Nurse Career Development
Specialty Certification
...Is it for me?

Renewal Deadline Oct., 2010
RN and APRN Renewals have started
—we need your help!!!
“I am definitely where I need to be to make a positive difference in the lives of others.”

Amanda
RN - Emergency Department

For Amanda, it is about achieving great outcomes for the patients and families. It is also about teamwork - great co-workers and doctors working together. The ER department at BryanLGH Medical Center reflects this team spirit. According to Amanda, “From patient registrars, technicians and doctors to RNs and others who float in from other areas, we work to deliver exceptional care to patients and families.” She adds, “I am proud of my role at BryanLGH. I am definitely where I need to be to make a positive difference in the lives of others.”

BryanLGH welcomes talented nurses to join our team and make a difference.

Immediate openings:

- RN Medical/Surgical
- RN Critical Care

At BryanLGH Medical Center, we have a culture that focuses on patients, their families and, above all, the best possible care. We value the knowledge and experience each professional brings to the medical center. If you are ready to match your values and career goals with an organization of the same caliber – look no further than BryanLGH Medical Center.

www.BryanLGHjobs.com

For a complete listing of our career opportunities, visit our website.
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Executive Director’s Message

Renewal time is upon us again, and many RNs and APRNs are anxious to get their nursing licenses renewed and ready to continue with another two years of practice. Normally, license renewal postcards are mailed out on or about August 1. However, this year we have had some computer glitches that were unexpected and have resulted in a later than usual mailing of renewal postcards. Additionally, this is the first year that APRNs have been offered the option to renew online, so this created additional computer processes that needed to be smoothed out before the system could go live. From past reports, online renewal has been a positive addition to our process.

Renewal time is a very busy time for the staff. With approximately 25,000 RN licensees and more than 1,600 APRN licensees, a lot of attention must be paid to getting renewal of licenses done correctly and in a timely manner. Online renewals have created an environment that allows the staff to work much more efficiently. However, many people still call in with such concerns as continuing competency requirements, legal presence, what does inactive mean, how do I reinstate a license, why did fees go up, and what is a portfolio? Many of these questions can be addressed under FAQ on our web page, located at http://www.dhhs.ne.gov/crl/nursing/rn-lpn/rn_renewal_faq.pdf. I would advise you to look there.

I would also like to address some of these questions with an explanation of why the particular data is important to us.

1. Continuing competency is probably our most frequently asked question. This information can be found in Title 172 NAC 101.004.01 and is divided into three sections:
   a. For the new nurse with less than two years since graduation, no further competency is required since you have up-to-date information from your schooling.
   b. For the nurse with more than two years since graduation, you would be required to complete twenty contact hours of continuing education. Contact hours are equal to clock hours. This should be information relevant to your nursing practice that keeps you up-to-date on various nursing practices.
      1. Peer reviewed contact hours are required for ten of the total twenty hours. This review will be provided by another state board of nursing, the ANA, the ANCC, or other such accrediting body. You will see on your certificate the exact number of hours awarded and the name of the approved provider.
      2. The other ten hours can be online articles, ACLS, PALS, etc., in-service education, and computer articles that are related to nursing.
      3. Be careful of non-nursing related continuing education. For example, Continuing Medical Education (CME) is designed for physicians and may NOT be acceptable for nursing credit.
   c. For the nurse that has been out of school for five years or more, continued competency includes the twenty contact hours as identified above, plus proof of practicing nursing for 500 hours in the past five years.
      1. Practice hours include those hours in which you are practicing nursing. Most often this is patient care, but can also include nursing administration, teaching nursing, supervising other nurses or other related activities. A good rule of thumb is to determine if you need a nursing license to perform the job. If a nursing license is not required and other people who are not nurses are doing the same job, this cannot be considered nursing practice. Also, taking care of family members with health care needs cannot be counted as nursing practice.
   2. Nursing licenses can be made inactive only during the renewal period. This is often done when the practice of nursing is going to be interrupted because of illness, a time outside the United States, or possibly retirement. Continuing competency is not required DURING the time the license is inactive. However, reinstatement of that license to active status will require twenty contact hours obtained in the previous two years and proof of 500 hours of practice in the previous five years. If the 500 hours of practice cannot be documented, a refresher course in nursing will be required before a nursing license can be reinstated.
   3. The increase in the cost of licensure has been a very common question this year. Periodically, the State does a survey in the region and across the country to determine licensure fee structures. This change is the result of regulation changes that went into effect August 2008. The increases are the result of doing the State’s business, and in our case, it is the cost of processing applications for licensure and renewal, the cost of rent for our building, utilities, office supplies, postage, cost of having board meetings, etc.
   4. Another important change that may have been forgotten is the elimination...
of the second notice being mailed to licensees. Only one renewal postcard will be mailed to each licensee. It is also very important that you keep us updated on your most current address. If we do not have a current address, you may not receive the renewal coupon and expiration of your license could occur. Nursing licenses will expire on Oct. 31, 2010, and NO grace period is provided. Working on an expired license will cost you $10 per day, up to $1,000 in administrative penalties.

5. Legal presence in the United States must be documented if you are an alien or a non-immigrant. Documentation includes:
   1. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card"); or
   2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
   3. A document showing an Alien Registration Number ("A#") with visa status; or
   4. A Form I-94 (Arrival-Departure Record) with visa status.

Please note that an F-1 visa alone is not sufficient for renewal, and that the status of CPT or OPT must be applied for and sent to the licensee related to practicing as a nurse in the United States. These documents must be mailed to the department before a license will be printed.

6. A portfolio of nursing activities would include your continuing competency goals and evidence or verification of professional activities to meet those goals. Such evidence may include, but not be limited to, specialized training or experiences, continuing education, employer performance evaluation, or other evidence of demonstrated competency. Few people opt for this detailed requirement because of time constraints, but it is another option to provide the board with competency issues.

The last part of the renewal process will include an audit of the continuing competency requirements. The audit selection of licensees is done automatically by the computer, so it is possible for a person to be audited in this renewal period who was also audited in previous renewal periods. If you are being audited, you will receive an additional letter from the Licensure Unit requesting copies of your continuing education certificates and a statement from your employer(s) that you have at least five hundred practice hours in the previous five years. This is another important reason that your current address is on file with the department. Do not send documentation before it is requested, and do not send your original documents.

Thank you for renewing as soon as possible with hopes that the process is timely and you get all your questions answered. If this message, as well as the FAQs on the web site, is not helpful, please call the department at 402-471-4376.

An education that will prepare you to be the best.

Learn more about online or on-campus offerings in:

› PN  › RN to BSN  › MSN
› BSN  › RN to MSN  › Post-MSN
› LPN to BSN

Prepare to be the best.
NEBRASKA BOARD OF NURSING

Meeting Schedule 2010

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 website at http://www.dhhs.ne.gov/crl/brdmtgs.htm, or you may obtain an agenda by phoning (402) 471-4376 or e-mailing angela.l.holly@nebraska.gov.

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<tr>
<th>Day/Date</th>
<th>Time</th>
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<td>October</td>
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<tr>
<td>Thursday, Oct. 14</td>
<td>8:30 a.m.</td>
<td>Board meeting</td>
<td>Nebraska State Office Building LLB</td>
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<td>November</td>
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<td>Wednesday, Nov. 17</td>
<td>3:00 – 5:00 p.m.</td>
<td>Practice Committee Education Committee</td>
<td>Gold’s Room 530 Gold’s Room 531</td>
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<td>Thursday, Nov. 18</td>
<td>8:30 a.m.</td>
<td>Board meeting (Discipline case review-most of meeting in closed session)</td>
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<tr>
<td>December</td>
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<td>Board meeting</td>
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Gold’s Building 1050 N Street, Lincoln, Nebraska 68508
NSOB 301 Centennial Mall South, Lincoln, Nebraska 68509

Advisory Opinion Update

One of the responsibilities of the Board of Nursing is to issue advisory opinions. The Nurse Practice Act (Neb. Rev. Stat. 38-2216) states “… the board shall: (2) If requested, issue or decline to issue advisory opinions defining acts which in the opinion of the board are or are not permitted in the practice of nursing.” The regulations (172 NAC 101-002) define an advisory opinion as “a statement or judgment regarding nursing practice issues given by the Board based upon their belief and knowledge. Such an opinion is considered informational only and is non-binding.”

A request for an advisory opinion may come from a nurse, employer, institution, consumer or other interested person. The request is submitted in writing to the Nursing Practice Consultant. The individual should also include any supporting information such as national standards, literature review, current research, etc.

The Nursing Practice Consultant will review the request for an advisory opinion and determine if additional information or clarification is needed. The request will then be taken to the Board of Nursing’s Practice Committee. The Practice Committee is comprised of members of the Board of Nursing. They address practice issues and make recommendations to the board. The committee reviews each request and studies the practice issue and related information. The committee may also consult with individual nurses with expertise in the area, agencies, organizations, associations, other regulatory bodies, and professional organizations representing health care professionals and institutions; and review literature and research to determine state, regional, and national trends. They will, if appropriate, draft an advisory opinion for approval by the Board.

The practice committee also reviews and recommends revisions of current advisory opinions, as appropriate. When a new advisory opinion is issued, or when there is a revision to a current opinion, it is published in the Nursing News and updated on our website.

Approved revision to the current opinion, Analgesia and Moderate Sedation

The Board of Nursing has approved revisions to the current advisory opinion, Analgesia and Moderate Sedation. In the Moderate Sedation section under Additional Guidelines, the previous opinion stated, “It is not considered appropriate for an RN to administer Propofol, Etomidate, Pentothal and Ketamine for the use of IV moderate sedation. An exception is the administration of Propofol by an RN to an intubated, ventilated patient in the critical care setting.” The revised opinion now reads, “It is not considered appropriate for an RN to administer Propofol, Etomidate, Pentothal and Ketamine for the use of IV moderate sedation. An exception is the administration of these medications by an RN to an intubated, ventilated patient in the critical care setting.” The exception of administering these medications to an intubated, ventilated patient is no longer restricted to Propofol.

This advisory opinion and all opinions can be found on our web site at, http://www.hrds.state.ne.us/crl/nursing/rn-lpn/advisoryops.htm.

For more information, contact Karen Bowen, MS, RN, Nursing Practice Consultant, karen.bowen@nebraska.gov or 402-471-6443.
Greetings,

As our year continues, the Board of Nursing has been revising our goals and strategic plan. Our 2010 goals are:

**Licensure**
- Educate consumers on nursing roles and qualifications
- Monitor licensure requirements to ensure that they serve public protection and streamline application processes for maximum efficiency
- Explore options for measuring continued competency

**Discipline**
- Maintain/enhance the expedient implementation of the disciplinary process

**Education**
- Promote congruency between nursing curricula and current health care and regulatory changes

**Practice**
- Promote the safe and effective practice of nursing

To some it may seem that all the Board of Nursing does is discipline! As you can see from the goals, the board does have other responsibilities. There are two committees, Practice and Education. They are both very busy.

The Education Committee approves schools of nursing, including curriculum changes and monitoring NCLEX results. The Practice Committee answers questions on practice and drafts advisory opinions. Both committees bring their information to the full Board of Nursing for approval.

The Board represents all levels and areas of nursing, always remembering the overall goal is to protect the public.

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**President’s Message**

*Crystal Higgins, RN MSN*

Shape the future of health care with your DNP or MSN degree from Creighton University School of Nursing—ranked in the top 100 graduate nursing programs in the nation by *U.S. News and World Report*. Creighton offers more than 10 different specialty tracks for the Master of Science in Nursing (MSN) and the state’s first and only DNP program.

No GRE or thesis required
New graduates encouraged to apply

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

**Advanced Practice Registered Nurse (APRN) Tracks**
- Nurse Practitioner*
  - Family Nurse Practitioner (Primary Care focus)
  - Adult Nurse Practitioner (Primary Care focus)
  - Adult Acute Care Nurse Practitioner
  - Neonatal Nurse Practitioner
  - Pediatric Acute Care Nurse Practitioner
  - Adult Behavioral Health Nurse Practitioner
- Clinical Nurse Specialist *
  - Adult Clinical Nurse Specialist
  - Neonatal Clinical Nurse Specialist
  - Pediatric Clinical Nurse Specialist
- Clinical Nurse Leader (MSN only)
- Clinical Systems Administration Track
- Advanced Public Health – Global Health Nurse Track

* Optional Specializations in Gerontology, Cardiology and Oncology

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**Governance**

- Serve as a data source of nursing resources for health planning related to patient safety
- Maintain the Nurse Practice Act and all acts that impact on nursing in a relevant, clear and easily-administered form
- Develop and maintain current and comprehensive regulations as authorized by the Nurse Practice Act
- Establish, maintain and utilize board and staff member expertise

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**Shape the future of health care with your DNP or MSN degree**

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New graduates encouraged to apply

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**Creighton University**

School of Nursing
Renewal Deadline Oct. 31, 2010

RN and APRN Renewals have started — we need your help!!!

Renewal reminders have been mailed to all RNs licensed in Nebraska. If you did not receive one, the most common reason would be that you have moved and the address that we have on file is no longer the address where you are living.

It is important that any time you move, you must keep the Board of Nursing informed of address changes. This is the address that we use to notify you of any official business from the board, and it is the address we use to mail Nursing News. It is of particular importance for us to have a current address at license renewal time.

For every notice that is returned to us and that we resend to a correct address, there is a postal charge that impacts our costs, which are financed by our licensure fees. Many people have voiced complaints about the increase in licensing fees, and this is one of the reasons for the increase.

So, if you know that you have moved and we no longer have a correct address for you, please contact the board. You can mail, e-mail or call (402) 471-4376 to change your address with us.

If we do have a correct address for you and you received the postcard regarding renewal, then what do you do? Follow the directions and either use the Internet to renew your license or contact us for a paper renewal form. The fastest way to get your renewed license is to use the online renewal option. Be sure to follow the directions carefully and answer each question. Complete the work force survey which provides valuable information for maintaining a balance between the Nebraska supply and demand for nurses. Also, renew your license at your earliest convenience. Don’t wait until the last day or two to do so, because then you may not have it by the time your current license expires and you will be unable to work. Do not plan to walk your renewal into the office because it will not be processed while you wait; it will be placed into the queue and be processed in the order received.

In the immediate past years, we have been auditing renewals as they occur. This year, we will wait and audit the renewals at the close of renewal time (after Nov. 1, 2010). For this reason, be sure and retain proof of your work hours and continuing education contact hours beyond the close of renewals. It is stated in regulation that each licensee must maintain competency records for seven years. License renewals, by statute, may be audited at any time during the two-year period that the license is active.

With your help and by working together, we can make this renewal experience as easy and efficient as possible for all of us.

Nursys® Updates

Emergency Response Organizations

When a state declares a national emergency, numerous individuals lend a hand to the cause, including nurses and other health care professionals. To protect the public, emergency response organizations need to confirm the licensure status of any nurse who offers assistance during an emergency in a quick and efficient manner.

As of Dec. 18, 2009, approved emergency response organizations can now use Nursys.com to verify nurse licensure through bulk verification, which allows emergency response organizations to verify nurse licensure in large quantities, rather than one at a time. This can be done through a standard file format, such as uploading a Microsoft Excel spreadsheet, or through Web Services, a system to system verification process that is completed over the Internet in real time. Since this is an automated process, verifications can be completed in minutes, mobilizing nurses instantly.

NCSBN encourages emergency response organizations to apply for Nursys.com access before a disaster strikes in order to understand the system and provide proper training to those who will need it the most. However, in the event that a disaster strikes and an emergency response organization needs immediate access, NCSBN has created registration processes for these situations.

Nursys.com Goes Mobile

Emergency response organizations, employers and other members of the public can access Nursys.com from their mobile devices to verify a nurse’s license. NCSBN introduced a mobile version of the QuickConfirm results application of Nursys.com on Dec. 18, 2009. When a computer isn’t available, nurse licensure verification can be conducted easily by using a mobile device’s web browser. Please note, only the QuickConfirm application of Nursys.com (employer and public verification) is available on mobile devices.

Renewal FAQ a Resource

Renewal of RN and APRN licenses are due on or before Oct. 31, 2010. If you have questions regarding renewal, there is an additional resource this year, a renewal FAQ. The FAQ is on our RN/LPN web site in three places.

It is NOT on the Licensure Unit main web site or the main online renewal website. That would have been hard to do since those websites cover all the professions.

You can find our FAQ here, at the top of each website section:

1. The “Contact Us” page: http://www.dhhs.ne.gov/crl/nursing/rn-lpn/contact.htm
Changes to the LPN-C testing

Some changes are occurring with the testing for LPN-C certification.

Just a little history first. The Licensed Practical Nurse-Certified Act was passed by the Nebraska Legislature in 1993, and it became operative on Jan. 1, 1994. We licensed the first LPN-Cs in 1995—127 of them.

Since 1995 through July of 2010, we have licensed 1,365 LPN-Cs. The smallest number (52) were licensed in 1999, and the largest number were licensed in 1998 (133). The average has been about 85 each year.

There are seven programs that teach the LPN-C course: Central Community College (Grand Island, Kearney and Columbus), Madonna Rehabilitation Hospital (Lincoln), Metropolitan Community College (Omaha), Mid-Plains Community College (North Platte, McCook), Northeast Community College (Norfolk), Southeast Community College (Lincoln, Beatrice), and Western Nebraska Community College (Scottsbluff, Alliance).

The regulations require that the certification examination be administered by the Department every three months or more frequently if needed. At the beginning of the program, a calendar of every two to three months was established and followed. Later in the program, we utilized the testers for the Nurse Aide and Medication Aide tests to administer the LPN-C exams so they were available across the state on a more frequent basis.

The Nurse Aide and Medication Aide exams are no longer being administered by the Department, and for this reason the method in which the LPN-C examinations are being administered has changed. We are looking at alternative methods for administering the examination, but in the meantime, we will be going back to administering the exam less frequently and primarily in Lincoln only. We will be setting the exam dates in conjunction with completion dates of the courses, and therefore, the dates will vary accordingly, but we will be meeting and exceeding the requirement of the regulations by offering them every three months or more often as needed. The directors of the various LPN-C courses will be advised of the dates of the next exam, and the date will also be available by calling the Licensure Unit, nursing section at (402)471-4925. The date will be posted on the nursing and nursing support web site at least two weeks prior to the exam. We will be following this process until a more lasting one can be developed. Your patience through this transition phase is greatly appreciated.

Currently we have 873 active LPN-Cs, one denied/withdrawn license and 491 inactive licenses. The primary reason for the inactive licenses is that many of the persons with LPN-C licenses have gone back to school and completed an RN curriculum and are now licensed as RNs.

As we progress with decisions regarding the LPN-C program, we will keep you advised of any future changes. Any questions that you have may be directed to Sheila Exstrom, RN, Ph.D., Nursing Education Consultant, at (402)471-4917 or at sheila.exstrom@nebraska.gov.

NCLEX Item Development Opportunities

National Council of State Boards of Nursing (NCSBN) depends on nurses across the country to assist in the NCLEX® item development process. The Item Development Program is a key component in developing and maintaining high quality NCLEX® items. You can participate in this highly rewarding program by volunteering to become an item writer or item reviewer. The program has several professional benefits, such as networking with peers from across the country, contributing to the nursing profession, and developing new skills.

Item writers create the items (questions) that are administered in the NCLEX® examinations. You must have a master’s degree or higher (for the NCLEX-RN exam only), and you must be responsible for teaching basic/undergraduate students in the clinical area.

Item reviewers examine the items that are created by item writers. You must be currently employed in clinical nursing practice AND working directly with nurses who have entered nursing practice during the past 12 months, specifically in a precepting or supervising capacity.

If all the listed qualifications are met, NCSBN will obtain approval from the Nebraska Board of Nursing. You will receive notification via e-mail when your application is approved. Applications remain active for a two-year period from the date of initial submission.

The NCSBN will notify you when you are considered for a specific panel. Each time you are selected, you will participate in a session that lasts three to five days. To apply, simply complete a brief online application by accessing NCSBN’s web site at www.ncsbn.org/1227.htm. Your application will remain active for two years from the date of submission. If qualified, you will be notified when you are considered for a specific panel. Sessions are held throughout the year in Chicago, and your travel expenses, including lodging and meals, will be covered. Please be sure to direct any of your interested nursing colleagues to the online application as well.

For more information, contact the NCLEX Examinations Department at 866.293.9600 or nclexitemdev@ncsbn.org.
Healthy Recovery Defined

There is more to recovery from alcohol or drug addiction than staying sober. According to Random House Dictionary, sober is defined as not intoxicated or drunk. However, sobriety is defined as the state or quality of being sober. There is a definite quality to a health care professional’s life when a person is in sobriety verses just being sober.

A sobriety-centered lifestyle typically encapsulates some or all of the following for the health care professional:

- Abstaining from all mood-altering chemicals, not just the drug of choice
- Completion of a treatment program and aftercare program
- Regular attendance and participation at 12-Step meetings
- Active participation in discussions with a sponsor and working or reworking the 12 Steps as needed
- Identifying relapse warning signs, including those specific to health care professionals, and actively managing them
- Following a defined relapse prevention plan
- Utilizing personal, professional and recovery support systems and accepting difficult feedback from those support systems when needed
- Using healthy coping skills when experiencing a craving or stress that could trigger a relapse
- Living a healthy lifestyle, including self-care, exercising regularly, eating healthy and stopping tobacco use
- Participating in pro-social, non-using activities
- Feel the feeling - not avoiding uncomfortable feelings, but rather identifying the feeling and choosing a healthy coping method to resolve the feeling
- Working to create an attitude of gratitude and not entitlement or grandiose thinking
- Being other-centered, not self-centered
- Striving for genuine humility
- Rigorous honesty – being honest with self and others despite the possible adverse consequences to the health care professional
- Taking a personal inventory daily, including constructively reviewing the day’s activities, thoughts and feelings, and then seeking guidance to learn from mistakes and correct them as necessary
- Promptly admitting when wrong and making amends whenever possible
- Practicing the 12 Steps in daily life and carrying the 12-Step message to others
- Accepting the addiction and internalizing the changes that have been made, not just making external changes

Sobriety signifies that the health care professional’s recovery is a priority. In order to maintain sobriety and sanity, the alcoholic or addict must put “first things first” (Alcoholics Anonymous). Prioritizing the activities listed above will help ensure long-term sobriety and a healthy recovery.

If you have further questions about the Nebraska Licensee Assistance Program, or feel that you may benefit from the alcohol/drug assistance services of the NE LAP, please contact the NE LAP Coordinator, Judi Leibrock, or the NE LAP Counselor, Michelle Hruska, at (800) 851-2336 or (402) 354-8055. You may also go to our web site at www.lapne.org.
Nurse Practitioners -
Is your Integrated Practice Agreement Up to Date?

Do you know if your Integrated Practice Agreement is up to date? Have you notified the Department of terminated agreements with physicians? A response we often hear from nurse practitioners is, “I didn’t know I needed to do that. I thought our facility did that.” Bottom line is that it is your license and you are the one who is responsible for making sure your practice agreement is current with the Department.

The APRN-NP (nurse practitioner) license has two components to it. The nurse practitioner is issued a license once they meet the requirements for licensure, but then have to meet other specific requirements prior to practicing as a nurse practitioner. Once the practice requirements are met, the “practice” portion of the license is made active. If you look up a nurse practitioner license on our website, you will see APRN-NP License and APRN-NP Practice. Both need to be active for the nurse practitioner to practice.

One of the requirements that must be met prior to an APRN-NP practicing is submission of an integrated practice agreement with a collaborating physician. Both the physician and nurse practitioner are required to sign the integrated practice agreement. By signing the practice agreement, both are verifying: 1) the APRN-NP and physician practice collaboratively within the framework of their respective scopes of practice; 2) they are responsible for individual decisions in managing the health care of patients; 3) they have joint responsibility for patient care based upon the scope of practice of each practitioner; 4) if the nurse practitioner is required to practice under jointly approved protocols; 5) the collaborating physician is responsible for supervision through ready availability for consultation and direction; 6) and, the APRN-NP and physician have a duty to notify the Department upon termination of the agreement.

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RN to BSN Completion Option
This program offers many advantages:

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- Weekend classes three times
- Credit for prior learning and work experience.
- High quality faculty and facilities.

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Online certificate program (3 courses, 9 credit hours) offers:

- Online educational strategies.
- Intensive application of simulation concepts.
- A 10-week format that avoids the busiest times in academic schedules.

Learn more at: www.bryanlghcollege.edu Call: 1-800-742-7844, ext. 18697

practicE
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The APRN-NP (nurse practitioner) license has two components to it. The nurse practitioner is issued a license once they meet the requirements for licensure, but then have to meet other specific requirements prior to practicing as a nurse practitioner. Once the practice requirements are met, the “practice” portion of the license is made active. If you look up a nurse practitioner license on our website, you will see APRN-NP License and APRN-NP Practice. Both need to be active for the nurse practitioner to practice.

One of the requirements that must be met prior to an APRN-NP practicing is submission of an integrated practice agreement with a collaborating physician. Both the physician and nurse practitioner are required to sign the integrated practice agreement. By signing the practice agreement, both are verifying: 1) the APRN-NP and physician practice collaboratively within the framework of their respective scopes of practice; 2) they are responsible for individual decisions in managing the health care of patients; 3) they have joint responsibility for patient care based upon the scope of practice of each practitioner; 4) if the nurse practitioner is required to practice under jointly approved protocols; 5) the collaborating physician is responsible for supervision through ready availability for consultation and direction; 6) and, the APRN-NP and physician have a duty to notify the Department upon termination of the agreement.
In recent years, specialty certification in nursing has become a hot topic. As a whole, the health care community has shifted toward an emphasis on quality and safety. Current evidence suggests that nursing care is one of the most important factors in providing safe, quality patient care. Many professional groups, including the American Nurses Association, strongly advocate for specialty certification as one method of ensuring quality care through validation of enhanced nursing knowledge in the nurse’s area of specialization. According to Wade (2009), advocates for certification assert that certified nurses have higher job satisfaction, a sense of empowerment, and an increased level of competence. In addition, enhanced collaboration between team members has been reported as a benefit of specialty certification, through a private specialty certification, barriers to obtaining/retaining Magnet designation. Additionally, Watts (2010) describes how certification is used as a marketing tool, demonstrating to the public, patients, and peers that nurses have chosen a higher standard of measure. Another motivational factor in certification can be rewards offered by employers. Such rewards may include certification bonuses, higher salaries, professional recognition, and opportunities for professional advancement. Health care organizations approach certification as an investment in human capital and are also well aware of the impact of nursing certifications on patient satisfaction. Kraft (2010) suggests that certification can be viewed as a declaration of a nurse’s professional competence and as an illustration of commitment to lifelong learning, thus demonstrating to the public, patients, and peers that nurses have chosen a higher standard of measure. Another motivational factor in certification can be rewards offered by employers. Such rewards may include certification bonuses, higher salaries, professional recognition, and opportunities for professional advancement.

Why should I become certified?
Specialty certification benefits not only the individual nurse, but also employers and the public. For the individual nurse, it promotes professional development and recognition, two key motivators for nursing satisfaction. Kraft (2010) suggests that certification can be viewed as a declaration of a nurse’s professional competence and as an illustration of commitment to lifelong learning, thus demonstrating to the public, patients, and peers that nurses have chosen a higher standard of measure. Another motivational factor in certification can be rewards offered by employers. Such rewards may include certification bonuses, higher salaries, professional recognition, and opportunities for professional advancement.

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What are the barriers to certification?
Even though there is a great deal of evidence illustrating the benefits of certification, barriers to obtaining certification do exist. One of the biggest barriers is the cost. Potential costs include fees for application, preparation courses, study materials, time, travel to courses or testing sites, continuing education to maintain certification, and re-certification. Some employers may be willing to pay for some or all of the fees; however, many do not, which can result in significant costs for the nurse. Other barriers to certification include attaining the minimum requirements for certification in a nurse’s chosen field. In addition, preparation courses and continuing education may not be offered locally, which results in time and travel away from home. Continuing education requirements to maintain some certifications can be quite cumbersome and should also be considered prior to initial certification.

How would I go about becoming certified?

1. Once a nurse has decided that certification may be beneficial, the first task is to decide on a certification. This can be achieved by checking with the professional organization associated with the appropriate specialty, both through the local organization and the website. Peers may be of assistance as well.
2. Next, a nurse should evaluate his/her experience and make sure that current job experience qualifies for the certification.
3. Now study time begins. Many certifying bodies offer online exam outlines and study questions to help nurses prepare. Study group opportunities include peers and online offerings. A valued preparation mode, if available, is a formal certification preparation course. These courses are conducted by specialty experts and can provide a comprehensive review of the material.
4. The last step before the exam is...
to register and pay for the exam. Some institutions offer on-site testing, while many exams require the nurse to travel to a testing center.

Remaining Certified

Once a nurse has achieved specialty certification, the challenge of maintaining it begins. It is essential to know what requirements exist for keeping current on certification status. Some certifications renew annually or less often, and many require continuing nursing education hours in the specialty, designated numbers of practice hours in the specialty, and for some, professional publication and teaching. Knowing when the certification is due for renewal is important and should be investigated thoroughly in order to prevent a lapse.

Certification Tales

The three of us hold a variety of certifications and a tale or two about the whys and wherefores. In general, we obtained our certifications because we felt they were important, believed that they attested to more knowledge and skill in our specialties, and because they were viewed as important by our employers and/or colleagues. We agree that obtaining specialty nursing certifications was a positive step in our careers and helped to make us more knowledgeable nurses. Our institution is very encouraging and supportive of this endeavor. We studied hard, and we passed the tests!

We have, at different times, found some of our certifications to be in the wrong specialty (when we changed roles, for instance), and laborious or expensive to maintain. Not all certifications are created equal! Some may mean more to you, your practice, and your employer than others.

However, we all believe that nursing specialty certifications can have significant value if you do your homework, find the right fit, and make informed choices. And one more thing: every certified nurse we have asked about it has mentioned his/her outstanding sense of accomplishment!

So, if you choose to become certified, we heartily encourage you to show it off and be proud! It is the result of hard work!

References


The Center for Regulatory Excellence provided Nebraska with a grant to study the transition to practice of new RN and LPN graduates in rural and urban settings at acute and long-term care facilities. The project was introduced in the last issue of Nursing News. The purpose of this article is to provide an update on project activities.

In Phase One of the project, several activities were completed. These activities include forming three Review Groups (Rural RN/LPN, Urban RN, and Urban LPN), conducting a survey of 2009 new nursing graduates, conducting a Delphi survey with members of the review groups, and conducting a qualitative study of preceptors and staff development personnel. Data from these sources were synthesized by members of the oversight group, called the Transition Grant Task Force. Members of the Transition Grant Task Force are made up of representatives from the five nursing organizations which originally wrote the grant. These organizations are: the Licensed Practical Nursing Association of Nebraska, the Nebraska Nurses Association, the Nebraska Assembly of Nursing Deans and Directors, the Nebraska Organization of Nurse Leaders, and the Nebraska Board of Nursing. The synthesis of data resulted in determining 16 educational modules for new nursing graduates (eight RN modules and eight LPN modules).

Phase Two of the project has been initiated. In Phase Two, letters of invite were sent to nurse executives of all licensed acute care and long-term care facilities. Facilities consenting to participate will complete two steps of the study. In step one, at least one new graduate and one preceptor will complete two online surveys about transition to practice. In step two of the study, facilities will be provided two days of preceptor development for at least one or more preceptors and online educational modules determined by the Task Force for at least one or more new graduates (above and beyond what the facility already requires). The preceptors and new graduates in step two will also complete two surveys. In addition, some new graduates will be observed by research assistants during a three-hour period. Facilities interested in participating should contact the project director, Peggy Hawkins, at Peggy.Hawkins@nebraska.gov or at (402)334-7136. Both RN and LPN new graduates are needed.

The preceptor development program dates have been finalized. The dates for the programs are Oct. 11 and 12 in Lincoln at the Nebraska Health Care Association and repeated in North Platte on Oct. 14 and 15 at the Sandhills Conference Center. A nationally recognized expert on preceptor development, Susan Boyer, RN, Med, FAHCEP, will be the speaker (www.vnip.org). Attendees will receive 18.5 Continuing Education units for completion of the program.
Reach
Recruit
Retain

Move your nursing career to the next level—we make it easy with online nursing programs.

Nurse Educator Online Track Features
- Provides a solid foundation of educational and theoretical knowledge for the classroom and clinical, as well as curriculum development.
- MSN students gain practical experience teaching undergraduate students in an academic setting.

Nurse Executive Online Track Features
- Provides a solid foundation in the areas of finance, human resources, management/leadership, strategic planning, and legal and ethical issues.
- MSN students gain practical experience working with a nurse administrator in a clinical setting.

Both MSN tracks are two-year, online programs and feature the availability of part-time study. Additionally, each program has a Capstone Project, which allows individuals to identify areas of special interest for an in-depth development of an evidence-based project.

The Nebraska Board of Nursing JOURNAL

Awards Dinner at NCBSN’s Annual Meeting

Registry Action on Nurse Aides & Medication Aides

From 05/01/2010 to 07/31/2010, the following nurse aide(s) became ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Nurse Aide Registry #</th>
<th>Action</th>
<th>Date Entered</th>
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</thead>
<tbody>
<tr>
<td>Sonny Dell Balvin</td>
<td>377</td>
<td>Finding of Conviction</td>
<td>05-06-10</td>
</tr>
<tr>
<td>Stephanie Andersen</td>
<td>68254</td>
<td>Finding of Conviction</td>
<td>05-07-10</td>
</tr>
<tr>
<td>Christine Hallock</td>
<td>77131</td>
<td>Finding of Conviction</td>
<td>05-28-10</td>
</tr>
<tr>
<td>Alan Grasmick</td>
<td>43887</td>
<td>Finding of Conviction</td>
<td>06-04-10</td>
</tr>
<tr>
<td>Latoshann Thompson</td>
<td>83005</td>
<td>Finding of Conviction</td>
<td>07-06-10</td>
</tr>
</tbody>
</table>

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## Licensure Actions

The following is a list of licensure actions taken between May 1, 2010 and July 31, 2010. Additional information is available on our website at www.nebraska.gov/LISSearch/search.cgi or by e-mail at angela.l.holly@nebraska.gov.

<table>
<thead>
<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Action</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Cornell RN #37848</td>
<td>5/3/10</td>
<td>License Reinstated on Probation</td>
<td>Previous disciplinary action</td>
</tr>
<tr>
<td>Karen Thompson LPN #15683</td>
<td>5/6/10</td>
<td>License Reinstated on Probation</td>
<td>Previous disciplinary action</td>
</tr>
<tr>
<td>Cynthia Hobbs RN #45164</td>
<td>5/6/10</td>
<td>Censure</td>
<td>Violation of previously imposed disciplinary action</td>
</tr>
</tbody>
</table>
| Eric Krailing RN #67992          | 5/6/10         | Probation                       | Action in another state
  Failure to report action in another state in accordance with the state mandatory reporting law
  Unprofessional Conduct
  Dishonorable Conduct-Misrepresentation of material facts in procuring NE nursing license |
| Suzanne VanHorne RN #33753       | 5/6/10         | Probation extended              | Violation of previously imposed disciplinary conditions                   |
| Susan (Phelps) Bates LPN #19520  | 5/21/10        | Revocation                       | Unprofessional Conduct-Failure to meet repayment provisions for a loan received pursuant to the Nursing Student Loan Act |
| Ann Cook LPN #18035              | 5/21/10        | Censure Civil Penalty           | Misrepresentation of material facts in procuring or attempting to procure a license |
| Shirley Espe LPN #14069          | 5/21/10        | Voluntary Surrender in Lieu of Disciplinary Proceedings | Abuse of, dependence on, or active addiction to . . any controlled substance, or any mind-altering substance Failure to comply with a treatment program or an aftercare program entered into under the NE Licensee Assistance Program |
| Jamie Jenkins RN #59878          | 5/21/10        | Probation                       | Misdemeanor convictions which have a rational connection with fitness to practice the profession
  Abuse of, dependence on, or active addiction to alcohol… |
| Donnis Kieny RN #47539           | 5/21/10        | Revocation                       | Dishonorable Conduct
  Violation of the Uniform Controlled Substances Act
  Unprofessional Conduct-Theft of controlled substances and false documentation |
| JoEllen Kramer RN #62780         | 5/21/10        | Probation                       | Misdemeanor convictions which have a rational connection with fitness to practice the profession
  Unprofessional Conduct-Failure of a licensee who is the subject of a disciplinary action to furnish the Board or its investigator with information or requested documents
  Alcohol abuse |
| Barbara Laughlin RN #37907       | 5/21/10        | Revocation                       | Violation of previously imposed disciplinary conditions                   |
| Samantha Shumway RN #66412       | 5/21/10        | Censure                         | Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession |
| Mary Ann Wilken RN #39709        | 5/21/10        | Probation                       | Dishonorable Conduct
  Violation of the Uniform Controlled Substances Act-Acquiring controlled substances or obtaining possession of a controlled substance by theft, misrepresentation, fraud, forgery, deception or subterfuge |
<p>| Adrienne Baumfalk LPN #17544     | 5/24/10        | Non-disciplinary Assurance of Compliance | Failure to report misdemeanor conviction in accordance with the state mandatory reporting law |
| Amanda Weaver RN #66198          | 5/24/10        | Non-disciplinary Assurance of Compliance | Failure to report misdemeanor conviction in accordance with the state mandatory reporting law |
| Cathy Stewart LPN #19007         | 5/29/10        | Non-disciplinary Assurance of Compliance | Unprofessional Conduct-Violating the confidentiality of information or knowledge concerning the patient |
| Coleen Springman RN #41036       | 6/5/10         | Non-disciplinary Assurance of Compliance | Failure to report nursing employment termination in accordance with the state mandatory reporting law |
| Savitri Harrington LPN #19966    | 6/8/10         | License Reinstated on Probation | Previous disciplinary action                                               |
| Kathryn Timm LPN #22414          | 6/13/10        | Non-disciplinary Assurance of Compliance | Unprofessional Conduct-Committing any act which endangers patient safety or welfare |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Licensure Number</th>
<th>Date</th>
<th>Action</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td>Deborah Gartner</td>
<td>LPN #4202</td>
<td>6/14/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Failure to report employment termination in accordance with state mandatory reporting law</td>
</tr>
<tr>
<td>Debra Bassett</td>
<td>LPN #21491</td>
<td>6/17/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Practice of the Profession outside authorized scope</td>
</tr>
<tr>
<td>Joyce Sokolik</td>
<td>LPN #9822</td>
<td>6/24/10</td>
<td>Revocation</td>
<td>Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession; failure to furnish the Board or its investigator with requested information or documents Failure to comply with a treatment program or an aftercare program entered into under the NE Licensee Assistance Program</td>
</tr>
<tr>
<td>Amy Tostenson</td>
<td>LPN #20632</td>
<td>6/24/10</td>
<td>Extension of Probation</td>
<td>Violation of previously imposed disciplinary action</td>
</tr>
<tr>
<td>Jami Marcano</td>
<td>RN #50119</td>
<td>6/24/10</td>
<td>Suspension</td>
<td>Violation of previously imposed disciplinary conditions</td>
</tr>
<tr>
<td>Nicole Sloan</td>
<td>RN #68811</td>
<td>6/24/10</td>
<td>Revocation</td>
<td>Violation of the Uniform Controlled Substances Act-possessing controlled substances without a valid prescription Failure to report suspension and termination of employment in accordance with the mandatory reporting law</td>
</tr>
<tr>
<td>Stacie Beaman</td>
<td>LPN #21671</td>
<td>6/28/10</td>
<td>Voluntary Surrender in Lieu of Disciplinary Proceedings</td>
<td>Violation of previously imposed disciplinary conditions</td>
</tr>
<tr>
<td>Keri Flores</td>
<td>LPN #18923</td>
<td>6/28/10</td>
<td>Suspension Censure Civil Penalty</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession</td>
</tr>
<tr>
<td>Mary Heilbrun</td>
<td>LPN #18093</td>
<td>6/28/10</td>
<td>Censure Civil Penalty</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession Failure to report nursing employment termination in accordance with the state mandatory reporting law</td>
</tr>
<tr>
<td>Jeannette Hintz</td>
<td>LPN #11942</td>
<td>6/28/10</td>
<td>License Reinstated on Limitation</td>
<td>Previous disciplinary action</td>
</tr>
<tr>
<td>Mary Lee</td>
<td>LPN #14861</td>
<td>6/28/10</td>
<td>Censure Civil Penalty</td>
<td>Dishonorable Conduct Failure to report nursing employment termination in accordance with the state mandatory reporting law</td>
</tr>
<tr>
<td>Dixie Montelongo</td>
<td>LPN #18868</td>
<td>6/28/10</td>
<td>Suspension Censure</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession</td>
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<tr>
<td>Mary Jo Parker</td>
<td>LPN #22319</td>
<td>6/28/10</td>
<td>Suspension</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession</td>
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<tr>
<td>Kathleen Roof</td>
<td>LPN #19664</td>
<td>6/28/10</td>
<td>Probation</td>
<td>Misdemeanor conviction which has a rational connection to fitness or capacity to practice the profession Alcohol abuse</td>
</tr>
<tr>
<td>Rebecca Schincke</td>
<td>LPN #12451</td>
<td>6/28/10</td>
<td>Censure Civil Penalty</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession Failure to report nursing employment termination in accordance with the state mandatory reporting law</td>
</tr>
<tr>
<td>Patrick Smith</td>
<td>LPN #20467</td>
<td>6/28/10</td>
<td>Probation</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession</td>
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<tr>
<td>Kathryn Swanson</td>
<td>LPN #21299</td>
<td>6/28/10</td>
<td>Suspension</td>
<td>Abuse of any controlled substance or mind-altering substance Practice of the profession while ability to practice is impaired Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession</td>
</tr>
<tr>
<td>Lana Trout</td>
<td>LPN #19865</td>
<td>6/28/10</td>
<td>Censure</td>
<td>Failure to report misdemeanor conviction in accordance with the state mandatory reporting law Misrepresentation of material facts in procuring or attempting to procure a credential</td>
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<tr>
<td>Nicholle Bruhn</td>
<td>RN #65301</td>
<td>6/28/10</td>
<td>Censure Civil Penalty</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession</td>
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<tr>
<td>Joan Dolezal</td>
<td>RN #47429</td>
<td>6/28/10</td>
<td>Censure Civil Penalty</td>
<td>Unprofessional Conduct-failure to safeguard patient’s dignity and right to privacy</td>
</tr>
<tr>
<td>Kathy Effle-Meyer</td>
<td>APRN #110523</td>
<td>6/28/10</td>
<td>Probation</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession Abuse of, dependence on, . . . any controlled substance or mind-altering substance</td>
</tr>
<tr>
<td>Pamela Edwards</td>
<td>RN #54982</td>
<td>6/28/10</td>
<td>Censure</td>
<td>Practice of the profession beyond authorized scope Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession</td>
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<tr>
<td>Rita Hart</td>
<td>RN #25764</td>
<td>6/28/10</td>
<td>Suspension</td>
<td>Practice of the profession while ability to practice is impaired Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession</td>
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### DISCIPLINARY ACTIONS

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<tr>
<td>Susan Magnuson Larkins RN #37968</td>
<td>6/28/10</td>
<td>Suspension</td>
<td>Practice of the profession while ability to practice was impaired by alcohol, controlled substances,.. Unprofessional Conduct - Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession. Alcohol and Opioid dependency.</td>
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<tr>
<td>Angie Malhotra RN #53240</td>
<td>6/28/10</td>
<td>Suspension</td>
<td>Unprofessional Conduct - Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession.</td>
</tr>
<tr>
<td>Gina Miller RN #68864</td>
<td>6/28/10</td>
<td>Suspension</td>
<td>Dishonorable Conduct. Violation of the Uniform Controlled Substances Act - Acquire or obtain or attempt to acquire possession of a controlled substance by theft, misrepresentation, fraud, forgery or subterfuge. Misdemeanor convictions having a rational connection with fitness to practice the profession. Opioid Dependence.</td>
</tr>
<tr>
<td>Mary Lou Myers RN #67657</td>
<td>6/28/10</td>
<td>Permanent and Voluntary Surrender</td>
<td>Illness, deterioration or disability which impairs the ability to practice.</td>
</tr>
<tr>
<td>Hanna (Lee) Park RN #68108</td>
<td>6/28/10</td>
<td>Censure Civil Penalty</td>
<td>Unprofessional Conduct - Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession. Failure to report nursing employment termination in accordance with the state mandatory reporting law.</td>
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<tr>
<td>Carol Smith RN #62158</td>
<td>6/28/10</td>
<td>License Reinstated on Probation</td>
<td>Previous disciplinary action.</td>
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<tr>
<td>Judy Vieselmeyer RN #64661</td>
<td>6/28/10</td>
<td>Censure</td>
<td>Unprofessional Conduct - Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession.</td>
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<td>Anthony Zuchegna RN #66667</td>
<td>6/28/10</td>
<td>Probation</td>
<td>Unprofessional Conduct - Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession.</td>
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<tr>
<td>Ja’Nean Brunious LPN #22787</td>
<td>7/13/10</td>
<td>License Issued on Probation</td>
<td>Misdemeanor convictions having a rational connection with fitness to practice the profession. Alcohol Abuse.</td>
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<tr>
<td>Kimberly Clouatre RN#40196</td>
<td>7/13/10</td>
<td>Suspension</td>
<td>Unprofessional Conduct - Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession. Practice of the profession while ability to practice is impaired by alcohol. Abuse of, dependence on, or active addiction to... any controlled substance, or any mind-altering substance.</td>
</tr>
</tbody>
</table>

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**Great Nurses Welcome Here!**

Are you looking to make a positive change? To work with people you respect? In a community where you are valued?

Join us on our Magnet journey, and contribute your nursing experience, skills and compassion to one of the leading healthcare systems in the Midwest.

Please visit [www.rwhs.org](http://www.rwhs.org) to review careers opportunities, or inquire at careers@rwmc.org or 308.630.1586

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**Featured Opportunity**

**Interventional Radiology Nurse (RN)**

The RN within Imaging Services provides nursing care to patients undergoing radiology tests and procedures. Care includes, but is not limited to, conscious sedation for procedures in interventional radiology or MRI, pain management during procedures, pre- and post-angio care, hydrations, medication reconciliation, and other general nursing duties.

(italics - it’s also okay if the following paragraph is smaller)

Licensed NE Registered Nurse with no restrictions. BSN desired. Three to five years clinical experience, ICU/ER preferred. Computerized charting skills essential. Successful candidates will be those who thrive in fast paced, high stress, challenging, yet rewarding, environments.

Contact: Brad Wiegel (308) 630-2605
<table>
<thead>
<tr>
<th>Name</th>
<th>License No</th>
<th>Date</th>
<th>Action</th>
<th>Disciplinary Actions</th>
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<tr>
<td>Judith Dull RN #37820</td>
<td>7/13/10</td>
<td>Suspension</td>
<td>Dishonorable Conduct-Misdemeanor conviction for possession of a legend drug by means of misrepresentation, fraud, forgery, deception or subterfuge Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession</td>
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<tr>
<td>Sarah Mackety RN #62801</td>
<td>7/13/10</td>
<td>Censure</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession</td>
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<tr>
<td>Jean Mink RN #45193</td>
<td>7/13/10</td>
<td>Censure Civil Penalty</td>
<td>Violation of previously imposed disciplinary conditions</td>
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<tr>
<td>Holly Rustman RN #67425</td>
<td>7/13/10</td>
<td>Suspension</td>
<td>Violation of the Uniform Controlled Substances Act-Knowingly acquiring or obtaining possession of a controlled substance by theft, misrepresentation, fraud, forgery, deception or subterfuge Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession. Failure to comply with a treatment program or aftercare program entered into under the NE Licensee Assistance Program</td>
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</tr>
<tr>
<td>Stacy Mackety RN #61198</td>
<td>7/14/10</td>
<td>Suspension Civil Penalty</td>
<td>Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession Failure to report nursing employment termination in accordance with the state mandatory reporting law</td>
<td></td>
</tr>
<tr>
<td>Shelley Terzich LPN #16461</td>
<td>7/19/10</td>
<td>License Reinstated on Probation</td>
<td>Previous disciplinary action</td>
<td></td>
</tr>
<tr>
<td>Linda Lutzow LPN #12116</td>
<td>7/23/10</td>
<td>Suspension</td>
<td>Violation of previously imposed disciplinary conditions</td>
<td></td>
</tr>
</tbody>
</table>

**Licensure Action - corrections from previous issues**

<table>
<thead>
<tr>
<th>Name</th>
<th>License No</th>
<th>Date</th>
<th>Action</th>
<th>Disciplinary Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Grotheer RN #57707</td>
<td>12/21/09</td>
<td>Voluntary Surrender in Lieu of Disciplinary Proceedings</td>
<td>Unprofessional Conduct-Misappropriating medications of a patient or agency Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance under circumstances when not authorized</td>
<td></td>
</tr>
<tr>
<td>Teresa Million RN #44800</td>
<td>2/11/10</td>
<td>Civil Penalty Suspension</td>
<td>Dishonorable Conduct</td>
<td></td>
</tr>
</tbody>
</table>

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Years Ago in Nursing News

- RN renewal was beginning. All RN licenses expired Dec. 31. Renewal applications had to be notarized and had to have all continuing education listed. Each and every application had to be reviewed by nursing staff in the licensure unit.
- Highlights of the board meetings included:
  - Heard a report from the CRNA Technical Review Committee
  - The board directed the Legislative Committee of the board to review disciplinary bill LB 1068 and make recommendations to implement
  - Approved policies and procedures related to implementation of security measures, emergency situations during administration of the examinations, dealing with candidates suspected of cheating, and modification of examination procedures and/or materials for handicapped candidates
  - Approved the 1989 annual report to be submitted to the Governor
- Tag Swartz, LPN, was appointed to the board.
- The board issued an advisory opinion that removal of chest tubes is not appropriate practice for an RN.
- The National Council of State Boards of Nursing held its 1990 Delegate Assembly in Portland, Maine. Some of the actions included: adoption of a concept paper on Delegation, adoption of Model Nurse Aide Regulation Act and Rules, voted to not pursue a third annual NCLEX examination, and directed the Communication Committee to develop a plan for development and use of audio-visual materials.
- The NCLEX-PN exam was administered April 18. The pass rate for Nebraska was 97.1 percent, compared to the national pass rate of 89.8 percent.

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Advanced Practice Nursing
(APRN-NP, APRN-CRNA, APRN-CNM, APRN-CNS)

Initial Licensure
Licensure by Endorsement
Reinstatement of Licensure
License Renewal/Audit Questions
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Licensure Based on Endorsement
Renewal/Audit Questions
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Licensure Based on Endorsement
Renewal/Audit Questions
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Certification Renewal/Audit Questions
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Rules and Regulations
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Nurse Aide Testing
Kathy Eberly
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Information on Disciplinary Actions
Karen Jones
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karen.jones@nebraska.gov

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