task force held its first meeting in January and elected Prater as chair and Sen. Steve Faris as vice chair.

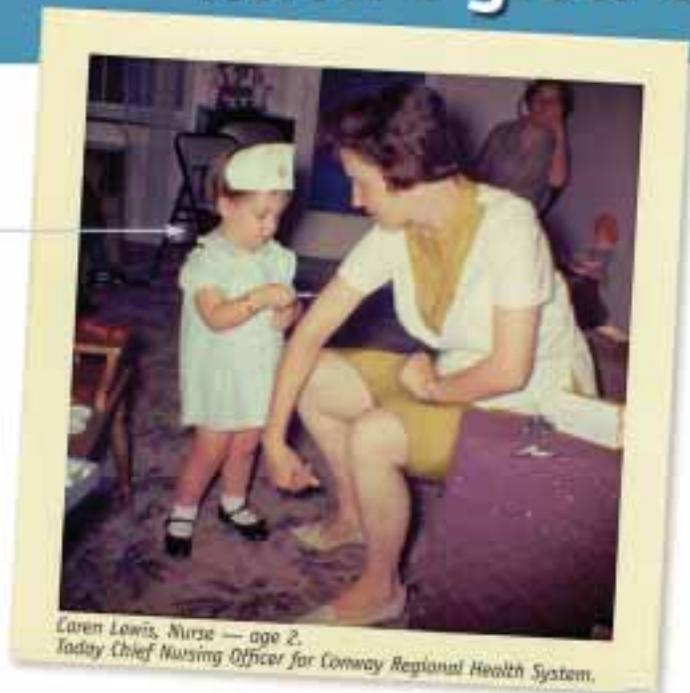
In its second meeting in February, the task force divided into four areas of interest to research and develop a comprehensive plan to deliver to the Legislative Council by November 1, 2008. The four areas coincide with the four purposes outlined above. Also, the first two meetings have involved reviewing successful models currently in



use by other states. A statewide review is now in progress to assess the systems in place in Arkansas and determine gaps in services.

If you have specific issues regarding TBI patients, contact Kellie Lisenby, MNsc, CPNP, at Arkansas Children's Hospital, 800 Marshall, Slot 838, Little Rock, AR 72202 or via e-mail at [Lisenbykl@archildrens.org](mailto:Lisenbykl@archildrens.org).

## I want to be a Hero when I grow up.



*Caren Lewis, Nurse — age 2,  
Today Chief Nursing Officer for Conway Regional Health System.*

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EOE

## Board Member Darlene Byrd Appointed to National Committee



Michael Leavitt, U.S. Department of Health and Human Services Secretary, appointed Darlene Byrd to the National Advisory Committee on Rural Health and Human Services. The committee is a 21-member board made up of rural physicians, nurses, educators, researchers, hospital and clinical administrators, human services and policy experts who study and make recommendations on issues affecting health and human services in rural areas, such as shortages of providers, limited access to services, the financial viability of struggling rural health and human service systems.

Committee members are nominated through the Office of Rural Health Policy, which staffs the Committee. The nominations are then reviewed and submitted to the Department, and the Secretary makes

the final appointment. Committee members serve overlapping four-year terms. The Committee, at its recent meeting in Washington, D.C., formed three sub-committees to address specific issues. Byrd was selected to serve on The Medical Home Model: Viability for Rural Communities sub-committee. The other two sub-committees are: Teaching "At Risk" Children in Rural Areas and Workforce and Community Development.

Byrd received a bachelor's degree and a master of nursing science degree from University of Arkansas for Medical Sciences and also holds a bachelor's degree from Ouachita Baptist University in Arkadelphia. She has 19 years in the nursing profession, including 10 years as an advanced practice nurse, and holds national certifications as a Family Nurse Practitioner from the American Nurses Credentialing Center and as a Certified Professional Coder from the American Association of Professional Coders. Byrd is serving her second term on the Arkansas State Board of Nursing. She also serves on the Advanced Practice Registered Nurse Committee for the National Council of State Boards of Nursing.

# FAQS

**Q** **May student nurses who work in a facility outside of their school-directed clinical setting perform procedures that they have been “checked off” by their clinical instructor?**

**A** Student nurses working as unlicensed personnel in facilities outside their school-directed clinical setting may only perform procedures as specified in the ASBN *Rules* Chapter 5, Delegation. These are the same rules that apply to delegation to any unlicensed person working in a healthcare setting. Nurses may have disciplinary action taken against their licenses for inappropriate delegation.

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

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

**Q** **What does the Board consider to be patient abandonment?**

**A** Inquiries have been received by the Board regarding which actions by a nurse constitute patient abandonment and thus may lead to discipline against a nurse’s license.

For patient abandonment to occur, the nurse must have:

- Accepted the patient assignment, thus establishing a nurse-patient relationship.
- Severed that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements could be made for continuation of nursing care by others.

Once the nurse has accepted responsibility for the nursing care of a patient, severing the nurse-patient relationship without giving reasonable notice to the appropriate person may lead to disci-

pline for unprofessional conduct pursuant to ASBN *Rules* Chapter 7, Section XV.A.6.i.

Refusal to accept an assignment is not considered patient abandonment nor is refusal to work additional hours or shifts. It should be noted that the Board has no jurisdiction over employment and contract issues. While nurses who refuse to accept certain patient assignments may not be violating the *Nurse Practice Act*, the nurse must be willing to accept the consequences of such a decision on the employer/employee relationship.

**Q** **My license is on inactive status. How many continuing education contact hours do I need?**

**A** You are not required to have continuing education if your nursing license is inactive. (ASBN *Rules* Chapter 2, Section VII.C.2.)

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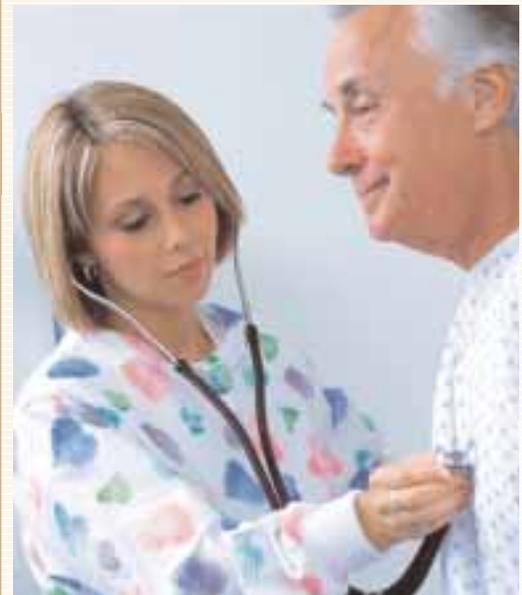


Arkansas Department of  
Human Services

*continued from previous page*

**Q** I have not worked in nursing for the past eight years, and I would like to re-enter nursing practice. My license is on inactive status (or expired.) What do I need to do?

**A** To renew your license, you must have completed 20 practice-focused contact hours within the past two years and complete a Board approved refresher course or an employer competency orientation program. You must obtain a temporary permit to practice while taking the refresher course or competency orientation program. This temporary permit is only valid for attendance in the refresher course or orientation program. You cannot "work" on this permit. (ASBN Rules Chapter 2, Section VII.C.3b.& 4)



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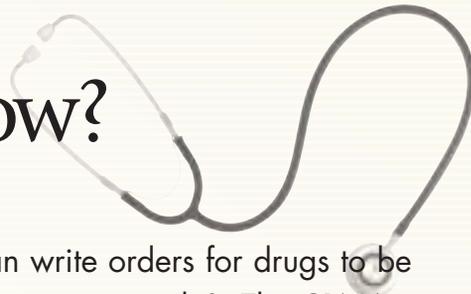
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**Q** I attended a weeklong educational conference and received 30 continuing education contact hours. Can I use those hours to count for the next two license renewal periods?

**A** Continuing education contact hours beyond the required contact hours cannot be "carried over" to the next renewal period. (ASBN Rules Chapter 2, Section VII.C.5.)

# Did You Know?



**Did you know** that CRNAs can write orders for drugs to be given preoperatively and/or postoperatively? The CRNA order has to be directly related to the operative or invasive procedure but could include such medications as anti-hypertensives, antibiotics or, if authorized by the institution under the institutions DEA registration number, the CRNA may order the administration of controlled substances. Nurses can carry out these orders just as if written by any other authorized prescriber.

**Did you know** that a CRNA can only work under a physician licensed by the State Medical Board? The Medical Board does not license podiatrists, so the CRNA may not work under the supervision of a podiatrist.



## Active Licenses

Advanced Nurse Practitioner (ANP)	889
Certified Nurse Midwife (CNM)	24
Certified Registered Nurse Anesthetist (CRNA)	625
Clinical Nurse Specialist (CNS)	109
Licensed Practical Nurse (LPN)	14692
Licensed Psychiatric Technician Nurse (LPTN)	215
Prescriptive Authority	847
Registered Nurse (RN)	29467
Registered Nurse Practitioner (RNP)	744



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## Does My Responsibility to Report Change With My Job Title?

The Arkansas State Board of Nursing's primary responsibility is to protect the public. This is done through effective regulation of nurses. The ASBN *Rules* require certain responsibilities of nurses. One of which is the responsibility to report a fellow nurse in a timely manner when there is a violation or attempted violation of the *Nurse Practice Act*. "Failure to report to the Board within a reasonable time of the occurrence, any violation or attempted violation of the *Arkansas Nurse Practice Act* (NPA) or duly promulgated rules or orders" is an example of unprofessional conduct as identified by the Arkansas State Board of Nursing *Rules*, Chapter 7, Section XV (6)(j). A nurse found guilty of unprofessional conduct is subject to disciplinary action.

A violation of the *NPA* can include, but is not limited to, diverting controlled substances, practicing on an expired license, exhibiting unsafe nursing practices where potential harm to a patient may occur, and/or violation of a board order. For advanced practice nurses, violations of the *NPA* may also include, but are not limited to, practicing on an expired national certification or prescribing without an appropriate collaborative practice agreement.

The board recently heard a case where the nursing administrator did not report the nurse for violations of the *NPA*. The nurse was actually reported through other means. The nursing administrator can be charged with unprofessional conduct for not reporting or ensuring the report of the violation.

Although any nurse can be held responsible for not notifying the board of an alleged violation, the people who are in a unique position to recognize a violation of the *NPA* are nursing administrators. The staff nurse or other healthcare professionals will usu-



Although any nurse can be held responsible for not notifying the board of an alleged violation, the people who are in a unique position to recognize a violation of the *NPA* are nursing administrators...The nursing administration should take the lead and report a violation to the Board and work with the Board in the investigation of the alleged violation.

ally follow the chain of command and report a violation to administration. The nursing administration should take the lead and report a violation to the Board and work with the Board in the investigation of the alleged violation. However, Chapter 7 of *ASBN Rules* states that failing to report a violation to the Board is unprofessional conduct. So, any nurse who does not comply with this rule is subject to discipline of their license. Nursing administration should not create an environment that leads staff nurses to fear their job security for reporting an alleged violation. Nursing administration should not delegate or assume another department, e.g. pharmacy, has reported a nurse for an alleged violation, but must ensure that it is reported. Having multiple reports of the same allegation is not a problem. Not reporting the allegation is the problem.

So, the short answer to the question posed in the title "Does My Responsibility to Report Change With My Job Title?", the answer is NO. If anything, nursing administrators have a greater responsibility to ensure the nurses under their direction are performing best practices and are safe to practice nursing. Whether you are a staff nurse, an office nurse, charge nurse, a nursing director in the hospital or outpatient setting, or the chief nursing officer, the one constant in all of these titles is nurse. We are a nurse first. Our job title does not change our responsibility to our patients, the nursing profession or to the Board of Nursing.

# ARE ONLINE PAYMENTS MAKING YOU NERVOUS?

by **Darla Erickson, CPA,**  
*Director of Accounting*

Online renewals have been available for a while. As you know, we recently stopped mass mailing of renewal forms and instead have started mailing post-cards to remind nurses to go online to renew their license(s).

This change is saving the Board money in postage, printing and processing costs. Since most of the Board's expenses are paid by licensure fees, this is a good thing for you also. As you can imagine, we have received comments about the change to the renewal process. A special thanks to all of you that have gracefully made the transition. For those who are having a little difficulty with the change, we hope these suggestions are helpful.

The two difficulties we hear most often are "I do not have a computer at home" or "I do not like paying for things on the Internet."

- If you do not have a computer at home, many places of employment will allow you to renew at work, or there is always the local library.
- You have the option of paying by Visa, MasterCard, American Express or e-check. All of the transactions involving currency or private information are conducted using a protocol called Secure Sockets Layer or SSL for short. SSL is an Internet protocol that safeguards electronic communications between two or more computers. When transmissions are sent over an SSL connection, data is encrypted and cannot be modified in transit by other parties on the Internet.

• However, if using a credit card or a check to make a payment online has you uneasy, buy a Visa, MasterCard or American Express "gift card" and renew your license with it. If you decide to use this method, be sure to add enough to the card to cover any fees the credit card company may charge. These cards are easily accessible. (You can buy them at most discount retailers.)

We are working hard to make this an easy transition and hope you will enjoy the benefits of online renewal.



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**Sue Tedford, MNSc, RN**  
**Director of Nursing Education**

# RENEWING ONLINE...HOW SWEET IT IS

Online renewal of nursing licenses is not new in Arkansas. However, the Board of Nursing has made big improvements to the online license renewal process. In addition to adding the payment option of e-checks, the following nurses can now renew online:

- Currently on probation
- Hold a license that has been expired or inactive for less than five years

Renewal forms are no longer automatically sent out to licensees. When it is time to renew, a postcard reminder is mailed to each license holder with instructions to renew online. Nurses opting not to renew online must submit a written request for a renewal form to the ASBN office. The request should include the licensee's name, license number and current address. A renewal form will be sent by mail, so allow

sufficient time for the renewal form to reach you and be returned back to the ASBN office before the last day of the month.

Online renewals are great for all of the procrastinators. The license renewal is considered "on-time" as long as it is submitted by midnight on the last day of the expiration month. However, be careful with waiting until the last minute because if problems occur that prevent renewing online, the license will expire, a \$100 late fee will be charged to each expired license, and you cannot work until the renewal process has been completed.

These may sound like minor changes, but these changes have increased the online renewals from approximately 50 percent to 90 percent. The ASBN staff can process the online renewals much faster, which has

resulted in the license usually being mailed out the next business day.

The online renewal process requires the licensee to enter the continuing education that was completed for the current renewal, so have your documents handy in order to facilitate the renewal process. For complete information on the continuing education requirements, go to the ASBN Web page [www.arsbn.org](http://www.arsbn.org) (also listed on the back of your license) and click on the continuing education link.

Online renewal is one of many electronic processes provided by the board. If you haven't renewed online yet, give it a try, and you may find that you actually like it. Also, visit the ASBN Web site and see the wealth of information accessible with just a click of the mouse.

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# A Tribute to Florence Nightingale



Left: Jackie Murphree, EdD, MNsc, RN, Assistant Director for Advanced Practice Nursing, portraying Florence Nightingale.

the Nightingale Training School at St. Thomas' Hospital in London to train nurses. Her book, *Notes on Nursing*, written in 1860, provided the cornerstone for the school's curriculum and for other nursing schools. Her ideas still influence nursing and nursing education today.

Dr. Murphree has spent much of her career teaching the history of nursing and promoting Florence Nightingale's beliefs about nursing as they are still relevant today. Nurses need to remember Miss Nightingale and her contributions to the profession of nursing.

If you ask Dr. Jackie Murphree who her hero is, she will tell you that it is Florence Nightingale. In fact, some of her friends call her "Flo," and she has been known to dress as her hero on occasion. She has taught the history of nursing dressed as Miss Nightingale and has appeared at a student nurse's pinning ceremony on occasion.

It is fitting to remember Miss Nightingale as her birthday is just around the corner (May 12th), which always coincides with the National Nurse's Week celebration each year. She became known as "The Lady with the Lamp" as she made her rounds at night checking on patients with a small lamp in her hand. Henry Longfellow wrote a poem in 1857 that immortalizes this image – "Santa Filomena":

Lo! In that hour of misery

A lady with a lamp I see  
Pass through the glimmering gloom,  
And flit from room to room.

Why is Florence Dr. Murphree's hero? She will tell you that it was Miss Nightingale that elevated nursing to the image it enjoys today. In Victorian England, nurses were considered the "dregs" of society. They were usually prostitutes, drunkards and thieves who were given the option by the English courts to go to prison or take care of the sick. Miss Nightingale's wealthy family opposed her desire to become a nurse because of nursing's poor reputation, but she persisted and did so anyway. History records the wonderful things she accomplished in her lifetime as a nurse. One of the most notable was opening



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## Proper Practitioner-Patient Relationships

The Arkansas State Board of Pharmacy recently made changes to a regulation (Regulation 7 – Drug Products/Prescriptions 07-00-0009 Proper Practitioner-Patient Relationship) regarding the “proper practitioner-patient relationship.” In accordance with Arkansas Code Annotated §17-92-1004 (c) and Arkansas Code Annotated §17-92-1003 (15), “an in-person physical exam of the patient performed by a practitioner, physician, doctor or other prescribing health professional (“a practitioner”) prior to the issuance of any prescription is required in order to establish a valid prior patient-practitioner relationship.” The two exceptions include a prescribing practitioner who is being consulted at the

request of a practitioner who does have a relationship with the patient, has performed an in-person physical exam on the patient, and will be supervising the care and use of the prescribed medications of the patient. The other exception is an emergency situation where the prescribing practitioner interacts with the patient through an on-call or cross-coverage situation.

This regulation is aimed at the Internet pharmacies/brokers that are prescribing medications after an Internet questionnaire, an Internet consultation or telephone consultation without an in-person physical exam. This practice puts public health, safety and welfare at risk for harm due to inappropriate, illegitimate or exces-

sive prescription drugs.

Having said all the above, this should be nothing new for the advanced practice nurse with prescriptive authority. Although the Arkansas State Board of Nursing *Rules* are not as specific as this rule, it is implied that the APN has seen the patient being prescribed for, as Chapter 4, Advanced Practice Nursing, Section VIII, Prescriptive Authority, D. 5 states “that the APN shall note prescriptions on the client’s medical record...” The Board has the expectation that the APN has a proper patient-practitioner relationship with those individuals that are being prescribed for.

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Nursing Education Faculty, c/o Human Resources, Arkansas State University-Beebe, P.O. Box 1000, Beebe, AR 72012

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# NEW PRESCRIPTIVE AUTHORITY ADVISORY COMMITTEE MEMBERS

The Prescriptive Authority Advisory Committee was created to assist in the implementation of the provisions of the prescriptive authority chapter. The *Nurse Practice Act*, ACA §17-87-205, stipulates the composition of the committee. The five committee members, to be approved by the Governor, shall include three members who are advanced practice nurses holding certificates of prescriptive authority, one member who is a licensed physician who has been involved in a collaborative practice with a registered nurse practitioner for at least five years, and one licensed pharmacist who has been in practice for at least five years. The committee meets on an as needed basis. The newly approved members are:

- Janice Dean, ANP, North Little Rock
- Lori Ellis, DNP, ANP, Searcy
- Jerry Mallott, M.D., Little Rock
- Lisa Martin, ANP, Conway
- Jeremy Veteto, PharmD, Fayetteville



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REGISTER ONLINE AT WWW.ARSBN.ORG

**SCHEDULE**

- 8:00 a.m. Registration
- 8:30 a.m. ASBN 101
- 8:45 a.m. Crossing Boundaries
- 9:30 a.m. Break
- 9:45 a.m. Chemical Dependency
- 10:45 a.m. Nursing Liability
- 11:30 a.m. Lunch
- 12:15 p.m. Mock Disciplinary Hearing
- 2:15 p.m. Break
- 2:30 p.m. Criminal Backgrounds
- 3:00 p.m. Break
- 3:05 p.m. NCLEX

**REGISTRATION**  
**FEE \$45.00**  
 (includes lunch)  
*fees are non-refundable*

**Nursing Regulation and Practice** is sponsored by the Arkansas State Board of Nursing. Pre-registration is required. If you have questions, contact the Board of Nursing at 501.686.2701 or e-mail lwalker@arsbn.org.

**FEBRUARY 19**

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**APRIL 17**

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**SEPTEMBER 24**

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Community College at Batesville  
Independence Hall Auditorium  
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**OCTOBER 21**

Baptist School of Nursing  
11900 Colonel Glenn Road  
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**NOVEMBER 20**

University of Arkansas at Fort Smith  
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**NURSING REGULATION AND PRACTICE**

**Continuing Education Workshop**

**CONTINUING EDUCATION**

The continuing education awarded is 6.2 contact hours. Participants who leave immediately prior to the NCLEX presentation will receive 5.2 contact hours. Application for CE approval has been submitted to Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



**REGISTRATION FORM**

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

Check date you plan to attend: ( ) February 19 ( ) April 17 ( ) September 24 ( ) October 21 ( ) November 20

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# Information technology improves nursing care

In today's medical field, nurses are consistently challenged to provide a safe, high-quality environment for patient care. Yet, every day many nurses face stressful work environments and the task of caring for sicker patients with fewer resources.

Information technology (IT) applied with process redesign can support nurses in caring for their patients, which creates opportunities to provide safer and more patient-focused care.

## Streamlined workflow

Physicians, nurses and patients alike complain about the time nurses spend on documentation. Estimates indicate that nurses spend up to 50 percent of their time on documentation, but as little as 15 percent on direct patient care. Too often, this documentation includes redundant and non-productive efforts. For example, transcribing results from one paper entry to a paper chart is clearly inefficient.

Two Institute of Medicine reports emphasize the importance of IT in nursing. *Keeping Patients Safe: Transforming the Work Environment for Nurses*,<sup>1</sup> recognizes and validates the role nurses play in patient safety. *Patient Safety: Achieving a New Standard for Care*<sup>2</sup> focuses on nursing work redesign and identifies areas where IT can streamline and improve the nursing process.

No group in health care has more to gain from IT than nurses. IT allows for point-of-care clinical documentation, which enables nurses to focus more on patients and less on documentation. Bedside access to electronic documentation automates the care process and helps clinicians make better patient care decisions. In addition, as IT streamlines the workflow, it improves communication between clinical professionals, making it easier to work together and share expertise.

## Nursing informatics

In *Scope and Standards of Nursing Informatics*, the American Nurses Association defines nursing informatics (NI) as "a specialty that integrates nursing sci-

ence, computer science and information science to manage and communicate data, knowledge and nursing practice."<sup>3</sup>

As nurses become an integral part of clinical IT advancement, NI is becoming >>

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**Recommended Schedule of Well Child Care, ages 7-13**

AGE	WELL CHILD VISIT	IMMUNIZATIONS
6 Years	✓ + Vision & Hearing screen	—
8 Years	✓ + Vision & Hearing screen	—
10 Years	✓ + Vision & Hearing screen	—
11 Years	✓ + Vision & Hearing screen	HPV*, MCV4*, Tdap*
12 Years	✓ + Vision & Hearing screen	—
13 Years	✓ + Vision & Hearing screen	—

\*Tdap beginning anytime between 11 to 12 years.





This material was prepared by the Arkansas Foundation for Medical Care (AFMC) with a grant from the Arkansas Department of Human Services, Division of Medical Services. This material is provided for educational purposes only. Arkansas DSH supports the Arkansas Department of Human Services in its compliance with the Well Child/Healthy Child Act. 2008-09-03-000000

continued from previous page

a key term in many IT implementation plans. Nurses have informally worked in informatics roles for more than 25 years as part of a hospital's or clinic's IT implementation team. Recently, CEOs, administrators and IT professionals have realized the importance of including nurses in every aspect of IT evaluation and implementation. From choosing a vendor to training staff, the nurses' knowledge of workflow, procedures and staffing of an organization make their involvement imperative.

### Nursing at a crossroads

Nursing and health care as a whole is at a crossroads. The IT explosion has challenged nurses to learn IT systems and integrate them into an already demanding workload. As computers evolve into the primary tool for capturing clinical data, it is imperative that all nurses gain computer competencies. In the hands of trained professionals, IT can enhance patient safety,

patient wellness and disease management.

Today, many centers of learning include NI tracks in their nursing curriculums. For a comprehensive list of nursing and medical health informatics programs, visit <http://www.amia.org/informatics/acad&training/>.<sup>4</sup>



### References

1. Page A, ed. Institute of Medicine Committee on the Work Environment for Nurses and Patient Safety, Board on Health Care Services. *Keeping Patients Safe: Transforming the Work Environment for Nurses*. Washington, D.C.: The National Academies Press; 2004.
2. Aspden P, Corrigan JM, Wolcott J, Erickson SM, eds. Institute of Medicine Committee on Data Standards for Patient Safety, Board on Health Care Services. *Patient Safety: Achieving a New Standard for Care*. Washington, D.C.: The national Academies Press; 2004.
3. American Nurses Association. *Scope and standards of Nursing Informatics Practice*. Washington, D.C.: American Nurses Publishing; 2001.
4. Saba V. Nursing Informatics: Yesterday, Today and Tomorrow. *Int Nurs Rev*. 2001; 48:177-187.



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### Confronting Colleague Chemical Dependency

3.3 Contact Hours | \$20

### Delegating Effectively

4.2 Contact Hours | \$25

### Disciplinary Actions: What Every Nurse Should Know

4.8 Contact Hours | \$29

### Diversity: Building Cultural Competence

6.0 Contact Hours | \$36

### Documentation: A Critical Aspect of Client Care

5.4 Contact Hours | \$32

### End-of-Life Care and Pain Management

3.0 Contact Hours | \$18

### Ethics of Nursing Practice

4.8 Contact Hours | \$29

### Medication Errors: Detection & Prevention

6.9 Contact Hours | \$41

### Nurse Practice Acts CE Courses

Participants: AR, IA, ID, KY, MA, MN, MO, NC, ND, NM, NV, OH, VA, WV-PN/RN  
2.0 Contact Hours | \$12

### Patient Privacy

5.4 Contact Hours | \$32

### Professional Accountability & Legal Liability for Nurses

5.4 Contact Hours | \$32

### Respecting Professional Boundaries

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The full statutory citations for disciplinary actions can be found at [www.arsbn.org](http://www.arsbn.org) under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an impaired-nurse contract with an employer and/or drug monitoring and treatment programs.

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## PROBATION

**Alcorn, Patricia Partney**  
R13383, P00121, Jonesboro  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Probation – 2½ years  
Civil Penalty - \$1,000.00

**Barry, Elizabeth Jane**  
R50398, Little Rock  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Reinstated to Probation – 2 years  
Civil Penalty - \$1,000.00

**Bradshaw, Tonya Gail Kelley**  
L39979, Camden  
A.C.A. §17-87-309(a)(6)  
Probation – 18 months  
Civil Penalty - \$1,500.00

**Cosey, Maryland L. Ingram**  
T01686, Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation – 18 months  
Civil Penalty - \$750.00

**Cox, Michael David**  
R42992, Alexander  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Probation – 1 year  
Civil Penalty - \$750.00

**Dearing, Shirley Ann Griggs**  
R73024, Benton  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Probation – 18 months  
Civil Penalty - \$900.00

**Deaton, Danna Lynn Scott**  
R55269, A01771, PCA01634, Manila  
Probation Non-Compliance  
Probation – 3½ years  
PCA suspended until Board reinstates ANP license  
Civil Penalty - \$1,800 + prev.

**Dilley, Joan Carroll Howie**  
R33291, West Helena  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty - \$500.00

**Duggar, Christa Rene**  
R76718, Rosie  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Probation – 2 years  
Civil Penalty - \$1,000.00

**Finn, Morgan Elizabeth**  
R78139, Pottsville  
A.C.A. §17-87-309(a)(6)  
Probation – 1½ years  
Civil Penalty - \$1,500.00

**Garbett, Elizabeth Ann Faulkner**  
R70796, Little Rock  
A.C.A. §17-87-309(a)(4), (a)(6)&(a)(7)  
Reinstated to Probation – 3 years  
Civil Penalty - \$1,500.00

**Gonzales, Rita Jo Rollans**  
L43796, Van Buren  
A.C.A. §17-87-309(a)(4), (a)(6)&(a)(9)  
Reinstated to Probation – 2 years  
Civil Penalty - \$1,000

**Haley, Patti Dawn Hadley**  
R54019, Cabot  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty - \$500.00

**Jenkins, Stacy Marie Bauer**  
L36449, Mountain Home  
A.C.A. §17-87-309(a)(6)  
Probation – 18 months  
Civil Penalty - \$750.00

**Light, Moncherri Lynn Taylor**  
L40666, Monticello  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty - \$2,500.00

**McDermott, Patrick W.**  
L41168, Blytheville  
Probation Non-Compliance  
Probation – 2 years  
Civil Penalty - \$800.00

**Perkins, Michael Lynn**  
R63751, Holiday Island  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty - \$500

**Snipes, Tara Anne**  
L40970, North Little Rock  
A.C.A. §17-87-309(a)(4), (a)(6)&(a)(7)  
Reinstated to Probation – 3 years  
Civil Penalty - \$1,500.00

## SUSPENSION

**Golden, Laura Deanne Pinson**  
R44224, Kirby  
Probation Non-Compliance  
Reinstated to Suspension – 2 years, followed by  
Probation – 2 years  
Civil Penalty - \$2,000 + prev.

**Gregory, Angela Renee Williams**  
L29494, Pocola, OK  
A.C.A. §17-87-309(a)(2), (4)&(6)  
Suspension – 3 years, followed by Probation – 2 years  
Civil Penalty - \$2,500

**Klein, Steven Daniel**  
L44114, Paris  
A.C.A. §17-87-309(a)(4)&(6)  
Suspension – 2 years, followed by Probation – 2 years  
Civil Penalty - \$2,000

**Lindsey, Susan Ann Torres**  
L33516, El Dorado  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Suspension – until provides proof of completion of Treatment Program, followed by Probation – 2 years  
Civil Penalty - \$1,000.00

**Richmond, Brauna Rose Richmond Amos Motley Butchenschoen Woodard Richmond**  
R69537, L31733(exp), Danville  
Probation Non-Compliance  
Suspension – 6 months, followed by Probation – 3 years  
Civil Penalty - \$500 + prev.

**Rose, Donald Lee**  
R45458, Little Rock  
Probation Non-Compliance  
Suspension – 9 months, followed by Probation – 3 years  
Civil Penalty - \$1,000.00 + prev.

**Staggs, Howard Paul, Jr.**  
R55642, Amity  
Probation Non-Compliance  
Suspension – 1 year, followed by Probation – 3 years  
Civil Penalty - \$2,000 + prev.

**Wright, Josh L.**  
L40977, Texarkana  
A.C.A. §17-87-309(a)(4)&(6)  
Suspension – 2 years, followed by Probation – 2 years  
Civil Penalty - \$2,000

## VOLUNTARY SURRENDER

**Alberson-Cook, Nancy Dealonnia**  
L39347, Cabot  
January 30, 2008

**Bennett, Donna Sue**  
L39783, Fort Smith  
February 5, 2008

**Dever, Gerald Roger**  
R45003, Rogers  
January 22, 2008

**Hendix, Billie Jean Campbell**  
L37430, Tuckman  
February 6, 2008

**Pierce, Michelle Dianne Stacy**  
L33908, Bono  
January 17, 2008

**Pillow, Lisa Michelle Coke**  
R68750, Trumann  
January 17, 2008

**Smith, Alpha Sue Smith Wilkinson**  
R69752, Fort Smith  
January 31, 2008

**Snow, Wanda Sue**  
R53154, L22744(exp), Clarksville  
January 23, 2008

## REINSTATEMENTS WITH PROBATION

**Haywood, Deborah Eloise**  
R70411, Hot Springs  
January 30, 2008  
Reinstate to Probation – 3 years

## REINSTATEMENTS

**Coleman, Carie Melissa**  
L23466, Marion  
February 1, 2008

**Savage, Martha Lea Hillis**  
R42106, L27291(exp), Bryant  
January 21, 2008

## REPRIMAND

**Henderson, Karen Elise**  
R79989, Rogers  
October 30, 2007  
A.C.A. §17-87-309(a)(1)&(2)

## PROBATIONARY STATUS REMOVED

**Cornwell, Odessa Anne Prince**  
R28956, Morrilton  
January 29, 2008

**Cullom, Mary Jacqueline Bennett**  
R12048, Wilson  
January 29, 2008

**McAllister, Chasidy Ann McCullers Fitzgerald**  
R66269, Van Buren  
January 29, 2008

**Rhodes, Smith, Jeannie Lynnette**  
L10192, N. Little Rock  
January 29, 2008

**Shipman, Bobbie Carlene Noel**  
L27114, Paragould  
January 29, 2008

**Wright, Kara Beth Fenwick Dixon**  
R45440, Fort Smith  
January 29, 2008

## APPEAL DENIED

**Henderson, Karen Elise**  
R79989, Rogers  
Uphold Letter of Reprimand

## WAIVER GRANTED

**Kline, Gabrielle Dawn**  
RN Applicant

**Shoptaw, Michelle George**  
RN Applicant

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## PROBATION

**Bell, Kimberly Diane**  
R53404, Elkins  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty - \$2,500  
Course – AR Nurse Practice Act and Legal & Ethical Issues

**Blevins, Cornelius Louise**  
**Brown Means**  
L28779, Pine Bluff  
A.C.A. §17-87-309(a)(6)&(9)  
Probation – 2 years  
Civil Penalty - \$900  
Course – Documentation

**Burton, Daniel Christopher**  
R67440, Heber Springs  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty - \$500  
Course – AR Nurse Practice Act and Professional Accountability & Legal Liability

**Clopton, Patte Kay Danko**  
L30611, Huntington  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty - \$1,500  
Course – AR Nurse Practice Act, Legal & Ethical Issues and Documentation

**Cox, Tonia Sabrina Ragsdale**  
R30281, Benton  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty - \$500  
Course – AR Nurse Practice Act

**Darr, Bethany Allison Tosh**  
R71948, A01883, PAC 1777, Jonesboro  
A.C.A. §17-87-309(a)(4)&(6)  
PAC – suspended; DEA# - surrendered until PA is reinstated;  
RN and APN – Probation – 4 years  
Civil Penalty - \$2,500  
Course – Legal & Ethical Issues

**Farmer, Kandy Kolett Kimes**  
R19489, Monticello  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty - \$1,500  
Course – AR Nurse Practice Act and Legal & Ethical Issues

**Kline, Gabrielle Dawn**  
R80670, Fayetteville  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 1 year

**O'Neal, Susan Renee Miller**  
**Boyd**  
L36469, Pearcy  
A.C.A. §17-87-309(a)(6)&(7)  
Probation – 2 years  
Civil Penalty - \$500 + prev.  
Course – AR Nurse Practice Act and Professional Accountability & Legal Liability

**Pena, Durinda Kay Cochran**  
R34609, A02908, PAC 2816, Bentonville  
A.C.A. §17-87-309(a)(4)&(6)  
Suspension of PA – 2 years  
Probation of RN and APN – 3 years  
Civil Penalty – \$2,000  
Course – AR Nurse Practice Act and Legal & Ethical Issues

**Pickard, Lyanne Glover**  
L45281, Lonoke  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty – \$2,500  
Course – AR Nurse Practice Act, Documentation, Anger Management and Stress Management

**Shanahan, Danny George**  
R80083, Bentonville  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 2 years  
Civil Penalty - \$1,000  
Course – AR Nurse Practice Act and Professional Accountability & Legal Liability

**Tyree, Barbara Louise**  
**Woodson McNeil Lowery**  
R18067, Powhatan  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty - \$2,100  
Course – AR Nurse Practice Act, Documentation, Legal & Ethical Issues, Preventing Medication Errors

**Woolsey, Holly Christine**  
**Whitley**  
R70607(exp), L38015(exp), Bella Vista  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 2 years  
Civil Penalty - \$2,400  
Course – AR Nurse Practice Act, Legal & Ethical Issues, Documentation and New Drugs

## SUSPENSION

**Breaker, Amanda Barrett Halk**  
R67158, Jonesboro  
Probation Non-Compliance  
Suspension – 3 months, followed by Probation – 36 months  
Civil Penalty - \$500 + prev.  
Course – Professional Accountability & Legal Liability  
Course paper on AR Nurse Practice Act

**Cardoza, Dawn Marie**  
L37623, Harrison  
A.C.A. §17-87-309(a)(4)&(6)  
Reinstated to Suspension – 3 years, to be followed by Probation – 2 years  
Civil Penalty - \$2,000 + prev.

**Cook, Courtney Lynn Gant**  
R67156, L38687  
Probation Non-Compliance  
Reinstated to Suspension – 2 years, to be followed by Probation – 3 years  
Civil Penalty - \$2,500 + prev.

**Funston, Anna Kristina**  
L33235, Little Rock  
Probation Non-Compliance  
Suspension – 6 months, followed by Probation – 18 months  
Civil Penalty - \$1,000 + prev.  
Course – AR Nurse Practice Act and Professional Accountability & Legal Liability

**Landree, Mariah Elizabeth**  
L43601, Shannon Hills  
Probation Non-Compliance  
Suspension – 2 years, to be followed by Probation – 2 years  
Civil Penalty - \$2,000 + prev.

**Linn, Mariah Elizabeth**  
L43601, Greenbrier  
Probation Non-Compliance  
Reinstated to Suspension – 3 years, to be followed by Probation – 2 years  
Civil Penalty - \$2,500 + prev.

**Moody, Karen Louise Mays**  
**Quick**  
R56816, Portageville, MO  
Suspension Non-Compliance  
Reinstated to Suspension – 3 years, to be followed by Probation – 2 years  
Civil Penalty - \$2,500 + balance

**Stine, Jenni Rebecca Norwood**  
L33256, Bryant  
February 20, 2008  
A.C.A. §9-14-239

**VOLUNTARY SURRENDER**  
**Ahmad, Mia Shannon Yates**  
R51746, Kingsport, TN  
February 12, 2008

**Allen, Ginger Kay Davenport**  
**Allen Lorenz**  
R29756, Huntington  
February 13, 2008

**Currie, Rhonda Denice**  
**Robinson Adams**  
L30264, Jonesboro  
February 29, 2008

**Parks, Linda Jean Faulk**  
R50159, Mt. Pine  
March 5, 2008

**Ross, James Allen**  
R63726, Hot Springs  
March 8, 2008

**Smith, Janie Ellen**  
L37483, Lockesburg  
February 26, 2008

**Tedder, Christy Renae Norman**  
**Emery**  
L31381, Jonesboro  
February 12, 2008

**Ward, Kimberly Kay Fatheree**  
**Walden**  
L31877, Ashdown  
February 28, 2008

**REPRIMAND**  
**Beck, Misty Lyn**  
L44564, Hot Springs  
December 12, 2007  
A.C.A. §17-87-309(a)(6)

**Duran, Tara Dawn Treat**  
L41727, Batesville  
January 8, 2008  
A.C.A. §17-87-309(a)(6)

**Ensign, Deborah Jo Willis**  
**Ezell**  
R32348, Decatur  
January 10, 2008  
A.C.A. §17-8-309(a)(6)

**Helms-Ratliff, Sandra Kay**  
LTP-001424, Hot Springs  
December 27, 2007  
A.C.A. §17-87-309(a)(6)

**McVey, Paula Inez Byrd**  
L26657, Springdale  
November 20, 2007  
A.C.A. §17-87-309(a)(6)

**Takasaki, Denita Ann Fort**  
R19145, Little Rock  
December 10, 2007  
A.C.A. §17-87-309(a)(6)

**Wyatt, Sara Ann Edwardson**  
R74056, L43079(exp), Poughkeepsie  
December 12, 2007  
A.C.A. §17-87-309(a)(6)

**REVOCAION**  
**Arnold, Vera Anne Kiesling**  
R43883, Jacksonville  
A.C.A. §17-87-309(a)(2)&(6) and A.C.A. §17-87-312(e)(31)  
March 13, 2008

**PROBATIONARY STATUS REMOVED**  
**Abbott, Debbie Paulette**  
**Gribbin**  
L25074, Norman  
February 19, 2008

**Holman, Toya Lashon**  
L45582, Pine Bluff  
February 13, 2008

**Lowe, Susan Rhoda**  
R34047, Little Rock  
February 13, 2008

**Martin, Penny Lee Garrison**  
R35355, Little Rock  
February 19, 2008

**Pohler, Rodger Wayne**  
L41237, Hardy  
February 13, 2008

**Simons, Loura May**  
L19843, Beebe  
February 19, 2008

**Stambaugh, Elizabeth Louise**  
**Brown**  
R53336, Little Rock  
March 10, 2008

**Turner, Millissa Waynn**  
**Harrison Bramlett**  
L34690, Monette  
March 11, 2008

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(Top, L to R) Andrea Fletcher, Sharon Dahlstrom, Scott Dawson, Nancy Green, Lenna Jennings, Pam Sherman,  
(Bottom) Deena Stankovitz, Madeline Baxter, Lynn Frazier, Venecia Williams-Johnson, Julie Davis, Greg Butler

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