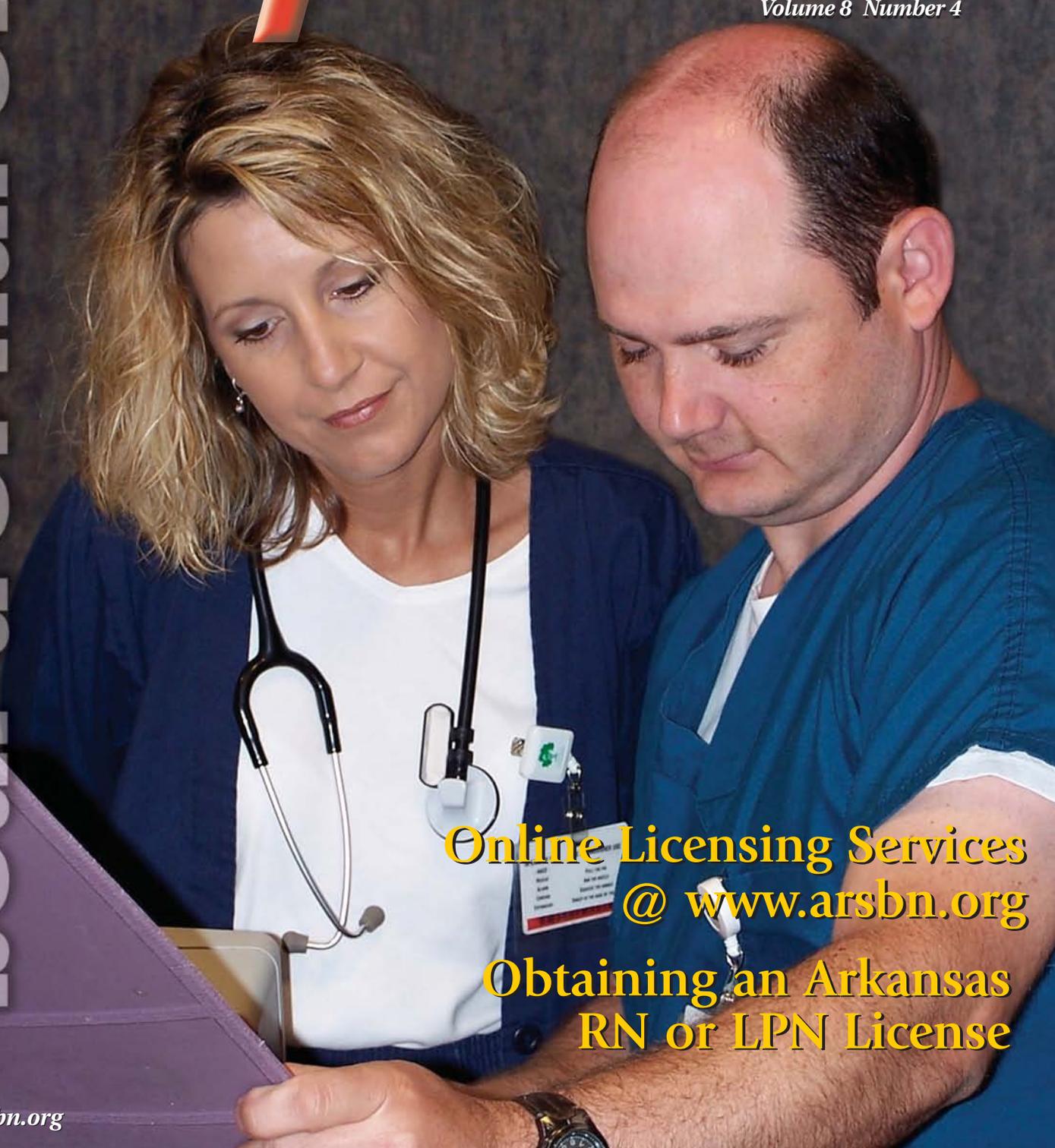


ASBN *Update*

Volume 8 Number 4

board of nursing



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

EXECUTIVE DIRECTOR Faith A. Fields, MSN, RN
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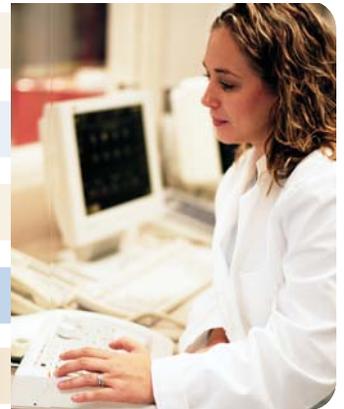
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The Arkansas State Board of Nursing meets twenty days each year, sixteen of which are for disciplinary hearings. We usually have about seventy-five nursing students in the audience to observe the disciplinary process and, hopefully, learn from the experience. If time allows at the end of the hearings, the Board answers any questions the students may have. Here are some of the more frequently asked questions and the answers given.



Where does the money from fines go? The money goes into the state treasury, earmarked exclusively for the ASBN. It helps to defray the cost of investigating and monitoring the nurse being fined.

What does recuse mean, and why would a Board Member

recuse from a case? It means that the Board Member doesn't participate in any way. Generally, Board Members recuse whenever they feel unable to be objective or unbiased. For example, having prior knowledge of the incident in question would be a reason for recusal. Some Board Members, will recuse on any case involving a coworker or person they know. Past experience with that person, favorable or unfavorable, may color our judgment. We need to be able to make our decisions based on the evidence at hand, not on our personal feelings.

Can the Board hold a hearing if the accused nurse does not appear? Even if the nurse chooses not to appear, the Board can proceed with the hearing as long as notice was sent to the last known address provided to the Board by the licensee, according to the *ASBN Rules and Regulations*. The disciplinary process would be severely hampered if hearings could not be held until the accused appeared. Would we be protecting the public if we allowed that to happen?

Why didn't you revoke the nurse's license? Although revocation has different meanings in different states, it is a permanent loss of license in Arkansas. Some of our cases are so serious--or there is simply no way to fix the problem--that the Board has no other choice. In other cases, nurses have already been on probation or have had their licenses suspended but simply refuse to comply with the conditions imposed on them. In any case, revoking a license is probably the hardest thing for a Board Member to do, and it is not taken lightly.

How do you retrieve suspended or revoked licenses from nurses if they don't appear for the hearing? The Board can send a process server to retrieve the license from the nurse. Notices of all

disciplinary actions are posted on our website and published in the *ASBN Update*, which is mailed to all Arkansas licensed nurses and to many employers of nurses in the state. Sometimes, a nurse's employer will see the notice and contact the Board staff who will then initiate action to retrieve the license.

What is a consent agreement? A consent agreement (CA) is a contract between the Board and the nurse, similar to a plea bargain in the court system. There are certain criteria that must be met before a CA is offered to a nurse. Among other things, the nurse must admit guilt to the charge(s) and must agree to the conditions set out in the CA. ASBN staff use Board-approved guidelines to establish the terms of the CA and then meet with the nurse. The CA is brought before the Board for ratification if the nurse signs it. Only after a favorable vote by the Board will the CA be in effect. Nurses who fail to comply with the CA terms will be charged with non-compliance.

What is required of a nurse on probation? It depends on the violation. Most of the cases involve substance abuse and/or diversion (theft). Fines, random urine drug screens, AA/NA meeting attendance, examination by an addictionologist, and working under an employer/impaired nurse contract may be conditions of the probation. The Board may also require completion of one or more courses, supervised practice, or other remedies to re-educate the nurse. The ASBN can fine a nurse as much as \$1000 per day per violation, so the monetary penalty alone can be prohibitive.

What else does the Board do besides discipline? The Board promulgates legislation involving the practice of nursing, a recent example being the Nurse Licensure Compact. The Board licenses all nurses in the state by renewal, exam, and endorsement and performs criminal background checks on all new applicants for licensure. The Board also issues certificates of prescriptive authority to qualified advanced practice nurses, surveys and approves all nursing education programs in the state, and publishes a bi-monthly magazine. Board staff and members present educational seminars around the state, speak at nursing schools, and represent the Board on national committees.

The question and answer sessions are always enlightening to the students, but you do not have to be a student to attend a hearing or be present to ask a question. If you would like to attend a hearing, please note the Board meeting dates on page 14. Questions may be submitted by email, mail, or fax and may be answered in the "Letters" section of the *ASBN Update*.

Lawana Waters

Lawana Waters, RN

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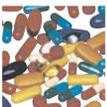
Disciplinary Actions



Documentation



Ethics of Nursing Practice



Medication Errors



Nurse Practice Acts



Professional Accountability & Legal Liability



Sharpening Critical Thinking Skills

executive director's message



Licensing is the focus of this issue of the ASBN Update. The Arkansas State Board of Nursing issues over 46,000 licenses--more than any other healthcare licensing board in the state. We issue licenses by endorsement from other states and by examination of new graduates and internationally educated nurses.

With permission from my friend and colleague, Executive Director John Brion at the Ohio Board of Nursing, I will share with you the results of their statewide nursing licensee survey and part of his editorial message. With a 53% response rate from the 182,000 Ohio nurses, the survey revealed information that could probably be generalized to nurses in Arkansas as well. The results suggest that, overall, nurses are satisfied with their nursing jobs (78%) and with nursing as a career (80%); the written comments on the survey reflect that many nurses are also frustrated. A commonly expressed frustration was that the dedication and sacrifice of nurses often go unnoticed and unacknowledged. As a nurse myself, I can certainly understand these frustrations. Although having not been involved in direct clinical practice for several years, I doubt that my understanding of the demands of current clinical practice is complete. However, to address the feeling of being unappreciated, and on behalf of all the people you care for, I would like to offer the following "Thank You."

Thank you for working through the night, on weekends, and on holidays, for getting home after your children are asleep, or for leaving before they get up in the morning to make sure that we have someone there to care for us. Thank you for being kind and patient and for offering a smile or a reassuring word even when we are not kind in return. Thank you for maintaining all the knowledge, skills, and abilities to care for us. Thank you for skipping lunch and staying over at the end of your shift to make sure we are not alone. Thank you for being there when we are born, when we die, and during all the difficult times in between. Thank you for treating us with respect and dignity and taking the extra time to humanize an often scary, impersonal environment. Thank you for giving up Christmas morning with your family, church on Sunday, your children's school functions, and special events with your family and friends and for all the other sacrifices you make to provide the care we need. Thank you for taking time out of your busy day to explain things clearly so we understand what is happening to us in a very unfamiliar setting. Thank you for recognizing when we are in pain, hungry, cold, lonely, or afraid and for taking action to help ease that discomfort. Thank you for holding our hands, patting our shoulders, and hearing our concerns. Thank you for understanding that we sometimes lash out at you when we are really afraid and angry about our health condition. Thank you for working short staffed, for coming to work on your day off, for tolerating unpleasant colleagues, and for doing more than you can with less than you need. Thank you for making one little corner of the world a whole lot better by choosing to be a nurse and for being there when we need you. Thank you.

Faith A. Fields

Faith A. Fields, MSN, RN



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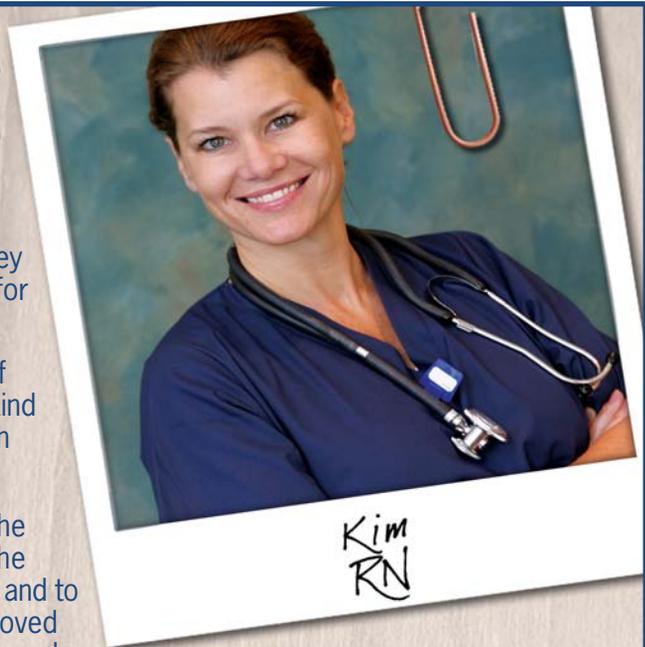
Distance Sites: UAFS in Fort Smith & ATU in Russellville

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- Establish Referral Program
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What if you could Undo Smoking?

As a medical professional, you already know the serious impact of tobacco use on your patients. Implementing a system in your clinic to identify users and assist them in cessation just got easier.

The Arkansas Department of Health in association with the Arkansas Foundation for Medical Care has developed a new referral system that guides patients to evidence-based tobacco cessation programs in Arkansas.

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LICENSING: MEET THE STAFF



• NAOMI BRYANT is the Examination Coordinator and has been with the Board over 30 years, working in various capacities at the Board. Naomi processes the examination applications for RNs and LPNs, issues temporary permits to new graduates, and makes candidates eligible to take the NCLEX® exams. She also processes applications for RNs and LPNs who are applying to retake the NCLEX. Naomi resides in Little Rock.



• NANCY WALKER is the Licensure/Renewals Secretary and has been with the Board nineteen years. Nancy started her career with the Board assisting in the Examination/Endorsement Department and as Receptionist/Cashier. Nancy was also the Advanced Practice Secretary. Presently, Nancy renews all licenses, processes name and address changes, and issues duplicate licenses to nurses whose licenses are lost or stolen. Nancy handles requests from nurses who wish to change the status of their license (to active, inactive or retired). Nancy resides in Little Rock with her husband, Don Austin.



• MARGIE BRAUER is the Licensing Secretary and has been with the Board thirteen years. Margie is responsible for endorsement of nurses into Arkansas, verifying information on Arkansas nurses applying for licensure in other states, and coordinating the microfilming for the agency. Serving also as the special events organizer, she plans employee functions and staff recognition activities. Margie has two daughters and one grandson and resides in Saline County.

Did you Know?



- The Arkansas Nurse Practice Act was adopted in 1913 and provided for creation of the State Board of Nurse Examiners.
- In 1913, only RNs were licensed and the fee for the licensing examination was \$5.00.
- The requirements for becoming an RN were to be at least 21 years old with a minimum of an 8th grade education, complete a nursing program, and pass an examination.
- In 1932, the fee for renewal of a nursing license was \$1.00.



ONLINE LICENSING SERVICES @ www.arsbn.org

LICENSE RENEWAL

You may renew your license online instead of returning the paper renewal application form to ASBN. The accepted payment method is with a Visa, MasterCard, or Discover credit card. You will need to provide your license number, social security number, and date of birth. Upon completion of the online renewal process, you will be presented a receipt screen, which may be printed for proof of payment. Your license will be mailed within five (5) working days. One advantage of online renewal is that you must enter all required information before you can complete the renewal process. For mail-in renewal applications, an unanswered or incomplete answer will entail returning the form to you, which will further delay renewal. Also with online renewal, you will know if you have submitted the renewal application in time to avoid the \$100.00 late fee.

YOU MAY NOT RENEW ONLINE IF :

- Your license has been expired for one year or more.
- You have been convicted of a crime or pled guilty or nolo contendere to any charge in any state or jurisdiction since your last renewal. (With the exception of DWI, traffic violations do not constitute a crime.)
- You have had your license encumbered in any state or jurisdiction including, but not limited to, reprimand, probation, suspension, revocation, civil penalty, and/or voluntary surrender.
- Any disciplinary action has been taken against you or your authority to practice has been restricted by any federal or state agency including, but not limited to, Medicare or Medicaid.
- 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, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, New Mexico, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah, Wisconsin, or any other compact state.
- Your primary place of residence is outside the United States, and you are not in the military. (U.S. Military personnel stationed outside the U.S. may renew online.)

ADDRESS CHANGE

You must notify ASBN of all address changes. There is no fee for this service. To complete the process online, you will need your social security number and date of birth. (You may also mail or fax your address change.)

- Act 64 of 1947 established the practical nurse division of the Board of Nursing and provided for licensure of LPNs.
- In 1953, there were six diploma nursing programs, one BSN nursing program, and six practical nursing programs.
- In 1958, the fee for the licensure examination was \$20.00 for the RN and \$15.00 for the practical nurse. The temporary permit fee was \$1.00.
- In 1995, revision of the Nurse Practice Act provided for licensure of and prescriptive authority for advanced practice nurses.
- New licensed psychiatric technician nurse (LPTN) and registered nurse practitioner (RNP) licenses are no longer issued, but current licensees may continue to renew their licenses.
- In 2004, there are three diploma programs, nine BSN nursing programs, thirteen associate degree programs, twenty-eight practical nursing programs, and four advanced practice programs. Many other out-of-state programs utilize clinical sites in Arkansas.

ORDER A DUPLICATE LICENSE

If your license is lost or stolen, you may obtain a duplicate license directly online or print the application form on the ASBN website to complete and mail to the Board. To order the duplicate license online, you will need your license number, social security number, and date of birth. The \$25.00 fee, plus a small processing fee, can be charged to a Visa, MasterCard, or Discover credit card. At the end of the transaction, you will receive a confirmation number, which you may print for proof of payment.

NAME CHANGE

Due to the legal documents required, a name change cannot be completed online, but you can print out the form. This notarized form must be submitted with a copy of your marriage certificate, divorce decree, or other relevant documents. The \$25.00 (plus processing fee) for a duplicate license can be charged to a Visa, MasterCard, or Discover credit card.



by Fred
Knight, JD
General Counsel

The **CRIMINAL HISTORY** Question

Each first-time applicant seeking licensure as a nurse in Arkansas, whether by examination or endorsement, must answer the dreaded criminal background question. Specifically, the question that causes so much stress for some is, "Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction?"

For most, this question causes little angst since the vast majority of applicants do not have a criminal background or history. Of course, if you have a criminal history, then the best way to address the question is straightforward and honestly. If you have ever been convicted of or pled guilty or nolo contendere to a crime, then you should check the "yes" box on the application. This is true even if your criminal record has been sealed or expunged by a judge. It is also necessary for you to advise the Board of your criminal history, even if your lawyer or a judge has advised you that you don't have to report this information to the Board. Unfortunately, most lawyers and many judges are not aware that the *Nurse Practice Act* was amended in 1999 and now requires that this information be reported. Nor are they aware that it is the opinion of the Attorney General of Arkansas that a nursing applicant's criminal history must be reported to the Board, even if their record has been sealed or expunged.

You should be aware that if you fail to answer the criminal history question accurately, then you may be guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing. Unfortunately, if you do this, it will result in an entirely new set of problems for you to address with the Board.

As you address the criminal history question, you should always remember that one of the bedrocks of nursing is honesty. By being honest on your application, you have taken the first step in what will hopefully be a long and rewarding career in a profession that has long been revered by society.

licensing statistics

Licensee Type	New Licenses Issued 7/1/03 – 6/30/04	Active Licenses - 7/1/04		
		AR resident	Non-resident	Total
RN	1599	25,251	2,718	27,969
LPN	1100	14,456	987	15,443
LPTN	0	351	7	358
RNP	0	853	76	929
APN	161	1,046	396	1,442
ANP	83	588	74	662
CNM	0	21	3	24
CNS	9	87	6	93
CRNA	69	350	313	663
Rx Authority	59	561	48	609

Obtaining an Arkansas RN or LPN License

by Sue Tedford, Director of Nursing Education

The mission of the Arkansas State Board of Nursing is to protect the public. One mechanism that facilitates the accomplishment of this mission is the licensing of nurses who practice in Arkansas. Before any nurse is issued a license, the Board of Nursing determines if the applicant is eligible. The qualifications for holding a nursing license can be found in the *Nurse Practice Act of the State of Arkansas* (ACA § 17-87-301-305) and the ASBN Rules and Regulations, Chapter Two.

In 1999, legislation was passed that requires a criminal background check on all applicants applying for a new Arkansas nursing license – this includes initial and endorsing applicants for RN, LPN, and APN licensure. As of January 1, 2000, 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, 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 of any offense listed in ACA §17-87-312. This law applies to currently licensed nurses as well as applicants for initial licensure. If currently licensed nurses or applicants for licensure have one of the listed offenses, they cannot hold a license unless they are granted a waiver to the law from the ASBN.

LICENSURE BY EXAMINATION

Several months prior to graduation, the nursing student must submit the appropriate forms to the Arkansas State Police to request a criminal background check. It generally takes two to four months for both state and federal criminal background results to be reported to the ASBN office. The reports list past arrests and convictions. If any expunged or sealed records or pardons by the Governor are listed in ACA §17-87-312, they are reported to ASBN.

Following graduation from a nursing program, the applicant must submit an examination application to ASBN along with the \$75.00 fee. If the applicant desires a temporary permit, an additional \$25.00 must be included. Temporary permits for RNs and LPNs are only issued within the first three months after graduation and are valid for 90 days. They are not issued until the applicant has applied to ASBN for licensure and has registered for the NCLEX® with Pearson VUE, NCSBN's contracted partner for NCLEX.

The Examination Coordinator reviews each application to determine if all necessary information has been submitted. She also verifies that the information submitted to

Pearson VUE corresponds with the information on the ASBN application. Once it is determined that everything is correct, a temporary permit can be issued. The graduate will be made eligible to test within a few days after receipt of the application, and an authorization to test (ATT) will be sent to the applicant by Pearson VUE. If the applicant gave Pearson VUE an e-mail address at the time of registration, the ATT will be emailed to the applicant within two hours of being made eligible to test. Upon receipt of the ATT, the applicant is able to make an appointment to take the NCLEX examination. The applicants must test within 90 days, or they will have to repeat the application process and repay all fees.

The application of individuals with a history of any past arrests or convictions is routed to the Director of Nursing Education prior to issuance of a temporary permit or deeming the applicant eligible to test. An investigation is initiated that may take from one day to several months, depending on the contents of court documents that must be submitted by the applicant. Once the investigation is complete, the graduate is notified whether they will be allowed to take the NCLEX examination.

LICENSURE BY ENDORSEMENT

To be issued an Arkansas license by endorsement, an RN or LPN moving from a compact state must have a physical Arkansas address (not a post office box) before an Arkansas license can be issued. Nurses living in a non-compact state may be issued an Arkansas license. This process of obtaining an Arkansas license is called endorsement. The nurse must provide verification of licensure in another state and a copy of the current license.

The length of time it takes to endorse into Arkansas varies. A state and FBI criminal background check is conducted prior to issuance of a license. Results of the state criminal background are usually reported to the ASBN within 30 to 45 days. If the nurse holds an active license in another state, a temporary permit may be issued when the state background report is received. The nursing license may be issued upon receipt of the FBI results, which may take up to four months. If applicants have past criminal histories, their applications are sent to the Director of Nursing Education prior to issuance of a temporary permit or license. The investigation is handled in the same manner as with examination applicants.

JEFFERSON REGIONAL MEDICAL CENTER

By Lisa Rowland • Advertising/Promotions Specialist • JRMCM Marketing Department

THERE'S NEVER BEEN a better time to join the nursing staff at Jefferson Regional Medical Center (JRMCM) in Pine Bluff.

"We have a wide variety of staffing options including many areas of specialty care, we're making technological advances that are unequaled in Southeast Arkansas, and we have a new salary schedule that is more competitive than ever before," says Louise Hickman, BSN, RN, MA, CLNC, CCP, Vice President of Patient Care Services at JRMCM.

Licensed for 471 beds, JRMCM is a non-for-profit public hospital that serves 280,000 people in eleven South Arkansas counties. The hospital features a cardiac cath lab, surgical services including neurosurgery and open heart surgery, an Emergency Department with a Level 2 trauma center, a state of the art diagnostic imaging center, a fully equipped rehab center, physical and occupational therapy, a full range of women's/maternal services and its own school of nursing. And caring for patients in all those areas is a highly skilled, compassionate staff of approximately 400 nurses.

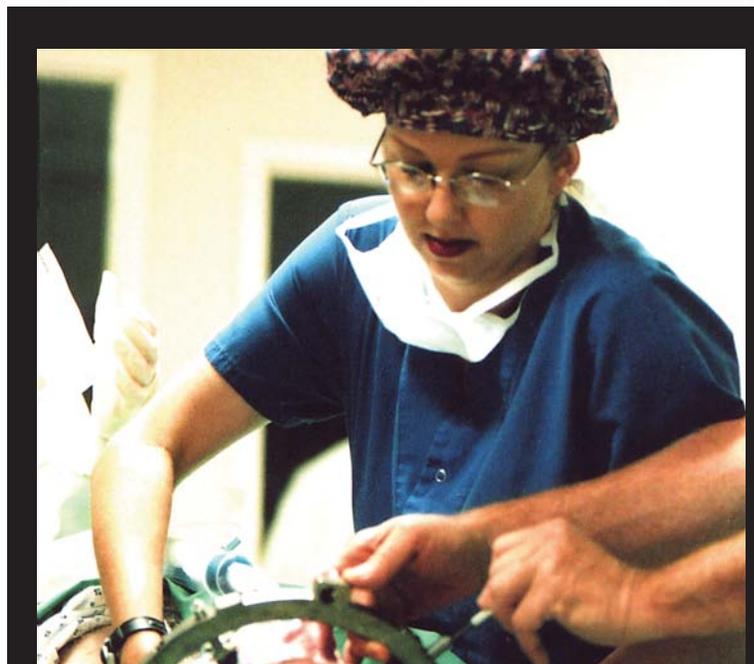
"Considering our central location and the number of small communities within driving distance, JRMCM has quickly become the regional referral center of choice in South Arkansas," Mrs. Hickman says. "Our census is always high and our nurses give 110% while they're on duty. Therefore, we work equally as hard to make their jobs as efficient as possible."

One new project that will simplify the daily nursing routine is the addition of the Eclipsys medical documentation system. "JRMCM is currently in Phase 2 of an implementation process that will computerize order

entry and clinical documentation," says Patrick Neece, Project Manager at JRMCM. "Automating these processes will save our nurses many hours of paperwork and allow the most current information, including patient results and physician orders, to be available at the patient's bedside."

JRMCM has also recently implemented a new salary plan that offers flexible scheduling and an extremely competitive pay scale. "Nurses can choose the work schedule that best fits their individual needs, and know that they will be generously compensated for it," explains

"JRMCM HAS QUICKLY BECOME THE REGIONAL REFERRAL CENTER OF CHOICE IN SOUTH ARKANSAS..."





Patricia Jackson, RN, JRMC's Nurse Recruiter. "The newly graduated RN can start at up to \$20 an hour, and new LPNs can begin their careers at up to \$14 an hour. There is also a shift differential of up to 18%, a weekend differential of up to 30%, and incentive bonuses of up to \$5,000 for RN's and up to \$1,000 for LPNs."

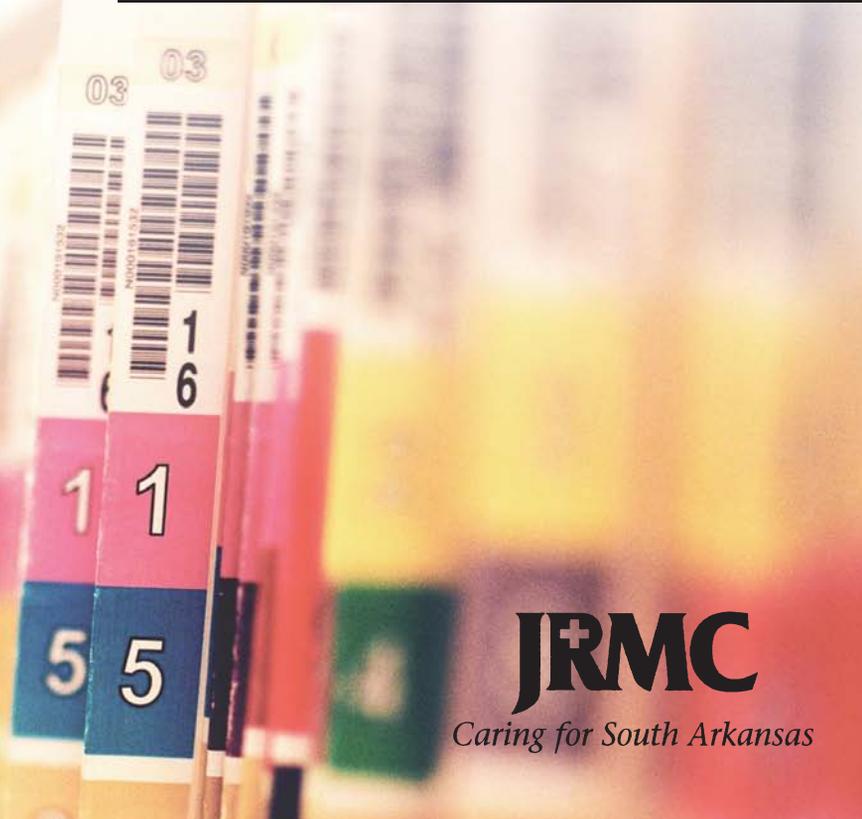
After six months of hospital experience, nurses are also eligible to participate in JRMC's in-house agency, which offers flexible scheduling. Referral bonuses are available for nurses who bring others into JRMC's family-like atmosphere.

Other benefits include three choices of medical insurance plans, two prescription drug plans, dental and vision coverage, life insurance, 401-K savings and retirement, and tuition reimbursement. And JRMC's on-site daycare facility makes it easier for working parents to provide affordable, convenient childcare while they are on the job.

"We want our nurses to provide the best care possible for their patients," says Louise Hickman, "and in turn, we do our best to care for them as employees."

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BOARD MEETING DATES

September 8 Disciplinary October 13 Board Retreat November 17 Disciplinary
 September 9 Business October 14 Disciplinary November 18 Business
The public is invited to attend ASBN Meetings. Groups of more than five should contact LouAnn Walker at 501.686.2704

important information

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 Little Rock, AR 72204

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Office Hours
 Monday thru Friday:
 8:00—12:00, 1:00—4:30

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LOST OR STOLEN LICENSE

A listing of all lost or stolen licenses can be found at www.arsbn.org. All reissued licenses will have duplicate stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.

continuing education

ASBN WORKSHOPS

The Arkansas State Board of Nursing and the Arkansas Nurse's Association (ARNA) are working together again this year to present workshops around the state on the *Nurse Practice Act of Arkansas*. Offered 9 a.m. to 4 p.m., each workshop awards 6.4 contact hours and costs \$45.00. Additional information about each workshop can be found on the ASBN webpage, www.arsbn.org.

Know Your Nurse Practice Act: Nursing Practice 2004

September 16 Harrison—North Arkansas Regional Medical Center
 October 8 Jonesboro—St. Bernard's Medical Center Auditorium
 November El Dorado—SouthArk Community College Library Auditorium
 December 1 Little Rock—St. Vincent's Center for Health Education



HIPAA—Just Exactly What Does That Mean?

I happened to be in a Judge's office, and while waiting to go in, his secretary told me that her church had quit publishing the names of the sick in their church newsletter in fear of violating someone's privacy rights. A church is not a health care provider as per the definition provided by HIPAA and could not be found guilty, but this new attempt to help guard people's private health care information has caused some mass hysteria.

HIPAA is the Health Insurance Portability and Accountability Act of 1996, which is what led to the Privacy Rules. These Privacy Rules are what have caused the health care industry to become so intense about the protection of a patient's private information. Ethically and morally, it has always been wrong to divulge someone's health information without permission, except for some very

"this new attempt to help guard people's private health care information has caused some mass hysteria."

compelling reason. Many states have laws to protect medical information of their residents. HIPAA is a federal attempt at guarding this private information.

At first glance, one can understand that when you read the punishment for releasing a person's private health care information, it could cause you to worry about what some inadvertent leak might do. Civil penalties can be upwards of \$25,000 per violation, and criminal penalties can be from one to ten years in prison.

Congress was to establish standards and requirements for the electronic transfer of private health information; however, when they failed to do so by 1999, the Department of Health and Human Services developed the Privacy Rules. They went a few steps farther by not only developing comprehensive regulations to control disclosure of protected health information, but also adding regulations for the electronic transfer of all private health information and formatting a plan of national identifiers.

Entities subject to HIPAA Privacy Rules (called covered entities) include health plans, health care clearinghouses, and health care

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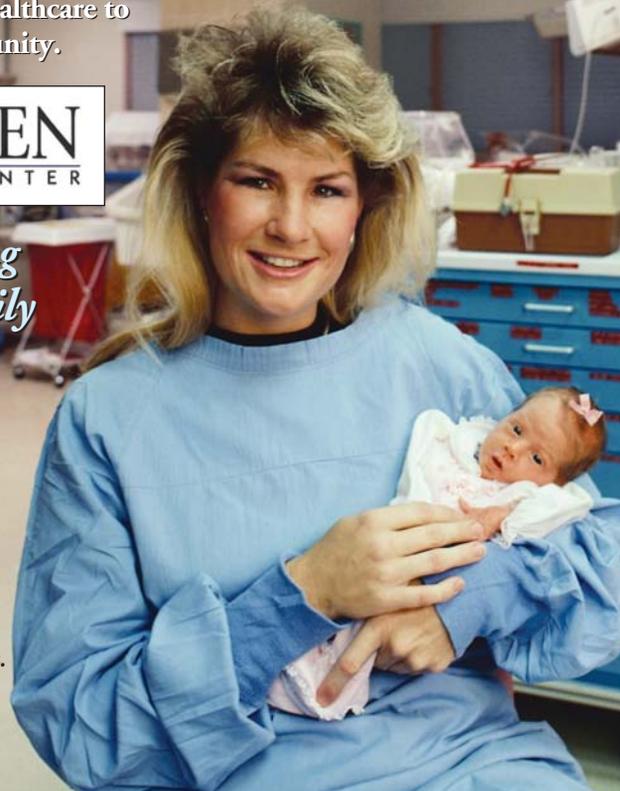


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providers if they transmit health information electronically in connection with a standard transaction. The Privacy Rules require covered entities to adopt comprehensive privacy policies and procedures to safeguard protected health information and to inform and preserve the rights of the individuals who are the subjects of Protected Health Information. PHI is any information that may identify an individual and relates to the past, present, or

"HIPAA doesn't change any Arkansas laws relating to medical privacy but provides a baseline for medical privacy that can be further tailored at the state level."

future physical or mental health condition of that individual; the provision of health care to that individual; or the past, present, or future payment for such health care.

The central requirement of the Privacy Rules is that a covered entity may not use

or disclose PHI, except as authorized by the patient or permitted or required by the Privacy Rules. A covered entity may use or disclose PHI without written consent or authorization from a patient only to carry out treatment, payment, or health care operations. Health care operations are defined as certain business activities that include obtaining legal, accounting, or practice management services; performing quality assurance, utilization review, or internal auditing; and providing for educa-

tional or training programs. HIPAA doesn't change any Arkansas laws relating to medical privacy but provides a baseline for medical privacy that can be further tailored at the state level.

The Department of Health and Human Services is taking enforcement of HIPAA seriously and is already investigating multiple complaints. If more people understand the purpose and requirements for HIPAA, it won't be as frightening to the health care providers.

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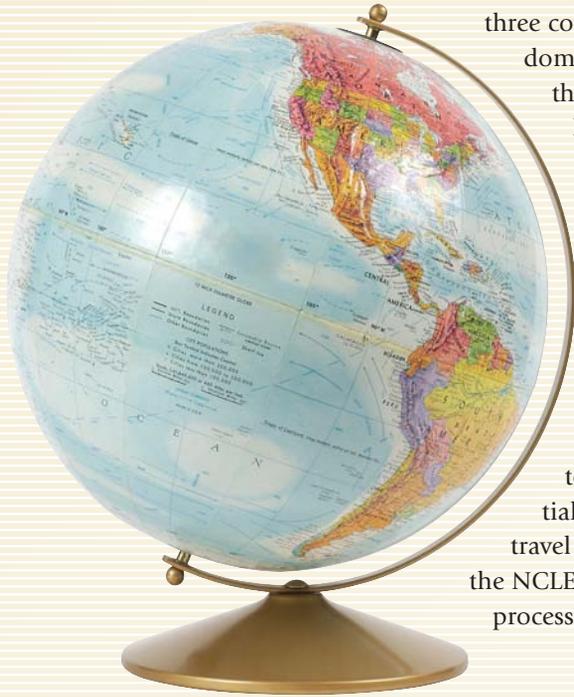
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NCSBN Selects First Three Countries to Offer NCLEX® Abroad



The National Council of State Boards of Nursing (NCSBN) has selected the first three countries for purposes of offering the NCLEX® examinations abroad for domestic nurse licensure purposes. NCSBN's Board of Directors affirmed the decision at its May meeting upon recommendation from the NCSBN Examination Committee. NCLEX testing is expected to begin January 2005 in Seoul, South Korea; London, England; and Hong Kong.

The selection criterion included security and geographic representation outside of the current member board of nursing locations. The countries selected were highly rated against this criterion. Additionally, Pearson VUE, NCSBN's contracted partner in delivering the NCLEX, concurs with the initial selection of countries. Pearson VUE believes it can implement testing in the three initial countries according to the timeline and criteria.

President Donna Dorsey summarized by saying, "NCSBN intends to pilot this initiative by offering the NCLEX abroad so nurses potentially interested in becoming a licensed nurse in the U.S. can minimally travel to have a chance at passing NCLEX." International administration of the NCLEX will not contradict or circumvent any current board of nursing process or requirement.



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When are you practicing nursing?

The practice of nursing is defined in the *Nurse Practice Act of Arkansas, ASBN Rules and Regulations*, and in various position statements approved by the Board. For the most part, nurses know that providing direct, hands-on care is the practice of nursing. Frequently nurses will answer “No” to questions regarding whether they have been practicing nursing while their licenses are expired when, in fact, they have been working as a nurse.

Among other requirements, nursing education program directors, faculty, assistant clinical instructors, and preceptors are required by *ASBN Rules and Regulations* to hold unencumbered nursing licenses. When teaching students in the classroom or supervising students in the clinical setting, the nurse is using the knowledge, skills, and judgment gained through professional education and nursing experience. When developing curriculum, the nurse uses nursing knowledge, skills, and judgment. Program directors may not have specific classroom or clinical duties but use their nursing knowledge, skills, and judgment to direct the program, make administrative decisions regarding the program, and ensure that faculty are performing appropriately.

Nurses who work in healthcare clinics may be working with unlicensed personnel who perform many of the same duties as the nurse. Physicians may tell the nurse and unlicensed person they are working under the physician’s direction, and a license is not necessary. However, the ASBN has the sole authority to determine which acts require the knowledge and skills described in the definitions of the practice of nursing contained in A.C.A. §17-86-203 (1) – (8).

Individuals are practicing nursing and must hold a nursing license if they:

- Are referred to as nurse, LPN, RN, or any other name, title, or initials that would cause a reasonable person to believe the user is licensed under the *Nurse Practice Act*, A.C.A. §17-86-104 (a)(1)(D)(i)-(vii).
- Perform any of the tasks that are listed in the *ASBN Rules and Regulations* Chapter Five, Section E. These tasks include but are not limited to:
 - o Assessments which require nursing judgment, intervention, referral, or follow-up (telephone triage may include assessment and/or judgment).
 - o Client health teaching and health counseling.
 - o Administration of any medications or intravenous therapy, including blood or blood products.
 - o Receiving or transmitting verbal or telephone orders to nurses. (This includes nurses in other facilities, such

as but not limited to, hospitals and nursing homes.)

- Using the knowledge, skills, or judgment learned in a nursing program, through nursing experience, or through nursing continuing education.

The Arkansas Department of Health, Office of Long Term Care, and other regulatory agencies require that a licensed nurse fill certain positions such as director of nursing, chief nursing officer, vice-president of nursing, or other nurse manager roles. In addition, the Joint Commission on Accreditation of Healthcare Organizations recognizes the importance of having nurses directing nursing care. Regardless of title or level of management, if the person makes decisions that affect how nursing care is carried out in the facility or if they are directing those who carry out the nursing care, they are practicing nursing.

When are you practicing nursing?

“Physicians may tell the nurse . . . a license is not necessary. However, the ASBN has the sole authority to determine which acts require the knowledge and skill described in the definitions of the practice of nursing contained in A.C.A. §17-86-203 (1) – (8).”

- Any time you perform a task defined by the ASBN as the practice of nursing.
- Any time you use the knowledge, skills, and judgment obtained through a nursing program, through nursing experience, and/or through nursing continuing education.
- Any time the job description requires the person to hold a valid nursing license.
- Any time decisions made by you direct or affect nursing care.

Nurses who renew their nursing license after the expiration date are asked if they have practiced nursing after their license expired. If this question is answered “No” and the Board receives evidence that this is a false declaration, disciplinary action may be taken for dishonesty in completing the license renewal application. It is better to err on the side of caution. If you are not sure, answer yes and give enough information in the description of the work you perform for the staff to determine if it is or is not the practice of nursing.

by Georgia Manning Lewis
Director of Advanced Nursing Practice



APN Licensure in Arkansas

Arkansas is a dual-licensure state – you must hold a registered nurse license from Arkansas or another compact state to obtain an advanced practice license. The other requirements for APN licensure include completion of a graduate advanced practice nursing education program and Board-approved national certification. Prior to January 1, 2003, a master's degree was not required, and there are some Arkansas APNs who completed nurse practitioner programs that awarded certificates.

APNs endorsing into Arkansas must meet the same requirements as initial applicants. If they do not hold a master's degree, they must provide evidence that they met the ASBN educational and certification requirements in effect at the time of their initial APN licensure in another jurisdiction. For example, if they were licensed initially as APNs but did not hold national certification at the time of licensure as an APN in the other state, they would not meet ASBN Rules and Regulations for endorsement.

TEMPORARY PERMITS

An APN temporary permit may be issued to an applicant for initial APN licensure or to an endorsement candidate. A license to practice in Arkansas and a state criminal background check is required for both. A transcript from a graduate, advanced practice education program and verification of acceptance to sit for the first available, Board-approved certifying exam is required for the initial temporary permit. The permit becomes invalid when the applicant or the Board is notified that the exam has been failed. For the endorsement temporary permit, notarized evidence of an advanced practice license in another state and Board-approved national certification is required. Permits may be valid up to six (6) months and immediately become invalid with an unfavorable FBI check.

APN LICENSURE AND THE NURSE LICENSURE COMPACT

The Nurse Licensure Compact (NLC) includes only RNs and LPNs/LVNs at this time. An Arkansas APN license may be issued on a compact state RN license as long as the nurse's primary state of residence remains a compact state. After establishing residence in Arkansas, the APN must obtain an Arkansas registered nurse license within thirty (30) days or both the RN and APN licenses become invalid.

For example, an RN living in Texas obtains a CRNA license in Arkansas, based on the compact state (Texas) RN license, and works in Arkansas several years before deciding to move here. This APN buys a home, relocates, obtains an

Arkansas driver's license, and registers to vote in Arkansas. The nurse can work on the Texas NLC RN license for a period of thirty (30) days after moving to Arkansas. (The determination of primary state of residence includes, but is not limited to, the above examples of residence, driver's license, and voter registration.) An RN license is required for APN licensure, so the APN license expires immediately when the RN license became invalid. Besides being subject to disciplinary action by the Board for working on expired licenses, there may be third party payor reimbursement issues.

An upcoming issue of ASBN Update will feature advanced practice nurses and include information on prescriptive authority.

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Medication And The Elderly:

The Pitfalls Of Polypharmacy

by Ann Riggs

The goal of pharmacotherapy is to balance safe and effective therapy with the potential for complications. The elderly are at higher risk because of increased sensitivity to drugs, increased exposure to multiple medications, and age-related conditions that can make drug therapy more complicated. In the nursing home, polypharmacy is a problem of serious societal and individual magnitude. Drug-drug, drug-age, drug-condition, and drug-cost interactions are particularly important to consider when prescribing for this population.

What is polypharmacy?

Polypharmacy literally means "many drugs," but it is more than an excessive use of medications. It can include the use of medications with high potential to cause harm, duplication of drugs, or use of a medication without a true indication. Polypharmacy is common among the elderly, who constitute 13% of the population, yet consume 30% of prescription medications and 40-50% of over the counter medications.

Homebound elders on average take 4-5 medications, whereas frail elders in nursing homes average 6-8 medications. It is not rare for a senior to receive as many as 20 medications.^{1,2}

Polypharmacy is especially problematic in the long-term care setting. Inappropriate medications or dosage, inadequate monitoring, or excessive numbers of medications often cause drug-drug interactions or drug-condition interactions. Age-related changes lead to high initial peak concentrations of a drug, increased bioavailability, and prolonged clearance of lipid soluble drugs, as well as decreased excretion of renally excreted drugs, all of which can increase the risk for adverse drug reactions. Elderly patients also may be more sensitive to certain classes of medication and have less reserve to bounce back from toxicity

or to tolerate side effects.

When treating one condition, prescribers must consider whether any other condition could cause an increased risk of drug-related toxicity. Two examples of such drug-condition interactions include the use of anticholinergics in patients with urinary retention or glaucoma and beta-blockers in patients with asthma and diabetes.

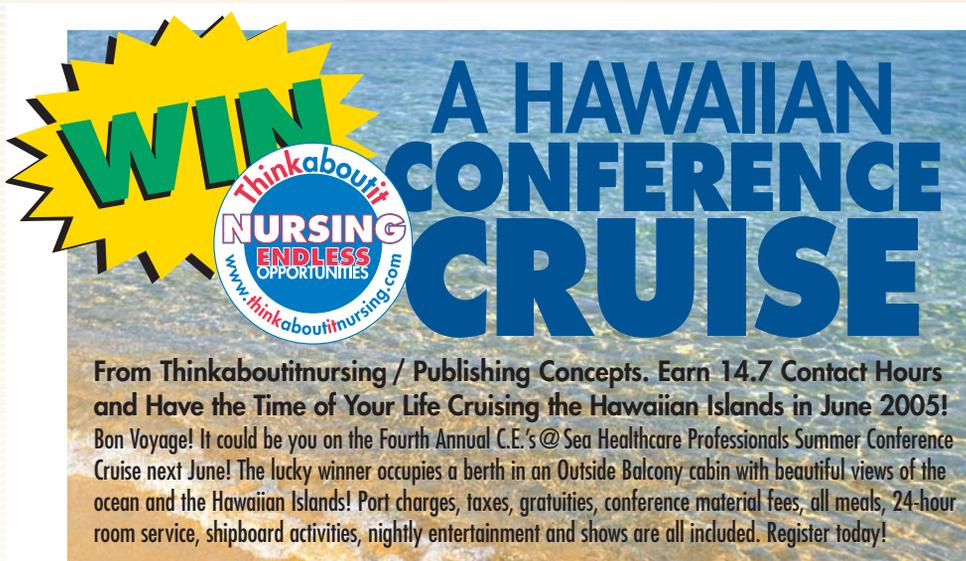
New guidelines

New guidelines for medication use in the nursing home were passed into law as part of the Nursing Home Reform Act in the 1987 Omnibus Reconciliation Act regulating use of psychopharmacologic drugs and requiring justification for appropriateness of drug use and appro-

priate monitoring. Consultant pharmacists are required to review all residents' drug regimens for safety and appropriateness of use.

The Centers for Medicare & Medicaid Services has issued a set of new quality indicators designating a maximum of 9 medications that any one resident should receive. Unnecessary drug use is classified as (i) an excessive dose or duplicate therapy; (ii) use for an excessive duration; (iii) use without adequate monitoring; (iv) use without appropriate indications; or (v) unmodified use in the presence of adverse consequences, which indicate the dose should be reduced or discontinued.

Drugs likely to adversely affect certain geriatric conditions³ are listed as inappro-



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appropriate unless the provider gives justification for risk versus benefit. The guidelines also specify maximum dose, indication, and duration of use for benzodiazepines, hypnotics, barbiturates, and antipsychotic drugs.

The bottom line

The goal for frail elders with declining health and functional status should be to prolong quality of life, not to prevent disease; thus one should carefully weigh the risks against the benefits of drug therapy. If a drug will have only a minimal effect in improving quality of life, it should not be used.

Dr. Ann Riggs is a consultant for the Arkansas Foundation for Medical Care. An associate professor of geriatrics at the University of Arkansas for Medical Sciences, she directs the division of long-term care in the Donald W. Reynolds Department of Geriatrics.

The Arkansas Foundation for Medical Care is the Quality Improvement Organization for Medicare and Medicaid in Arkansas. AFMC works collaboratively with providers, community groups and other stakeholders to promote the quality of care in Arkansas through evaluation and education. For more information about AFMC quality improvement projects, call 1-877-375-5700. This material was prepared by Arkansas Foundation for Medical Care (AFMC) under a contract with the Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.

Avoiding pitfalls

1. Avoid the "prescribing cascade": treating the complication of one drug with another drug.
2. Know geriatric principles. Elderly patients have less reserve and are unable to compensate.
3. Keep in mind that polypharmacy increases drug-drug, drug-disease, and drug-age interactions.
4. Understand pharmacokinetics and pharmacodynamics: Start low and go slow.
5. Monitor for adverse drug reactions.
6. Consider trial of medication reduction or discontinuation.
7. Review the cost burden of polypharmacy.
8. Know the LTC regulations for psychiatric medications and work with the consultant pharmacist.

References:

1. Wayne SJ. Longitudinal prescribing patterns in a nursing home population. *J Am Geriatr Soc.* 1993;40:53-56.
2. Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. *Vital Health Stat* 13. 1989;No. 97. DHHS publication (PHS) 89-1758.
3. Beers MH. Explicit criteria for determining potentially inappropriate medication use by the elderly: an update. *Arch Intern Med.* 1997;157:1531-1536.

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Q&A



by Sue Tedford
Director of Nursing Education

Q Do I need to call the Board of Nursing to make sure each continuing education activity will count toward license renewal?

A No. You can determine for yourself if the continuing education activity meets ASBN guidelines. Each continuing education activity must:

- be at least fifty minutes (one hour) in length,
- list nursing in the target audience, be practice-focused, and be approved by an approval organization listed on the ASBN Approved Approval Body list. (See www.arsbn.org for complete list.)

Q I want to attend a workshop, and I cannot find the name of the provider of this program on the Approved Approval Body list. Does this mean that I cannot use this program as continuing education?

A The Approved Approval Body list is not a list of organizations that provide continuing education; it is a list of approval (or accrediting) organizations. Each continuing education activity should have an accreditation statement similar to, "This activity has been approved for ___ contact hours by [name of an approval organization]...". If the approval organization is on the Approved Approval Body list and

"The ASBN staff reviews advanced training programs to determine if they meet ASBN guidelines. If the guidelines are met, the ASBN staff determines how many contact hours will be allowed for each course."

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Walk the Talk



A summary of one of the topics addressed at the American Medical Association's annual meeting in June 2004 is presented below.

OBESITY: At a brainstorming session to set the agenda for an AMA meeting on obesity this fall, Dr. Michael Fleming, a Shreveport, LA, family physician and president of the American Academy of Family Physicians, urged his colleagues to confront the nation's obesity epidemic by first addressing their own weight problems, the AP/Las Vegas Sun reported. Fleming, who told the crowd that he is obese, said he would set an example by wearing a pedometer and walking 10,000 steps a day, in accordance with AAFP recommendations for obese patients.

meets the criteria above, it is acceptable. If there isn't an accreditation statement, there is a chance that it hasn't received accreditation, and you would need to contact the company that is promoting the continuing education activity for clarification.

Q What types of educational activities do not count for license renewal?

A Inservices, refresher courses, orientation programs, and courses designed for lay people are not acceptable as continuing education.

Q I am enrolled in three college courses that are prerequisites for my nursing degree. Will these courses count as continuing education?

A No. General education courses such as English, nutrition, and physiology will not count. Nursing courses will count as continuing education. Also, you must obtain a grade equivalent to a "C" or better.

Q I am enrolled in an advanced training course for neonatal nurses called S.T.A.B.L.E. Do I get any contact hours for this course?

A The ASBN staff reviews advanced training programs to determine if they meet ASBN guidelines. If the guidelines are met, the ASBN staff determines how many contact hours will be allowed for each course. The advanced training courses have been approved for the following contact hours listed.

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F.A.Q. Regarding the Nurse Licensure Compact (NLC)

Q What is mutual recognition model?

A The mutual recognition model of nurse licensure allows a nurse to have one license (in the nurse's state of residency) and to practice in other states, as long as that individual acknowledges that he or she is subject to each state's practice laws and discipline. Under mutual recognition, practice across state lines is allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. In order to achieve mutual recognition, each state must enter into an interstate compact, called the Nurse Licensure Compact (NLC).

Q What determines primary residency for licensure proposed in the NLC?

A The Nurse Licensure Compact Administrators (NLCA) defined primary residence in the compact rules and regulations. Sources used to verify a nurse's primary residence for the NLC may include, but are not limited to, driver's license, federal income tax return, or voter registration.

Q How does the NLC address the varying scopes of nursing practice as authorized by each NLC state?

A The NLC provides that the nurse is held accountable for complying with the nursing practice laws and other regulations in the state where the patient is located at the time care is rendered. This accountability is similar to the motor vehicle driver (driver's license compact) who must obey the driving laws in the state where he or she is driving. In fact, all nurses are accountable for this; it is not unique to the NLC.

Q How do violations get reported and/or processed in the NLC?

A Complaints in a nonresidency compact state concerning a violation that occurred would be processed in the state the violation was reported to have occurred, and the action taken would also be reported to the state of residency. For example, the state of practice may issue a cease and desist order to the nurse, and the state of residency may also take disciplinary action against the licenses of that nurse. Many states choose to investigate the complaint in the state in which the incident occurred and transfer that information to the licensing board for action, so it is taken on the licensee only once.

Q If a nurse lives in an NLC state and obtains a license in a non-NLC state, must the nurse give up the license from the NLC state?

A No. The license from the NLC state where the nurse resides allows the nurse to practice in all states party to the NLC. The license obtained from

the non-NLC state allows practice in just that state.

Q Is there a time requirement for applying for a new license in a new state of residency (an NLC state)?

A According to the NLC rules and regulations, a nurse changing primary state of residence from one party NLC state to another may continue to practice under the former state license if (including the NLC privileges) processing of the nurse's new licensure application in the new state of residency does not exceed 30 days.



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Nurse Licensure Compact

The mutual recognition model of nurse licensure allows a nurse to have one license (in his or her state of residency) and to practice in other states (both physically and electronically), subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted.

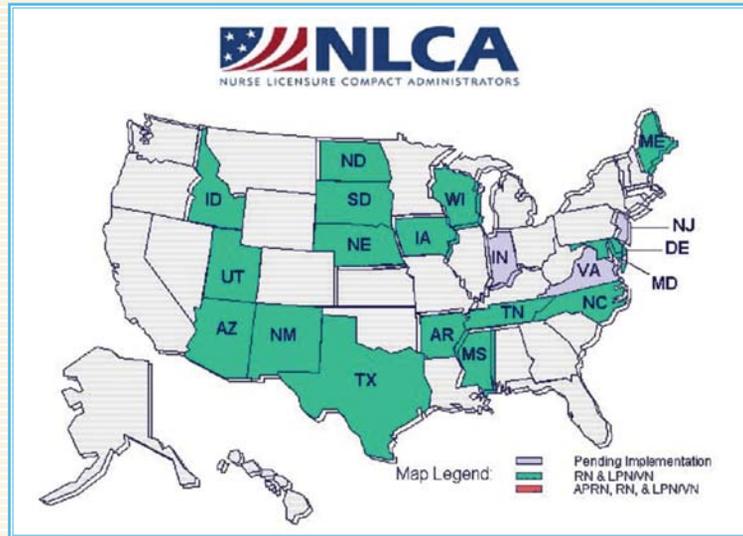
In order to achieve mutual recognition, each state must enact legislation authorizing the Nurse Licensure Compact. States entering the compact also adopt administrative rules and regulations for implementation of the compact.

Once the compact is enacted, each compact state designates a Nurse Licensure Compact Administrator to facilitate the exchange of information between the states relating to compact nurse licensure and regulation. On January 10, 2000, the Nurse Licensure Compact Administrators (NLCA) were organized to protect the public's health and safety by promoting compliance with the laws governing the practice of nursing in each party state through the mutual recognition of party state licenses.

Since 1998, the compact has included registered nurses (RNs) and licensed practical or vocational nurses (LPN/LVNs). On August 16, 2002, the NCSBN Delegate Assembly approved the adoption of model language of a licensure compact for advanced practice registered nurses (APRNs). Only those states that have adopted the RN and LPN/VN Nurse Licensure Compact may

implement a compact for APRNs. On March 15, 2004, Utah was the first state to enter the APRN Compact.

Current Nurse Licensure Compact States are Arizona, Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, New Mexico, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah, and Wisconsin. Pending implementation are Indiana, New Jersey, and Virginia.



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Disciplinary Actions—May, June 2004

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

Each individual nurse is responsible for reporting any actual or suspected violations of the *Nurse Practice Act*. To submit a report 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

Adams, Cynthia Marie Osborn
L29873, Banks
(a)(6), CP \$600

Almstrom, Anne Elizabeth Miller
L41301, Benton
(a)(4)&(6), CP \$500

Armijo, Kathy Renee Pyle
R69715, L34978(exp), Fort Smith
(a)(6)

Bahan, Mary Dolores Young Dycus
R42049, Greenbrier
(a)(6), CP \$1,000

Burnside, Christy Renee Cope Crisp
R50205, P01518, Jonesboro
(a)(4)&(6)

Carter, Susan Jeanette Burton
L38399, Valley Springs
(a)(6)

Dancy, Madgerylene Denise Keaton
L11071, Little Rock
(a)(6), CP \$700

Davis, Amy Nicole
R64211, Fayetteville
(a)(6), CP \$800

Earnest, Mary Katherine
L23115, Rogers
(a)(4)&(6), CP \$800

Gunn, Sherry Lynn Little Goggans
Ashcraft
L32706, Monticello
(a)(6), CP \$600

Laliberte, Teresa Ann Warman
L31509, Hot Springs
(a)(6), CP \$800

Lee, Marilyn Joy Murray
R21996, Maumelle
(a)(6), CP \$800

Lewis, Katherine Burr
L35114, Benton
(a)(4)&(6), CP \$900

Lybrand, Micki Jo Brisbin
R4997, Bryant
(a)(6), CP \$600.00

Melton, Margaret Elaine Hooper
L16495, Batesville
(a)(4)&(6), CP \$900

Mereko, Tina Renee Cowin
L41614, Jacksonville
(a)(6), CP \$750

Patterson, Sunny Tenille Cole
R55348, Greenbrier
(a)(4)&(6), CP \$900

Pogue, Michelle Lynette
L42640, Little Rock
(a)(4)&(6), CP \$200

Ricketts, Melody Annette
R27860, De Witt
(a)(4)&(6), CP \$1,000

Sharp, Randall Floyd
T01221, Benton
(a)(4)&(6), CP \$500

Voss, Cynthia Lynn
R33189, Sherwood
(a)(6), CP \$600

White, Kimberly D. Wherry
R63822, L34491(exp), Pine Bluff
(a)(4)&(6), CP \$700

White, Nancy Joye
R59435, Scott
(a)(4)&(6), CP \$900

Williams, Gregory Leotis
R52643, Sherwood
(a)(6)

SUSPENSION

Brents, Patti Jo Lockridge Presley
T01175, Malvern
Probation Non-Compliance
CP \$500 plus \$175 balance

Canady, Lori Lynn Bates
R64708, Bryant
(a)(4),(6)&(9), CP \$1,000

Cawthon, John Wesley
R67012, Bentonville
(a)(4)&(6), CP \$1,375
Probation Non-Compliance

Clay, Brandi Nichole Hatch
L35964, Black Oak
(a)(4)&(6), CP \$1,000

Couey, Billy Ray
R31598, Springdale
(a)(4)&(6), CP \$1,000

Ford, James Daniel
R62699, Cabot
Probation Non-Compliance
CP \$500

Fritsch, Charles Henry
R56247, Gillett
(a)(4),(6)&(9), CP \$1,750

Kincaid, Caroline Ann
R44312, Little Rock
(a)(4)&(6), CP \$1,000

Limbaugh, Cindy Paige Gardner
R66439, L27878(exp), Sulphur Rock
(a)(4),(6)&(9), CP \$1,200

O'Neal, Charles Lester
R15988, Benton
(a)(4)&(6), CP \$1,500

Smith, Sharon Denise
R54625, Mabelvale
Probation Non-Compliance
CP \$500 plus \$280 balance

VOLUNTARY SURRENDER

Kolberg, Susan Marie
R44319, Little Rock

Shuler, Jay Sherwood
R28672, North Little Rock

Smith, Denetrice Janell Haynes
L22028, Jonesboro

Stone, Karen Michelle Cossey Skinner
R39710, Conway

Wells, Kathie Kaye Freeman
L28166, Alma

Wise, Buddy Wayne
R52645, Jacksonville

York, Barbara Jean Wolford
L32803, Heber Springs

REINSTATEMENTS WITH PROBATION

Kidd, Julie A.
R50405, Springdale
(a)(2),(4),(6)&(9), CP \$750

REPRIMAND

Burkett, Martha Ann Walls
L24009, Jacksonville
(a)(6)&(9), CP \$420

McKown, Patricia Louise
L06818, Beebe
(a)(6)&(9), CP \$420

Page, Rhonda Gail
L15915, Hasty
(a)(6)&(9), CP \$420

PROBATIONARY STATUS REMOVED

Lawson, Glenda Gay Davis
R32748, Fayetteville

Martin, Lydia Marie
T01698, Little Rock

WAIVER GRANTED

Brown, Lester B., Jr.
L25606, RN Applicant, Little Rock
Waiver granted followed by
Probation, CP \$500

OMITTED FROM LAST ISSUE

Salmon, Joyce Elaine
R16940, Little Rock
(a)(6), Suspension-1 year,
follow by 3 years Probation
CP \$1,000

**IMPOSTER
ALERT:**
**Erica Renee
Guillott/Leckner or
Emilio Jeremy
Fernandez-Cortez**



■ ASBN has received a complaint regarding Erica Renee Guillott, also known as Erica Leckner, posing as a nurse in the Hot Springs area.



■ Emilio Jeremy Fernandez-Cortez is also known as Jeremy Tilton. This imposter presents a forged nursing license to obtain employment at physicians' offices and in industries. He has worked primarily in the Northwest Arkansas area.

If you have information regarding these individuals, please contact Deborah Jones, Assistant Director of Nursing Practice at 501.686.2700.

ASBN HOT CHECKS NOTICE

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 Darla Erickson at 501.686.2705 if any are employed in your facility.

Bradley, Rosa Marie	L16658
Daniels, Lonnie Denune	L40638
Shaheed, Nathan	T01220
Sivils, June Elizabeth	L30290
Williams, Sally F.	L26287

\$\$\$NO CASH ACCEPTED\$\$\$

Please note that the Board of Nursing office no longer accepts cash payments for licensing and related services.

Licensure fees, publications, and other fees may be paid by a check, cashier's check, money order, or credit card.

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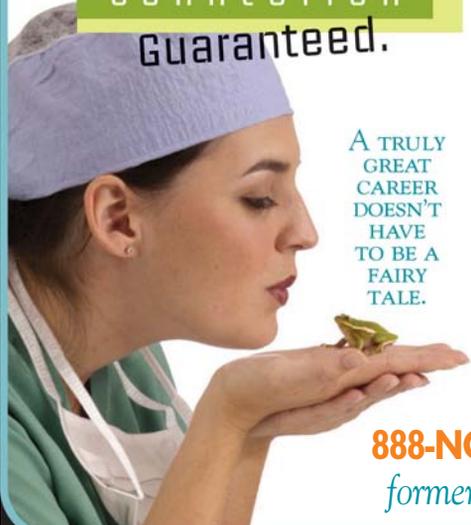
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