

Nebraska Nursing NEWS

Volume 25 • Number 4 / Fall 2008



Nurse Entrepreneurs

The 2008 National Council of
State Boards Annual Meeting



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PUBLISHED BY THE NEBRASKA
BOARD OF NURSING

Nebraska Nursing News
is published
quarterly by the
Nebraska Board of Nursing
301 Centennial Mall South
Lincoln, NE 68509
402.471.4376
fax 402.471.1066

<http://www.dhhs.ne.gov/crl/newsletters.htm>
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2008 Nebraska State Board of Nursing

Mary Bunger, RN
Joyce Bunger
Marcy Echternacht, RN
Nancy Gondringer, RN, CRNA
Crystal Higgins, RN
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Mary Megel, RN
Dawn Nickel, LPN
Donald Osentowski
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Nursing and Nursing Support Professional Staff

Charlene Kelly, RN, PhD
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Karen Bowen, RN, MS
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Addressed and mailed to every nurse licensed in
the state of Nebraska.

Nebraska Nursing News' circulation
includes over 26,000 licensed nurses
and student nurses in Nebraska.

Created by

Publishing Concepts, Inc.
Virginia Robertson, Publisher
vrobertson@pcipublishing.com
14109 Taylor Loop Road
Little Rock, AR 72223

For advertising information contact: **Victor Horne**
vhorne@pcipublishing.com
501.221.9986 or 800.561.4686

www.thinkaboutitnursing.com

Edition 18

Nebraska Nursing NEWS

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fall 2008

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Nancy Haberstitch, RN, MS,
President/CEO Nanobugs

Executive Director's Message



Happy fall! I am still working very hard part-time from home while I recover sufficiently to return to the office in Lincoln. I have managed to stay out of the hospital for over a month, which is a record since February. I can be reached by e-mail at Charlene.kelly@dhhs.ne.gov.

This issue, I am pleased to announce the Nebraska Board of Nursing has been offered funding in the form of a significant grant from the National Council of State Boards of Nursing. The Board of Nursing will be working with the Nebraska Nursing Leadership Coalition (NNLC) to develop a transition to practice program adaptable to large and small hospitals as well as long-term care facilities and perhaps other community-based facilities. Final negotiations on grant coordination and final award amount still need to be held. The NNLC is made up of the Nebraska Nurses Association, the Licensed Practical Nurses Association, the Nebraska Organization of Nurse Executives, the Nebraska Association of Deans and Directors and the Nebraska Board of Nursing.

In the 1990s, the Nebraska Nurses Association and the Board of Nursing conducted a statewide survey on transition to practice. The organiza-

tions that would become members of the NNLC responded to the survey. The NNLC has continued to meet to address issues of common concern. The transition program has remained in the long-range plan for the organization, but limited resources hampered the implementation of this much needed program.

The purposes of this project are: 1) to develop and pilot test transition curricula, including a training program for preceptors, 2) to identify barriers, facilitators and costs associated with implementation, and 3) to evaluate the effectiveness of the transition to practice program and desirability of widespread implementation.

Receipt of these grant funds is a significant accomplishment for the NNLC. Watch for updates on the implantation of this project in future issues of Nursing News.

Charlene Kelly



President's Message



“Remember, if you’re not at the table, you’re on the menu.” In his February 6, 2008, column, Al Kamen of *The Washington Post* got my attention with this quote from *Energy Alert*, a newsletter distributed to petroleum industry clients by their powerhouse law firm/lobbying operation. While the newsletter topic was climate change and the risks of legislation on climate change, the powerful quote also applies to nursing. Many of us can resonate with each position, both being offered a seat at the table and, at other times, feeling as if we were an item on the menu. I will focus on the importance of being seated at the table.

To be invited to the table, you have to get acquainted with the person or persons who will establish the guest list. Professionally, we make acquaintances from our participation in various settings—at work, in professional organizations, on task forces, committee membership, and community activity. One’s attitude while involved in these settings is extremely important. Being positive and enthusiastic, demonstrating willingness to work cooperatively for the common good, and to share positive recognition with others are attitudes and attributes which will make you a desirable dinner guest.

After the invitation is extended, preparation for the dinner includes deciding what to wear. You need to dress the part and be consistent with the expected dress code. For example, you would not want to call negative attention to yourself by making a personal fashion statement by dressing for comfort in a t-shirt and sweats or pajama bottoms while others will be

wearing business casual attire. Behavioral considerations when invited to the table include basic manners. Come prepared to attentively listen to others, and take time to feel your way into the group as you selectively contribute to the conversation. Remember to graciously thank the hosts for inviting you.

On a personal level, two items for you to ponder include: 1.) Which “tables” are you involved in now? and 2.) Which additional “tables” would you like to be invited to in the future? I challenge you today to take initial steps toward getting invitations to the tables to which you aspire.

On a professional level, congratulations are in order to the newly formed Nebraska Advanced Practice Registered Nurse (APRN) Board. Our APRN Board recently applied for and received approval as a member board of the National Council of State Boards of Nursing (NCSBN). Nebraska nurses licensed as APRNs—515 certified registered nurse anesthetists, 23 certified nurse midwives, 86 clinical nurse specialists, and 777 nurse practitioners—will now have their voice in APRN regulatory issues and will be able to officially participate in APRN activities at the national level through NCSBN. Recognition as a member board at the NCSBN regulatory table is truly a wonderful honor, privilege and responsibility.

Marcy Echernacht

Nebraska Board of Nursing

Meeting Schedule 2008

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at <http://www.dhhs.ne.gov/crl/brdmtgs.htm>, or you may obtain agenda by phoning (402) 471-4376.

Day/Date	Time	Meetings	Location
Wednesday, October 15	1:30 p.m.	Board of Nursing Issues Discussion	Gold's Room 534
Thursday, October 16	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – most of meeting in closed session)	Gold's Room 534
	2:00 p.m.	Education Committee	Gold's Room 530
	2:00 p.m.	Practice Committee	Gold's Room 534
Thursday, November 20	8:30 a.m.	Board of Nursing	Midwest Cancer Center 17201 Wright St. Omaha, NE
Thursday, December 18	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – most of meeting in closed session)	Gold's Room 534

Gold's Building, 1050 N Street, Lincoln, Nebraska 68508

HAPPY BIRTHDAY NEBRASKA BOARD OF NURSING

The Nebraska Board of Nursing will be 100 years old in 2009.

To plan for the special year, the Board of Nursing has established a Centennial Committee to identify different activities that can be done throughout the year. The committee members are: Leota Rolls, chair; Iris Winkelhake, Ann Van Hoff, Judy Quinn, Sheila Ciciulla, Corrine Peterson, Teresa Hawk, Beth Furlong, Charlene Kelly, Dawn Frizell and Nancy Gondringer. Staff to the committee will be Karen Bowen and Sheila Exstrom.

If anyone is interested in joining the committee, please contact Sheila Exstrom at 402-471-4917 or at sheila.exstrom@dhhs.ne.gov.

The committee members will be having the first meeting with the Board of Nursing at the October board meeting.

If you have any suggestions to share with the committee, please forward those also.

SAVE THE DATE

The next nursing summit sponsored by the Nebraska Nursing Leadership Coalition is planned for March 19, 2009, in Kearney.

The topic is "The Addicted/ Impaired Nurse."

Watch for additional information in the next issue of Nursing News.

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Nebraska APRN Board newest member of the National Council of State Boards of Nursing

The National Council of State Boards of Nursing (NCSBN) recently expanded the membership to include APRN Boards. The Nebraska APRN Board applied for membership in the NCSBN and was inducted at the NCSBN Annual Meeting and Delegate Assembly held in Nashville, Tenn., August 5-8, 2008.

As a member board of the NCSBN, the APRN Board will have the opportunity to be involved in regulatory issues at the national level and have input in issues affecting advanced practice nurses.

Nebraska is the only state to have a separate APRN Board. The APRN Board was established in 1996 and regulated the nurse practitioners. New legislation that became effec-

tive in 2007 expanded the authority of the board to give them regulatory responsibility over all advanced practice nurses; nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists.

“Becoming an NCSBN member board is an honor. As demonstrated by the passage of the APRN Model Act/Rules and Regulations at the 2008 annual meeting, NCSBN’s commitment of time and resources to impacting the future of APRNs’ practice is ongoing. As a member, we plan to actively participate on issues and items directly connected to APRN practice. We thank both NCSBN and our own Charlene Kelly, Ph.D., RN, executive director, Nebraska Board of Nursing, for their vision in affording

APRN boards a more prominent role in NCSBN,” notes Brenda Bergman-Evans, Ph.D., APRN-NP, APRN-CNS, president of the Nebraska APRN Board.

Also created by a Delegate Assembly resolution in 2007 was the associate membership category. This provides for nursing regulatory bodies from around the world to join NCSBN as associate member boards and have the opportunity to dialogue regarding issues of common concern and share information and knowledge in a multicultural exchange of thoughts and ideas. At the Delegate Assembly in August, the College of Registered Nurses of British Columbia (CRNBC) was inducted as the first international associate member.

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“We are thrilled to add these two boards to our membership,” comments Laura Rhodes, NCSBN president. “The opportunity for national and international nursing regulators to come together in this way is very exciting. We look forward to their active participation and hope that many other nursing regulatory entities will join us in this vital endeavor.”

Nebraska APRN Board Members:

- Brenda Bergman-Evans, Ph.D., APRN-NP, APRN-CNS, president
 - Steven Wooden, APRN-CRNA, MS, vice president
 - Ruth VanGerpen, RN, MS, APRN-CNS, secretary
 - George Adam, M.D.
 - Terry Gee, M.D.
 - Stephen Jackson, MPH
 - Anita Jaynes, APRN-CNM, MS, MA
 - Michelle Knolla, M.D.
 - B. Josh White, JD
- Board staff: Karen Bowen, MS, RN, nursing practice consultant

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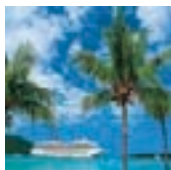
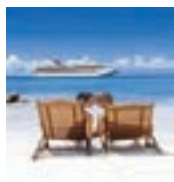
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Approved Nursing Programs – 2008

Name of School	Location	Administrative Contact*
<i>PN programs</i>		
Central Community College	Grand Island	Cindy Hadenfeldt
	Kearney	Colleen Quadhamer
	Columbus	Beverly Schreiber
Clarkson College	Omaha	Aubray Orduna
College of Saint Mary	Omaha	Diane Hughes
Kaplan University	Omaha	Carolyn Burg
	Lincoln	Pam Crocker
Metropolitan Community College	Omaha	Jolene Kotschwar
Mid-Plains Community College	North Platte	Diane Hoffman
Northeast Community College	Norfolk	Ann Oertwich
Southeast Community College	Beatrice	Crystal Higgins
	Lincoln	Mary Trumble
Western Nebraska Community College	Scottsbluff	Anne Hippe
<i>AD programs</i>		
Central Community College	Grand Island	Cindy Hadenfeldt
College of Saint Mary	Omaha	M.J. Peterson
Metropolitan Community College	Omaha	Jolene Kotschwar
Mid-Plains Community College	North Platte	Diane Hoffman
Northeast Community College	Norfolk	Ann Oertwich
Southeast Community College	Lincoln	Virginia Hess
Western Nebraska Community College	Scottsbluff	Ann Hippe
<i>BSN programs</i>		
Bryan/LGH College of Health Sciences	Lincoln	Kay Maize
Clarkson College	Omaha	Ellen Piskac, Aubray Orduna
Creighton University	Omaha	Eleanor Howell
	Hastings	Sharon Hayek
Methodist College	Omaha	Marilyn Valerio
Midland Lutheran College	Fremont	Linda Christensen
Union College	Lincoln	Jeff Joiner
University of Nebraska Medical Center	Omaha	Virgina Tilden, Sarah Thompson, Louise LaFramboise
	Lincoln	Kathleen Duncan
	Kearney	Steve Pitkin
	Scottsbluff	Sue Wilhelm

<i>RN to BSN Programs</i>		
College of Saint Mary	Omaha	M.J. Peterson
Nebraska Wesleyan University	Lincoln/Omaha	Jeri Brandt
<i>Master's Programs</i>		
Clarkson College	Omaha	Ellen Piskac
Creighton University	Omaha	Mary Kunes Connell
Methodist College	Omaha	Marilyn Valerio
Nebraska Wesleyan University	Lincoln/Omaha	Jeri Brandt
University of Nebraska Medical Center	Omaha	Connie Visovsky
College of Saint Mary	Omaha	Patricia Morin
<i>Master's Program—Nurse Anesthesia</i>		
Bryan/LGH College of Health Sciences	Lincoln	James Cuddeford
<i>Doctoral Program</i>		
University of Nebraska Medical Center	Omaha	Ann Berger

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The Center for Nursing Corner

Starting with this current issue of **Nursing News**, we will be providing a status report of the activities of the Center for Nursing.

As you may recall, the Center for

Nursing was established by the state Legislature in 2000 for the purpose of addressing issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of

nurses. The primary goals for the center are:

- (1) To develop a strategic statewide plan to alleviate the nursing shortage in Nebraska by:
 - (a) Establishing and maintaining a database on nursing supply and demand in Nebraska, including current supply and demand and future projections; and
 - (b) Selecting priorities from the plan to be addressed.
- (2) To convene various groups representative of nurses, other health care providers, business and industry, consumers, legislators, and educators to:
 - (a) Review and comment on data analysis prepared for the center;
 - (b) Recommend systemic changes, including strategies for implementation of recommended changes; and
 - (c) Evaluate and report the results of these efforts to the Legislature and the public.
- (3) To enhance and promote recognition, reward, and renewal activities for nurses by:
 - (a) Proposing and creating recognition, reward, and renewal activities; and
 - (b) Promoting media and positive image-building efforts for nursing.

The Legislature then renewed the statute in 2005 with a proposed ending date of 2010.

The representation of the sixteen member board is delineated in the statute, and the members are appointed by the governor. The current members of the board are:

Marilyn Valerio, chair, Steve Pitken, vice chair, Florence Brown, Lela Claussen, Linda Dulitz, Nolan Gurnsey, Sharon Hayek, Diane Hoffmann, Pamela List, Patricia Lopez, Judith McGee,

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Brendon Polt, Larry Rennecker, Terri Spohn, Carol Wahl and Mary Wendl.

The Board established the following Vision Statement: "There will be a sufficient supply of competitively compensated nurses providing leadership in care in a differentiated practice environment that consistently meets the needs of health care consumers in Nebraska." The center also established four goals to be accomplished. They are:

1. Increase recruitment of new nurses,

2. Increase retention of the current nursing workforce,
3. Increase enrollment capacity of the nursing education programs, and
4. Sustain the work of the Nebraska Center for Nursing.

In future issues of **Nursing News**, we will report the past accomplishments, the current issues and the future activities of the Center as it moves forward to meet these goals.

An Important Reminder

When the Uniform Credentialing Act becomes effective on December 1, 2008, all applicants for licensure will be required to provide proof of citizenship and/or immigration status. Please refer to the Nursing News (volume 25, number 3/summer 2008) to learn what documents will be acceptable as evidence of citizenship or immigration status.

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By Joyce Davis Bunger

Nurse Entrepreneurs

“There just HAS to be a better way! If only someone would invent something to make my role as a nurse easier!”

Today we are going to meet three Nebraska nurses who have made life easier for their colleagues. They are nurse entrepreneurs—with a little bit of genius, a lot of courage and determination, and nurses at heart.

Amy Hickman, BSN, recalls the constant frustration of untangling all the many tubes and lines on her little patients in the PICU at Children’s Hospital in Omaha. At times, it could take up to 45 minutes to straighten the lines to ensure the proper medications were being administered. In her mind, she designed the perfect gadget but didn’t have the slightest idea how to get started.

One day, while visiting her sister, she met her sister’s neighbor who just happened to own a plastics company. She told him about her idea, and he agreed to build a prototype. That was the beginning of the Hice Device! (Named after her sister because she introduced her to the neighbor! Also, her sister serves on her board of directors.) Today,



Amy Hickman, BSN, with the Hice Device

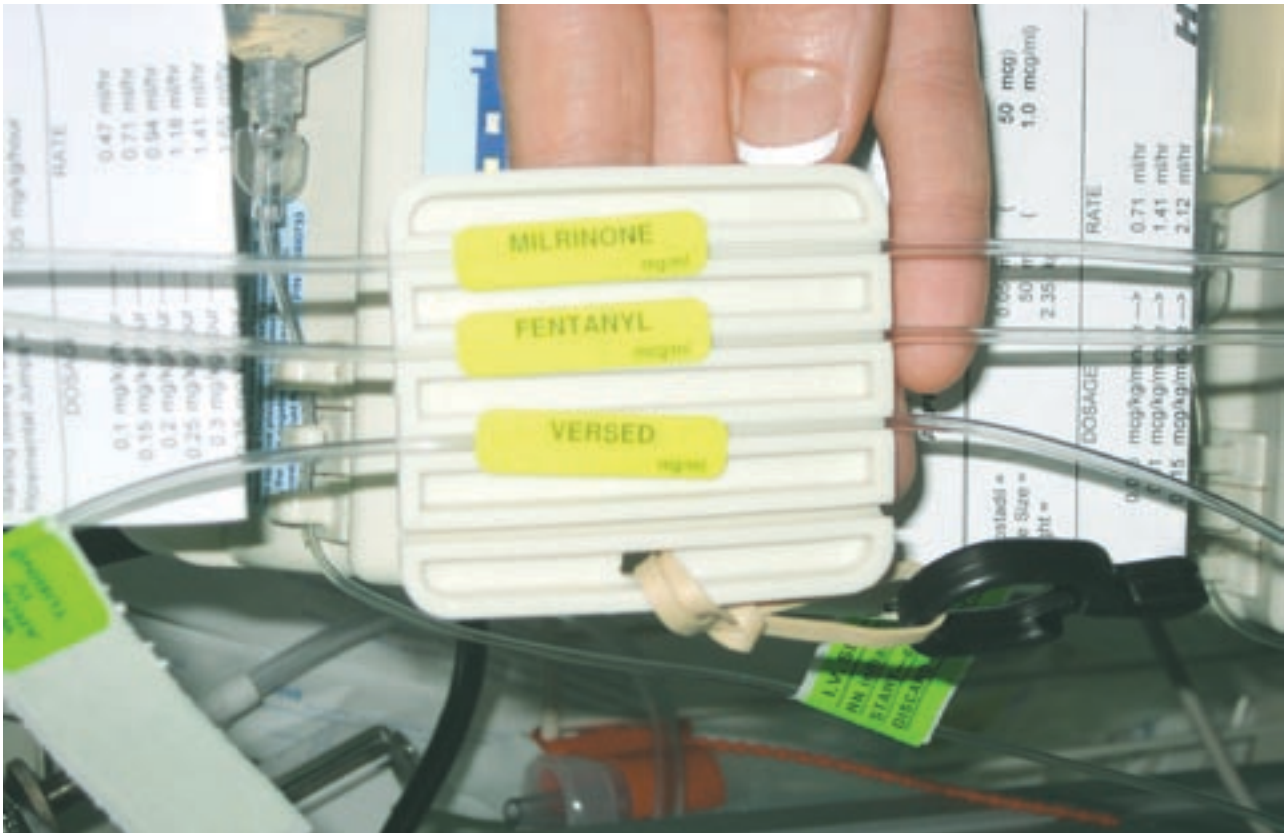
the Hice Device is being used at Children’s and is available to other hospitals for use through Frontier Medical Industries (frontierind.com).

“The Hice Device helps nurses in many ways,” said Hickman. “It helps them with time management, patient safety and makes lines so much easier to identify.”

Nancy Haberstick, RN, MS, was willing to sink her retirement into

starting her business, Nanobugs.

She refers to herself as an “infection preventionist,” a term unveiled at the International Conference of the Association of Professionals in Infection Control and Epidemiology. She created the Nanobugs, which are cartoon microbes that entertain and educate people of all ages about practical microbiology for the purpose of infection prevention and promoting health and well-being.



Hice Device

“With emerging pathogens and the incidence of infection increasing rather than decreasing, it seemed to me that we needed a fresh approach to the issues surrounding infection prevention – compliance with hand hygiene and immunization,” Haberstick said.

“I had an old poster on my home office wall of cartoon microbes from a 25-year-old campaign from a drug company. My grandchildren were always interested in the microbe characters and their names. I decided that if they can learn the genus and species of dinosaurs, they could learn the scientific names of the microbes. Grandson Ted was interested in Pokemon cards, and I decided that I could make a card collection of the microbes that would interest children and teach their mothers. Health professionals are never interested in the microbiology behind infection and control measures, and so I thought that a humorous approach might engage them.”

She humorously refers to her

entrepreneurship as the “afternoon of her career”—focusing on health promotion and infection prevention. She promotes the Nanobugs on her Web site (nanobugs.com).

Inventing new products is not without its challenges, with financing probably topping the list. Having a “rich uncle” would be nice; however, a good business plan and solid financing is critical. Professional organizations are also helpful as you explore, design and market.

Many universities offer classes or consulting for entrepreneurs. At Creighton University College of Business Administration, Dr. Anne York directs the Bioscience Entrepreneurship Program (BEP) that focuses on ways to commercialize and license health care-related technology and products.

“This summer, one of our BEP students (a first-year medical student) worked with Dr. Barbara Braden, creator of the Braden

continued on page 16

**REACH
RECRUIT
RETAIN**

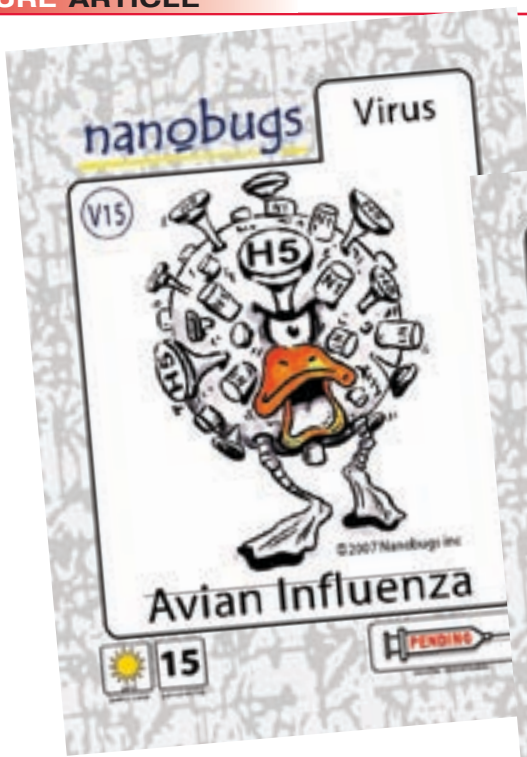


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continued from page 15

Scale, on various projects involving marketing Braden Scale-related products that coincide with opportunities created by changes in Medicare and Medicaid reimbursement regulations involving pressure sore treatment.”

Attorneys are required for patents or copyrights. According to Dr. York, this is a critical part of the process.

“Patenting, trademarking or copyrighting ideas can be very important, especially for inventions that are costly to develop. If you want to sell or license your invention to someone else, then you need to have protected it. Laws vary from country to country, but in the U.S., as soon as an idea is publicly disclosed, you only have one year to protect it by filing a patent. You need to protect your invention so that someone else can’t come along and patent it and use it in ways that you might not want them to. If you patent an item, you have control over how it is used.”

Dina Robinson and her sister Crystal are another “sister act” that invented something. They saw the need for an emergency body piercing-removal tool kit.

“Folks chuckle when they hear this ... but there is nothing humorous about it—removing piercings can be a real challenge and impede a person receiv-

ing health care in a timely manner,” said Robinson, working as an RN Informativist at Good Samaritan Hospital in Kearney.

“Body piercings need to be removed for many reasons – nipple and belly rings can interfere with being defibrillated; a tongue piercing can keep someone from getting an oral airway; if a person needs an MRI, and a surgical patient with a piercing can cause the grounded cauterizer to burn

through the piercing. These are just a few examples, but there are many medical implications.”

Robinson’s sister, Crystal, was a correctional nurse having trouble removing body piercings from inmates. They started to research how medical professionals handled body piercings in an emergency situation and how correctional facilities handled the removal of body piercings.

Just like Amy Hickman named the Hice Device after her sister, Dina Robinson and her sister coined

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the name of their company, SerRobCo Inc., after their last names. Crystal's last name was Serrano, and Dina's was Robinson—SerRob!

After one year of researching, they realized they needed to develop something to assist health care and correctional professionals with the quick removal of body piercings. They found a marketing firm that built prototypes of what was envisioned. The marketing firm also found the manufacturing companies that bid on manufacturing the products.

"We learned more than we ever wanted about customs, manufacturing and entrepreneurship," Robinson added.

Advertising and promoting is a very important part of getting the products to prospective customers. Our nurse entrepreneurs bought booths at interest-group conferences, traveled the country giving presentations, and used the services of marketing and advertising consultants. All said they rely on the Internet, direct marketing and just plain "word of mouth" to promote their products.

Fast forwarding six years, SerRobCo is a national corporation selling emergency body piercing removal kits all over the world and in every state in the United States.

They manufacture in Hong Kong



Dina Robinson, RN, SerRobCo, Inc.

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and Pakistan; yet, their corporate headquarters is a small house in the village of Elm Creek, Neb. Stories about SerRobCo have appeared on ABC, CBS, NBC and on the Associated Press.

What a wild ride for these sisters. SerRobCo was the first company in the world to invent an emergency body piercing removal tool kit.

"On a sadder note, my sister Crystal died March 27, 2005. Crystal and I had a dream, and I am glad that we had the time working together to fulfill our dream.

"Can you believe that two nurses from central Nebraska would be the first in the world with such an idea?" Robinson exclaimed.

Joyce Davis Bunger is Assistant Dean of Creighton University School of Nursing and a public member of the Nebraska Board of Nursing.

Licensure Actions

The following is a list of licensure actions taken between March 1, 2008, and May 30, 2008. Additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Robert Sisson, RN	6/4/08	Initial License Issued on Probation	Alcohol dependence. Misdemeanor convictions having a rational connection with fitness to practice the profession.
Debra Morgan, LPN	6/5/08	Censure Civil Penalty	Failure to report employment termination in accordance with the state mandatory reporting law.
Katherine Kujath, LPN	6/8/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.
Staci Douglass, LPN	6/9/08	Non-disciplinary Assurance of Compliance	Practice of the profession beyond the authorized scope.
Jill Morris (Lindgren), RN	6/10/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Misappropriating medications of a patient or agency.
Keith Trimm, LPN, LPN-C	6/12/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act that endangers patient safety and welfare.
Yvonne Kelly, LPN	6/13/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Departure from or failure to conform to the standard of acceptable and prevailing practice of the profession. Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.
Brenda Schnuelle, LPN	6/13/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Departure from or failure to conform to ... the ethics of the profession or occupation...
Kimberlee Evans, LPN	6/14/08	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with the state mandatory reporting law.
Melanie Moore, RN	7/7/08	Censure	Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a ... certificate ... by a person not certified to do so.
Linda Farr-Eastman, LPN	7/7/08	Censure	Practice of the profession beyond the authorized scope.
Amanda Rhoads, RN	7/14/08	License Issued on Probation	Dependence on alcohol and a controlled substance. Misdemeanor convictions having a rational connection with fitness to practice the profession.
Bryce Miller, RN	7/15/08	Censure Fine	Violation of previously imposed conditions of probation.
Sarah Nelson, RN	7/15/08	Suspension	Habitual intoxication or dependence. Conviction of a misdemeanor which has a rational connection with fitness to practice the profession.
Trisha Haenfler, LPN	7/15/08	Censure Fine Current Probation Extended	Violation of previously imposed conditions of probation.
Shanon Teahon, LPN	7/15/08	Suspension	Violation of the Uniform Controlled Substances Act-Acquire or obtain controlled substances by ... theft, misrepresentation, fraud.
Carol Cole, LPN	7/16/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice.
Kai Carlson, RN	7/18/08	Suspension Probation	Habitual dependence or dependence upon controlled substances. Violation of the Uniform Controlled Substances Act-Acquiring possession of a controlled substance by theft...
Cheryl Dolinski, RN	7/18/08	Suspension	Unprofessional Conduct-Improper use of payroll reporting.
Karen Lange, RN	7/18/08	Censure Probation	Unprofessional Conduct-Failure to exercise technical competence and utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare.
Lorella Murrow, RN	7/18/08	Revocation	Unprofessional Conduct-Failure to exercise technical competence and utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare. Failure to exercise supervision over persons authorized to practice only under the direction of a licensed professional. Failure to report employment termination in accordance with the state mandatory reporting law.
Kristen Rowlett, RN	7/18/08	Censure Fine	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare. Failure to maintain an accurate patient record. Failure to report employment termination in accordance with the state mandatory reporting law.

Alta Christensen, LPN	7/18/08	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Failure to exercise technical competence. Delegating and/or assigning nursing interventions contrary to the standards.
Chiara Gipson, LPN	7/18/08	Suspension	Habitual intoxication or dependence. Criminal convictions having a rational connection with fitness to practice the profession.
Teresa Mapes (Bennett), LPN	7/18/08	Voluntary Surrender in Lieu of Discipline	
Anita Metry, LPN	7/18/08	Suspension Censure	Unprofessional Conduct-Intentional falsification of material facts in a material document connected with the practice of nursing. Failure to report employment termination in accordance with the state mandatory reporting law.
Mary Reitz, LPN	7/18/08	Limitation	Unprofessional Conduct-Failure to exercise technical competence and utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to follow policies and procedures implemented in the practice situation to safeguard patient care. Failure to maintain an accurate patient record. Failure to seek consultation or direction from another licensed health care provider as warranted by patient condition.
Renee Charvat, LPN	7/21/08	Revocation	Habitual intoxication or dependence. Misdemeanor convictions having a rational connection with fitness to practice the profession. Failure to report misdemeanor convictions in accordance with the state mandatory reporting law. Misrepresentation of hours practiced on application for license renewal. Failure to furnish the Board or its investigator with requested information.
Nan Meyers, RN	7/22/08	Non-disciplinary Assurance of Compliance	Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a ... certificate ... by a person not certified to do so.
Ronda Surber, RN	7/24/08	Revocation	Violation of the Uniformed Controlled Substances Act Habitual intoxication or dependence. Misdemeanor convictions having a rational connection with fitness to practice.
Marcy Erickson, LPN	7/25/08	Current Probation Extended	Violation of previously imposed conditions of probation.
Kasey Harrison, LPN	7/25/08	Censure Fine	Misdemeanor conviction which has a rational connection with fitness to practice the profession. Dishonorable Conduct.
Shelly Terzich, LPN	7/25/08	Censure	Violation of previously imposed conditions of probation.
Barry Wycoff, LPN	7/25/08	Current Probation Extended	Violation of previously imposed conditions of probation.
Kathryn Lewandowski, RN	7/30/08	License Reinstated on Probation	Previous disciplinary action.
Lisa Mascher, LPN	8/12/08	Initial License Issued on Probation	Practice of the profession without a valid nursing license.
Judith Whitehill, LPN	8/13/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.
Vickie Blaisdell, RN	8/15/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.
Frances Clair, RN	8/15/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.
Teresa Johnson, RN	8/15/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety and welfare.
Jerrad Carranza, RN	8/19/08	Initial License Issued on Probation	Current probation of LPN license as a result of criminal conviction history.
Heather Fowler, RN	8/19/08	Initial License Issued on Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession.
Carrie Zamora, RN	8/19/08	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness to practice.
Mary Mays, RN	8/20/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record.
Christina Whybra, LPN	8/20/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record.
Joyce Clark, RN	8/21/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record.
Paul Gordier, RN	8/21/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Departure from or failure to ... the ethics of the profession...
Cheryl Dick, RN	8/22/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Practice of the profession outside its authorized scope.
Michelle Egan, RN	8/22/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to report disciplinary action taken by another state in accordance with the state mandatory reporting law.
Myesha Moore, LPN	8/25/08	Non-disciplinary Assurance of Compliance	Violation of previously imposed conditions of probation.
Linda Bomberger, LPN	8/26/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.
Constance Cameron, RN	8/28/08	Temporary License Suspension	Unprofessional Conduct-Practice of the profession while the ability to practice is impaired. Committing any act which endangers patient safety or welfare.
Marcia Donley, RN	8/28/08	Non-disciplinary Assurance of Compliance	Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.

The 2008 National Council of State Boards Annual Meeting

by Sheila Exstrom, RN, Nursing Education Consultant

The 2008 annual meeting of the National Council of State Boards of Nursing was held August 5-8 in Nashville, Tenn. As appropriate, with Nashville being Music City, U.S.A., the theme of the annual meeting was "Orchestrating the Future of Regulatory Excellence." This was also the 30th anniversary of the National Council.

Mary Bunger, RN, from Minden,

and Crystal Higgins, RN, from Beatrice, were the delegates from the Nebraska Board of Nursing. Unfortunately, because of a tornado that interfered with travel through Chicago, Mary and Crystal spent a couple of days at the O'Hare Airport in Chicago, returning back to Nebraska without actually getting to Nashville for the meeting. Marcy Echternacht, RN, Omaha, and Sheila

Exstrom, RN, Lincoln, stepped in as alternates and served as the Nebraska Delegates at the meeting. Brenda Bergman-Evans, RN, APRN, and Ruth Van Gerpen, RN, CNS, also attended the meeting representing the Advanced Practice Registered Nurse Board from Nebraska.

Some of the highlights of the meeting included election of new officers and board members. Laura Rhodes, the executive director from the West Virginia RN board, was elected president, and Nancy Bohr from South Dakota was elected as the new Area II director.

Those attending had the privilege of listening to some motivational/inspirational speakers. Ann Bancroft was the keynote speaker, sharing the lessons she learned as the first woman to cross the Antarctica landmass. Jeffrey Bauer, a futurist, spoke on the regulatory challenge of the future, and Glenn Regehr discussed self-assessment, self-direction, self-regulation and other myths. Corinne Dorsey and Joyce Schowalter, both retired members of the National Council of State Boards of Nursing, discussed their newly published book "The First 25 Years of NCSBN." We do have an extra copy of this book in our office. If anyone would like to borrow it, please contact our office.

There was also time to network with peers from across the country

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as there were area meetings as well as special interest meetings.

There were also some related "fun" times. The Tennessee Nurses Association hosted a reception at the Country Music Hall of Fame. The 30th Anniversary Gala was held on the General Jackson Showboat. Charlene Kelly was acknowledged at the gala for her twenty years as an executive officer of a state board of nursing. (See related article.) Marcy and Sheila were also guests of the Commission on Graduates of Foreign Nursing Schools and Vanderbilt University School of Nursing for a reception and dinner at the Gaylord Opryland Hotel. At this reception, the attendees were updated on the issues related to foreign educated nurses, foreign nursing programs and immigration requirements.

Of course, the most important activities occur in the forums and in the business meeting. In addition to

being updated on the many committee activities and accomplishments, the delegate assembly took action on those issues brought forward for their direction. Two of the forums that involved a lot of discussion/participation were the APRN Committee forum and the Faculty Qualifications Committee forum.

The actions taken by the delegate assembly included adoption of the following:

1. The proposed APRN Regulatory Model Act and Rules
2. The proposed revisions to the Education Model Rules
3. The proposed associate membership fee
4. A resolution to review the Uniform Core Licensure Requirements and report back to the 2009 Delegate Assembly
5. Accepted the Registered

Nurses of British Columbia (CRNBC) as an associate member of the National Council of State Boards of Nursing, and

6. Accepted the Advanced Practice Registered Nurse (APRN) Board of Nebraska as a member of the National Council of State Boards of Nursing. Congratulations to the board for this approval of membership.

As a post-script to the 2008 Delegate Assembly, congratulations are in order for Brenda Bergman-Evans and Marcy Echternaucht. The NCSBN Board of Directors have appointed Brenda to the Advanced Practice Committee and Marcy to the Transition to Practice Committee. Sheila Exstrom will also be serving for one more year as the chair of the NCLEX Examination Committee.

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The DNP is designed for nurses seeking a terminal degree in nursing practice and offers an alternative to research-focused doctoral programs. The DNP is a professional doctorate, such as a doctor of pharmacy, doctor of physical therapy or doctor of medicine.

► PREPARE FOR THE FUTURE NOW

A mandate for the transformation of care has been issued. While all levels of nurses will continue to be in high demand and play

important roles in health care delivery, it will be those that hold a Doctor of Nursing Practice who will be responsible for leading the evolution of the field.

“Creighton University School of Nursing DNP graduates will be equipped to provide the leadership. They will be competent in translating research into practice, evaluating evidence, applying research in decision-making and implementing viable innovations to change practice,” says Eleanor Howell, Ph.D., R.N., dean of the Creighton University School of Nursing.

Howell attributes the movement toward doctoral preparation to the increasing complexity of health care, expanded knowledge, as well as a move to doctoral preparations by other health professions, such as pharmacy, occupational therapy and physical therapy.

“Health care delivery is moving towards an interdisciplinary system with a team consisting of nurse, physician, pharmacist and other specialists delivering core care,” Howell says.



STANDARD

“Nurses with skills such as negotiation, mediation, facilitation, and dialogue techniques will be imperative.”

Through courses with Creighton University’s Werner Institute for Negotiation and Dispute Resolution, the most richly endowed program of its kind in the country, Creighton DNPs will be able to guide communication and teamwork, as well as shape policy on bioethics, patient safety and best practices.

► READY TO LEAD THE WAY

The DNP is designed for professionals that are eager to do more. **“I had been practicing as a nurse practitioner and teaching graduate students — very fulfilling and challenging endeavors — but I felt something was missing,”** said **Katie O’Keefe, DNP, APRN, assistant professor of nursing at Creighton University School of Nursing.** **“I wanted a more integrated practice experience. The DNP degree filled a gap in my nursing education.** As a DNP clinician, I feel that my practice is more innovative and evidence-based. As an educator, I feel even more prepared to encourage and mentor graduate students.”

DNPs will be prepared to seek a practice leadership role in a variety of settings — management of quality initiatives, executive in a health care organization, director of clinical programs, or a faculty position responsible for clinical program delivery and clinical teaching.

Creighton University School of Nursing is committed to working with DNP students to match a program of studies to their individual needs and career goals. And as the first in the state to offer this, students will no longer have to travel outside of the region to pursue their DNP degree.

“Creighton has always supported me in my educational goals,” says Creighton DNP student Joyce Sasse, a psychiatric nurse practitioner and clinical nurse specialist. “Fewer physicians are seeking degrees in the cognitive sciences, such as psychiatry, and DNPs will be able to fill the shortages.”

► THE CREIGHTON DIFFERENCE

Creighton University, founded in 1878, is on the forefront as one of the finest Jesuit, Catholic universities in the United States. We are sustained by our tradition, which seeks to educate women and men who are not only proficient in their professions, but enlivened with a spirit of service to create a more just world. We educate competent, compassionate and committed students who can become agents of change.

Creighton faculty members have clinical practices and conduct research to enhance teaching, to contribute to the betterment of society, and to discover new knowledge. Faculty and staff stimulate rigorous critical and creative thinking and provide ethical perspectives for dealing with an increasingly complex world.

Service and outreach experiences offered through our programs are an important hallmark of a Creighton education. Doctor of Nursing Practice graduates will be prepared to help build connections for better understanding and partner with all people, all communities and all societies in health care delivery and the shaping of health policy.

For more information, contact Erron Holland at (800) 544-5071 or nursing@creighton.edu.



Katie O’Keefe, DNP, believes that her practice is more innovative and evidence-based after completing the DNP program — making her an even better clinician than before.

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Q & A

Q ■ The facility where I work has several vacant nursing positions right now. We have been told that we will be expected to “float” to other units, including the ICU on a rotating basis. I have no experience in the ICU and feel very uncomfortable about the possibility of floating there. I know there are procedures I am not familiar with, and I also know the nurses who work there on a regular basis are very busy and may not have time to help the float staff. Am I expected to float to the ICU even though I have absolutely no experience there?

A ■ The Board of Nursing recently adopted an advisory opinion, *Safety to Practice: Temporary Reassignments, Floating*, that addresses your question. A nurse is responsible to be competent in the care they provide and is responsible to only accept assignments they are competent to perform.

Below is a copy of the advisory opinion. This and all advisory opinions can be found on our Web site, www.dhhs.ne.gov/crl/nursing/nursingindex.htm.

Safety to Practice: Temporary Reassignments, Floating

Licensed nurses are accountable for the care they provide and must have the appropriate knowledge and skills before accepting assignments or responsibilities. The Nebraska Nurse Practice Act states each nurse is directly accountable and responsible to the patient/client for the quality of nursing care rendered. Accepting an assignment and providing care without the appropriate knowledge and skills places both the recipient of the care and the licensed nurse in jeopardy.

It is the nurse’s responsibility to determine whether she/he is clinically competent to perform the nursing care required on a new unit or with a new patient population. If the nurse is not clinically competent to perform the care, she/he should not accept the patient care assignment. The nurse may accept a limited assignment of nursing care duties which utilize his/her currently existing clinical competence. The nurse’s license may be subject to discipline for accepting an assignment for which he/she is not competent to safely perform the intervention required by the assignment.

Nursing administrators, supervisors, and managers are responsible to assure appropriate and competent nursing care to patients/clients. Nursing administrators, supervisors, and managers are required to assign patient care only to nurses who are clinically competent. Nursing administrators, supervisors and managers are subject to discipline if they do not ensure assignment of clinically competent nursing staff.

The Board of Nursing encourages employers to take steps to provide adequate orientation and cross-training before reassigning licensed nurses to areas outside of their usual work assignment. Such orientation and cross-training must occur prior to the expected reassignment. If census problems require that nurses “float” to unfamiliar clinical settings, the nurse should be assigned to work with another licensed nurse who has the requisite knowledge and skills to provide the specialized care.

Advanced Practice Registered Nurse Credentials

by Karen Bowen MS, RN Nursing Practice Consultant

Recent changes in Nebraska statutes regarding the advanced practice nurse licensure credentials and credential changes from the American Nurses Credentialing Center (ANCC) have prompted many calls to our office.

The “umbrella bill” that went into effect July 1, 2007, changed the title advanced practice registered nurse (APRN) to include all advanced practice nurses: nurse practitioners, certified registered nurse anesthetists, certified nurse midwives and clinical nurse specialists. The new regulations, *Regulations Governing the Advanced Practice Registered Nurse*, provide the following definitions:

98-002 DEFINITIONS

APRN (Advanced Practice Registered Nurse) means a registered nurse who

holds a current APRN license as a certified nurse midwife, certified registered nurse anesthetist, clinical nurse specialist, or nurse practitioner.

APRN-CNM means a registered nurse who holds a current APRN license as a certified nurse midwife.

APRN-CNS means a registered nurse who holds a current APRN license as a clinical nurse specialist.

APRN-CRNA means a registered nurse who holds a current APRN license as a certified registered nurse anesthetist.

APRN-NP means a registered nurse who holds a current APRN license as a nurse practitioner.

These are licensure designations that refer to the APRN licensed in Nebraska. As the APRNs renew their licenses this fall, the new licenses will reflect the cur-

rent credential. Only an appropriately licensed APRN may use the above credentials.

Separate from the licensure designation is the certification credential. Many of the APRN-NPs and APRN-CNSs are certified through the American Nurses Credentialing Center (ANCC). APRNs that hold a certification from ANCC were recently notified of changes in their credentials. Prior to the recent change, the ANCC advanced practice examinations used the credential APRN-BC. This has resulted in some confusion about which credentials to use.

The bottom line is the APRN should use their *licensure* credentials to indicate they are licensed in Nebraska. Whether or not the certification credential is used in addition to the licensure credential is up to the individual APRN.



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Registry Action on Nurse Aides & Medication Aides

From 05/01/2008, to 07/31/2008, the following nurse aides became ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Jennifer Renee Chaparro	80124	Finding of Conviction	05/20/08
Lisa Huss	69305	Finding of Convictions	06/20/08
Carrie Lambrecht	46426	Finding of Neglect	05/30/08
Kimberly Denise Williams	48718	Finding of Conviction	06/02/08

The following Nurse Aide Actions were omitted from the previous issue. The following nurse aides are ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Carla Carstens	66491	Finding of Conviction	02/11/08
Ruth McKinley	81755	Finding of Convictions	02/12/08
Jeanne Linder	23120	RN License Suspension	03/22/08
Kimberly Lipscomb	73684	Finding of Conviction	04/28/08

From 05/01/2008, to 07/31/2008, the following medication aides were removed from the Medication Aide Registry:

Name	Medication Aide Registry #	Action	Date Entered
Charmelia Bacon	60122	Competency Violation and Failure to Demonstrate Good Moral Character	06/02/08
Satou Gassama	60130	Failure to Demonstrate Good Moral Character	06/16/08
Lisa Huss	57073	Failure to Demonstrate Good Moral Character	06/20/08

The following removals from the Medication Aide Registry were omitted from the previous issue:

Name	Medication Aide Registry #	Action	Date Entered
Jolene Brewster	40992	Competency Violation	02/29/08
Lori Cisneros	59561	Failure to Demonstrate Good Moral Character	03/12/08
Ramona Clark	56011	Failure to Demonstrate Good Moral Character	03/12/08
Shayla Dunn	57535	Competency Violation	02/21/08
Jodi Liebers	55578	Competency Violation	03/10/08
Jennifer Nelson	50263	Competency Violation	02/22/08
Tamera Rueshoff	41036	Failure to Demonstrate Good Moral Character	03/10/08
Ruth Larsen Schumm	51892	Competency Violation	02/26/08
Linda Sletten	48520	Failure to Demonstrate Good Moral Character	03/14/08
LaMesha Wright	57643	Failure to Demonstrate Good Moral Character	03/05/08
Jessica Zahner	47110	Failure to Demonstrate Good Moral Character	03/10/08



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Twenty Years Ago in Nursing News

- The Task Force on Nursing Scope of Practice made recommendations to Dr. Gregg Wright, director of health. Some of the recommendations included that no legislative change should occur and rules and regulations should be developed for the process of giving nursing practice opinions.
- The tenth annual convention of the National Council of State Boards of Nursing was held in Des Moines, Iowa, August 16-20, 1988. Three staff members and five board members attended. A highlight of the convention was the tenth anniversary luncheon celebration for the National Council.
- A reminder that RN licenses expired December 31. Renewal notices would be sent October 1. Since December 31 fell on a Saturday, RN renewal applications would need to be processed by December 30.
- Item writers and content experts were being sought to serve for the NCLEX-RN and NCLEX-PN examination development. Nominees were recommended by the Board of Nursing to serve in these positions.
- Board of Nursing meeting highlights included:
 - Heard the report on the Task Force appointed by Dr. Wright to study Nursing Scope of Practice.
 - Reviewed and approved practice agreements for three certified nurse practitioners.
- NCLEX-PN was administered April 19. There were 123 first time candidates taking the exam, with 115 passing. Nebraska's passing percentage was 95 percent; the national passing percentage was 87 percent. Nebraska's mean scaled score was 538.2; national mean scaled score was 482.9.
- Licensure statistics: total licensed RNs - 16,906, total licensed LPNs - 6,107. There were 25 certified nurse practitioners and 249 certified registered nurse anesthetists.

Dr. Charlene Kelly honored at the 2008 NCSBN Delegate Assembly

At the 2008 NCSBN Anniversary Gala, all committee volunteers were acknowledged and thanked for their participation in the 2008 NCSBN activities. Nebraskans who were recognized included Charlene Kelly, who had served as chair of the Bylaws Committee, Karen Bowen, who served on the TERCAP Committee, Marcy Echernacht, who served on the NCSBN Learning Extension Member Board Editorial Advisory Pool, and Sheila Exstrom, who served as chair of the NCLEX Examination Committee.

In addition to the appreciation for participating in committees, the NCSBN also gave a number of special awards. One of the awards is the Executive Officer Recognition Award. Charlene Kelly was one of three executive officers who were recognized for twenty years of service as an executive officer of a state board of nursing.

Due to Dr. Kelly's illness, she was unable to attend the meeting, but her award was received in her absence by Dr. Sheila Exstrom, nursing education consultant for the Nebraska Board of Nursing, and later presented to Charlene at her home.

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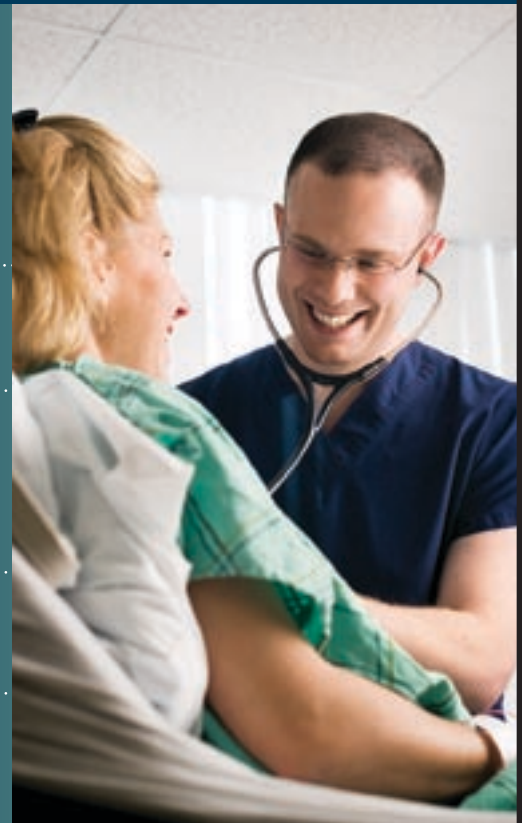
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Administrator, Office of Nursing and Nursing Support
(402) 471-0317
charlene.kelly@dhhs.ne.gov

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sheila.exstrom@dhhs.ne.gov

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(402) 471-0317
charlene.kelly@dhhs.ne.gov

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Karen Bowen, R.N., M.S.
(402) 471-6443
karen.bowen@dhhs.ne.gov

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Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@dhhs.ne.gov

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(402) 471-4917
sheila.exstrom@dhhs.ne.gov

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Medication Aide

Medication Aide Role and Practice Standards

Marletta Stark, R.N., B.S.N., Program Manager
(402) 471-4969
marletta.stark@dhhs.ne.gov

Name and/or Address Change

(Please provide your name and social security number)

Teresa Luse
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Medication Aide Registry and Applications

Teresa Luse
(402) 471-4910
teresa.luse@dhhs.ne.gov

Medication Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@dhhs.ne.gov

Nurse Aide

Nurse Aide Role and Practice Standards

Marletta Stark, R.N., B.S.N.
marletta.stark@dhhs.ne.gov

Nurse Aide Registry

Wanda Wiese
(402) 471-0537
wanda.wiese@dhhs.ne.gov

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wanda.wiese@dhhs.ne.gov

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