

Nebraska Nursing NEWS

Volume 27 • Number 2 / Summer 2010



Nebraska and National
Statistical Results of the
NCLEX- Registered Nurses

The Quest to Locate “Scope of
Practice” for Nebraska Nurses

DHHS

Nebraska Department of Health
and Human Services

OFFICIAL PUBLICATION OF THE NEBRASKA
BOARD OF NURSING

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Amanda

RN - Emergency Department

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Virginia Robertson, Publisher
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Executive Director's Message

Since the last issue of Nebraska Nursing News was written, I have been noticing some very interesting developments with regard to Scope of Practice for nurses. I have been receiving multiple phone calls and

emails from nurse managers, care coordinators, risk managers, and RNs and LPNs across the entire state seeking out a “laundry list” of skills that can be performed by nurses. For those of you that rose to my challenge in the last issue to read your Nurse Practice Act, you probably quickly realized that such a list does not exist. If you will remember back to the days of nursing school (no matter how long ago that was), nursing was taught from the aspect of the Nursing Process. Remember the steps: (1) assessment; (2) establishing a nursing diagnosis; (3) planning care through goals and objectives; (4) implementing the plan of care through nursing interventions; and (5) evaluating the responses to the interventions. This is exactly what can be found in the Nurse Practice Act (Neb. Rev. Stat. § 38-2210) as well as Nursing Regulations (Title 172 NAC 99 and Title 172 NAC 101). These are very important areas in the Nebraska laws and regulations that have been established and perpetuated from the very foundation of care that each of us learned in nursing school and through years of actual practice. Granted, those dreaded “care plans” that kept us all up late at night preparing for the next day in clinical are not protruding from our pockets anymore, because over time the practice of nursing (process) is now etched in our memories instead of on the pages that were presented to our instructors for a grade. Yes, as bad as each one of us grew to hate those voluminous pages, we repeatedly use nursing process in our everyday practice without even thinking about it anymore. It has become a part of us – that part that makes us nurses.

An interesting article has been written in this volume that describes two nurses' adventures in trying to locate a list of “allowable nursing activities” in the Nursing Practice Act. Each one of them discovered the Delegation Tree (found at www.hhs.state.ne.us/crl/nursing/RN-LPN/rn-lpn.htm). This decision-making tool is used by the registered nurse in making decisions in delegating nursing tasks to *unlicensed assistive personnel*. It is a form of Nursing Process. An assessment is done by the registered nurse; then

appropriate delegation is determined using “nursing judgment.” The unlicensed person performs the simple *skills and tasks*. The important aspect to realize is that unlicensed assistive personnel may know **how** to do simple *skills* or nursing *tasks*, like taking blood pressures, maintaining hygiene, lifting and transferring, etc. However, nursing knowledge and nursing judgment are required to determine **why** skills and tasks are done, and **what must be done** when findings differ from normal.

There is another aspect of the scope of practice for nursing that is of great concern to me. I have been receiving calls from nurses who are feeling coerced (or who are anxious) to perform procedures that are above the realm of nursing knowledge. Nurses are asking if procedures such as making the initial incision in surgery; injecting corticosteroids in joints; managing medication dosages in epidural infusions; and dictating histories and physical are part of nursing practice. Many of these calls have been from nurses during last-minute preparation to provide physicians with a “laundry list” of what nurses can or cannot do. Can any of these procedures fit into Nursing Process? As mentioned above, it would be virtually impossible to list all the things a nurse can or cannot do while practicing nursing because most of nursing occurs between our ears; although the part of nursing done by our fingertips (skills) is often more stimulating. I remember during my years of teaching when students were so excited to get into clinical rotations so they could start IVs, insert nasogastric tubes and Foley catheters, read EKG monitors, and see the trauma in the ED. So I can understand how the blurring of practice from nursing to medicine may easily occur. It is an exciting time to be in healthcare with all of the new and inventive technology exploding into patient care. However, this blurring of scope towards medical care can easily be compared to the unlicensed assistive personnel wanting to do those skills and tasks that require more understanding and knowledge than they actually possess. Nurses who venture into the scope of practice of medical and osteopathic physicians do not have the same knowledge base, and therefore must not be forced or agree to practice in a way that is not safe for the patients.

Nurses are still the most trusted of healthcare professionals. Be very proud of what you know and how you can help your patients everyday.

Diana Baker MSN, RN

Board Vacancies

The Nebraska Department of Health and Human Services is currently seeking individuals interested in serving on the Board of Advanced Practice Registered Nurses, Board of Nursing, Nebraska Center for Nursing Board, and the State Board of Health. Application and qualification information is available online at www.dhhs.ne.gov/crl/Board_Vacancies.htm.

All professional members must be actively engaged in practice for the position they are seeking for a period of five years just preceding appointment, and maintain active practice for the duration of their term. Active practice means devoting a substantial portion of time to rendering professional services. Professional members must also be a resident of Nebraska for one year and shall remain a Nebraska resident while serving as a board member. These are the two main reasons that applicants are ineligible to serve.

Service on a professional board is a volunteer opportunity, but members are paid a per diem rate of \$50.00 and are reimbursed for non-local travel expense.

BOARD OF ADVANCED PRACTICE REGISTERED NURSES

The State Board of Health will appoint the following positions on November 15, 2010:

- Clinical Nurse Specialist
- Physician Member
- Public Member

BOARD OF NURSING

The State Board of Health will appoint the following positions at their November 15, 2010, meeting. Statutory requirements for each member of the Board, except public members:

- 1) Active nursing license for a period of five years just preceding appointment.
- 2) Actively engaged in the practice of nursing for a period of five years just preceding appointment and shall maintain such practice while serving as a board member.
- 3) Resident of Nebraska for at least one year at time of appointment.

The Board of Nursing shall have equal representation from Congressional District 1, 2 and 3, as well as from practice areas. A minimum of three members, and no more than five shall be appointed from each Congressional

district. The State Board of Health shall attempt to ensure that the membership is representative of acute care, long-term care, and community-based care.

- Baccalaureate Nurse
- Educator Member
- Practical Nurse Member
- Staff Nurse Member

The deadline for submission of an application and all supporting documentation is August 1, 2010. Letters of reference must also be received by August 1, 2010. Personal interviews with applicants will be conducted on September 26th in Hastings and on October 24th in Lincoln. The deadline for associations to nominate someone is July 6, 2010.

Send your name and address to the contact information below if you wish to receive an application packet. Be sure to identify the name of the board and position of interest.

Monica Gissler, Program Manager
DHHS, Public Health, Licensure Unit/RPQI
PO Box 95026
Lincoln, NE 68509-5026
E-mail: Monica.Gissler@nebraska.gov
Phone: (402) 471-6515

Appointments to the Nebraska Center for Nursing Board and State Board of Health are made by the governor, but coordinated through the DHHS Licensure Unit. Application is available online at www.dhhs.ne.gov/crl/Board_Vacancies.htm. Now is the time to apply for any of these positions!

NEBRASKA CENTER FOR NURSING BOARD

This board is a policy-setting board for the Nebraska Center for Nursing. There are twelve positions on this board which will expire by July 1, 2010, and at least six of them must be filled by a nurse or nurse educator.

STATE BOARD OF HEALTH

This board promotes and protects the health and safety of all people in Nebraska. There are two positions on the Board of Health for nurses licensed to practice in Nebraska. One position will become vacant on August 1, 2010, and the term is for five years. This board:

- 1) Adopts and promulgates rules and regulations for the professions and occupations licensed, certified, registered, or issued permits by the DHHS Division of Public Health, including rules and

regulations necessary to implement laws enforced by the division.

- 2) Serves in an advisory capacity for other rules and regulations adopted and promulgated by the DHHS, including those for health care facilities and environmental health services.
- 3) Carries out its powers and duties under the Nebraska Regulation of Health Professions Act;
- 4) Appoints and removes for cause members of health-related professional boards;
- 5) At the discretion of the board, helps mediate issues related to the regulation of health care professions, except issues related to the discipline of health care professionals; and
- 6) Has the authority to participate in the periodic review of the regulation of health care professions.

If you know of someone who may be interested in serving as a public member on a professional licensing board, committee, or council, please provide the Licensure Unit with their name and contact information. There are twelve public member positions to be filled in 2010.

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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 Web site 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.

Day/Date	Time	Meeting	Location
July			
Wednesday, July 7	3:00 – 5:00 p.m.	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 Gold's Room 531
Thursday, July 8	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Nebraska State Office Building LLB
August			
Wednesday, Aug. 11 – Friday Aug. 13		NCSBN Annual Meeting	Portland, Ore.
Thursday, Aug. 19	8:30 a.m.	Board meeting	Gold's Room 531
September			
Wednesday, Sept. 8	3:00 – 5:00 p.m.	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 Gold's Room 531
Thursday, Sept. 9	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Nebraska State Office Building LLB
October			
Thursday, Oct. 14	8:30 a.m.	Board meeting	Nebraska State Office Building LLB
November			
Wednesday, Nov. 17	3:00 – 5:00 p.m.	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 Gold's Room 531
Thursday, Nov. 18	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Gold's Room 531
December			
Thursday, Dec. 9	8:30 a.m.	Board meeting	Gold's, Room 531

Gold's Building 1050 N Street, Lincoln, Nebraska 68508
NSOB 301 Centennial Mall South, Lincoln, Nebraska 68509

The Center for Nursing Continues

The Center for Nursing was created in 2000 when the Nebraska Unicameral passed LB1025. The purpose of the Center for Nursing was identified as:

“The Legislature finds that it is imperative that the State of Nebraska protect its investment and the progress made in its efforts to alleviate the nursing shortage which exists. The Legislature also finds that the Nebraska Center for Nursing will provide the appropriate means to do so. It is the intent of the Legislature to appropriate funds necessary for the Center to carry out the Nebraska Center for Nursing Act.”

The Center for Nursing was established as a sixteen member board which is appointed by the Governor. The purpose of the Center is:

“The Nebraska Center for Nursing is established. The Center shall address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. The Legislature finds that the Center will repay the state’s investment by providing an ongoing strategy for the allocation of the state’s resources directed towards nursing.”

The primary goals of the Center were listed in the last issue of Nursing News.

The Unicameral originally allocated money for the Center and also authorized the utilization of up to 15% of the licensure fees of RNs and LPNs to support the activities of the Center. Nurse licensure fees continue to finance the activities of the Center.

The Center was originally established for a five year time period. At the end of the five-years, with LB243, passed in 2005, the Unicameral extended the Center for another five years.

This past legislative session, 2010, the Unicameral, with the passage of LB849, continued the Center and its activities again. This time there is no sunset date, so the Center will continue without a time limit.

A picture of and the names of the current members of the Center for Nursing were included in the last issue of the Nursing News. The Center meets every other month, usually in Lincoln. Some of the activities and priorities of the Center continue to be:

1. Maintaining the data base of the nursing supply and demand in Nebraska.
2. Providing information/presentations regarding the Center’s activities and data as invited by organizations, conventions, workshops, etc.
3. Establishing a Clinical Placement System that can be used by all nursing programs and all clinical facilities to get the best use of clinical agencies as the enrollments increase in the programs.
4. Developing a student passport in conjunction with the Clinical Placement System so that students do not have to repeat certain requirements such as CPR, HIPAA regulations, infection precautions, etc., with each clinical agency change. This would also allow for clinical agencies to do some of their specific orientation on-line prior to the student arriving, such as parking and locker directions, or some specific student policies and procedures.
5. Members of the Center participate

as members of the Nebraska Team for Center to Champion Nursing in America, which is a national organization of state teams that is sponsored by the Robert Wood Johnson Foundation and the American Association of Retired Persons. This organization was established as a sharing and helping mechanism for states as they address the nursing shortage.

6. The Center also participates in an annual meeting of all state Centers for Nursing and again shares ideas, concerns and solutions with each other.
7. The Center is establishing a foundation arm (501c3) so that they can accept philanthropic donations for such things as student and faculty loans.

The Center for nursing maintains a webpage www.Center4nursing.com.

Did You Know?

NCSBN Raises Passing Standard

After consideration of the opinion of an expert panel of nine nurses who performed a criterion-referenced standard setting procedure, and results of national surveys of nursing professionals, including nursing educators, directors of nursing in acute settings and administrators of long-term care facilities, the National Council of State Boards of Nursing (NCSBN) voted on December 10, 2009, to raise the passing standard for the NCLEX-RN. This new passing standard will take effect on April 1, 2010, in conjunction with the 2010 NCLEX-RN Test Plan.



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Time for License Renewal

All Nebraska RN and APRN licenses expire October 31, 2010. Renewal notices will be mailed on or about August 1, 2010.

The renewal postcards will be mailed to the address we currently have on our Licensing Information System. RNs who have moved and the postal forwarding order has expired may not receive a notice. Each year hundreds of pieces of mail are returned to the Department as undeliverable because licensees have neglected to keep their mailing address current with the Department. When a licensee fails to maintain a current address with the Department, it results in delayed or non-delivery of the renewal notice, extra cost to the Department for printing, paper, and postage, and staff time. It may also result in you not renewing your license prior to the expiration date, having to pay an administrative fine for practicing nursing without a current license, and possible discipline on your nursing license.

With the passage of the new Uniform Credentialing Act that became effective December 2008, there were some changes in the renewal processes. There have been articles in previous issues of the Nursing News

outlining these changes. Most importantly, there is no longer a second renewal notice and there is no longer a late fee. If a license is not renewed before the expiration date it must be reinstated and the licensee is required to pay the reinstatement fee.

The renewal notice postcard provides the Web site for online license renewal. All RNs are highly encouraged to renew online. The online renewal has many advantages over using a paper form. With online renewal the application is processed the next business day and if everything was completed properly, the renewed license is mailed the same day. Online renewal using a credit card decreases the time required for receipting the renewal fee. Online renewal saves postage and avoids the possibility that the application will be lost in the mail. A final advantage of online renewal is that the data on the workforce survey that accompanies the renewal application is entered electronically. Paper workforce surveys require extensive time for staff to enter manually. Because of less staff time and other related costs, online renewals make it possible to keep the renewal fees at the lowest possible amount.

Effective December 1, 2008, all applicants for licensure must be 1) a citizen of the United States, 2) an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or 3) a non-immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States. If you fall into category 2 or 3 above, you will need to submit evidence of lawful permanent resident and/or immigration status which may include a copy of:

- 1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
- 2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- 3) A document showing an Alien Registration Number ("A#") with visa status; or
- 4) A Form I-94 (Arrival-Departure Record) with visa status.

Remember when you sign and submit your renewal application, you are certifying that the information provided on your renewal is accurate on that date. You are attesting that you have completed the continuing competency requirements when you sign your application. **Do not attest to completion of practice hours and/or continuing education hours prior to completion.** Attesting to having completed requirements that you have not completed may be falsification of an application.

Watch your mailboxes and renew early to ensure you have your renewed license prior to the expiration date. If you fail to renew your license prior to the expiration date, you will have to reinstate your license. Practicing nursing after the expiration date, if your license has not been renewed, will result in an administrative penalty fee of \$10 for each day you practice up to a maximum of \$1,000, and may result in discipline on your license.

Please remember to make sure we have your current mailing address. The address we have for you in our licensing system is where all communication from the Department is sent, including the Nursing News. You can call our office at (402) 471-4376 to change your address, or change your address online. To change your licensing demographics online go to www.dhhs.ne.gov/lis/lisindex.htm on the Department of Health and Human Services site and follow the easy directions.



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Nurse Licensure Compact Issues

The Board of Nursing staff have recently experienced an increase in the number of calls regarding Nurse Licensure Compact issues, so perhaps it is time to reinforce the basics of the statute, Neb. Rev. Stat § 71-1795.

The Nurse Licensure Compact is based on the mutual-recognition model and is similar to the model for state driver's licenses. When we take a trip to other states we are able to legally drive in those states using a Nebraska driver's license, but we must obey the laws as they exist in the other states. If during our trip we decided to move to a different state and become a resident there, the requirement is to get a driver's license for that state, usually within 30 days.

Like the driver's license model, nursing practice across compact state lines is allowed, whether, physically or electronically, unless the nurse is under discipline or an agreement that restricts practice to a single state. The nurse must learn and practice according to the statutes and regulations of the state where practice is done. Nebraska has been a member of the Nurse Licensure Compact since 2001, and with Missouri entering the compact effective June 1,

2010, there are now 24 states in the compact.

Below are a number of basic elements of the Nurse Licensure Compact:

- The nurse who lives in a compact state can hold only ONE multistate license that allows practice in all compact states. This license is issued by the state that is the nurse's primary state of residence. The primary state of residence is where the nurse resides, holds a driver's license, pays income taxes, and/or is registered to vote. Owning property in another compact state does not constitute a primary state of residence.
- If a licensed nurse permanently relocates from one compact state to another compact state and practices nursing, the primary state of residence becomes the **new state**. For example, if a nurse has a Colorado (compact state) and moves to Nebraska (compact state), practice is allowed for **ONLY 30 DAYS** in Nebraska. Unlicensed practice beyond the 30 days in Nebraska will result in a fine of \$10 per day of practice. When the Nebraska license is issued, the Colorado license will be invalidated.
- If a nurse holds a license in a compact state,

but does not reside in a compact state, the license issued is a single state license that authorizes practice only in that compact state. For example, if a nurse resides in Kansas (non-compact state) but works in Nebraska (compact state), a single state license is issued by Nebraska. In this case, the Nebraska license does not allow practice in another compact state.

- The nurse must practice according to the laws and regulations of the state in which care is provided and where the patient is located.
- The compact does not supersede federal law. If a nurse is employed in military service or works for the federal government, an active nursing license from any state will be acceptable.
- A nurse who is under discipline may be restricted from working across state lines.

Practicing nurses and employers of nurses need to be aware of the Nurse Licensure Compact and how it functions. Further information can be found at the DHHS, Board of Nursing website at <http://www.dhhs.ne.gov/crl/statutes/compactstat.pdf> or by logging in to the National Council of State Boards of Nursing at <https://www.ncsbn.org>.

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Nebraska and National Statistical Results of the NCLEX- Registered Nurses

The National Council of State Boards of Nursing (NCSBN) released on January 2010 the results of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) based on the national statistics of the year 2008 (Kenward et al., 2010). At the national level, NCLEX-RN pass rate for first-time U.S.-educated candidates was 86.7%. In the Continental United States, the State of New Mexico has the lowest percentage of NCLEX pass exam (78%), in comparison to the State of Oregon which has the

order) are: 1) New Mexico (78%), 2) Hawaii (80.5%), 3) Iowa (80.7%), 4) District of Columbia (81.4%), 5) Utah (82.6%), 6) New York (82.7%), and 7) Indiana (82.8%).

Since 2003, Nebraska NCLEX-RN pass rate results have been higher than the national average, with the exception of the year 2006, when the state pass rate was lower than the national average (87.3% vs. 88.1%, respectively). Overall, Nebraska pass rates have shown a decrease similar to the national data when analyzing the

overall trend, starting at 89.3% in 2003, and falling to 86.8% in 2008, a 2.5% decrease, although this difference is not statistically significant ($p > .05$). These decreases in pass rates might be related to changes in the passing standard for the NCLEX-RN examination, which has continuously increased since the year 1998 (Kenword et. al, 2010). See chart below (Figure 2) which compares the pass rates from 2003 to 2008 between the State of Nebraska and the U.S.

When comparing Nebraska to its

Figure 1. NCLEX-RN Pass Rate - National Results 2008
First-Time, U.S. Educated Candidates

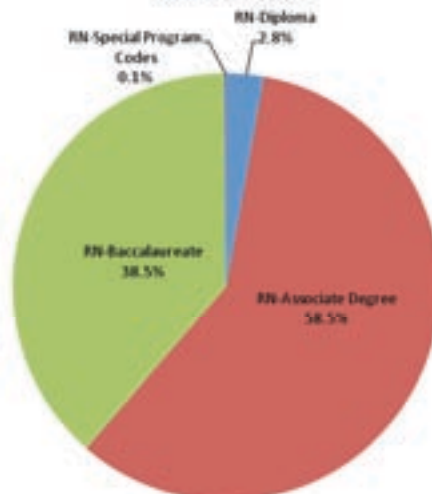


Figure 2. NCLEX - RN Pass Rate Results Nebraskavs. U.S.
2003-2008



highest pass rate (92.7%). The State of Nebraska ranks 26th (86.8% pass rate) among all states, 0.1% higher than the overall national average. The map above (Figure 1) depicts the NCLEX-RN pass rate for first-time U.S. educated candidates for each state. Pass rates have been grouped into five categories (see legend in the map for details). States with the lowest pass rates are identified in red, and those with the highest pass rates are identified in blue. The states with the highest pass rates (in descending order) are: 1) Oregon (92.7%), 2) Tennessee (91.0%), 3) Georgia (90.6%), and 4) Texas (90.5%). The jurisdictions with the lowest pass rate (in ascending

Figure 3. Percent First-Time U.S. Educated Candidates
by Degree Type



neighbor states, the states of South Dakota and Missouri show a NCLEX-RN pass rate higher than Nebraska (88.8% pass rate in SD and 87.9% in MO), differences that are not statistically significant in comparison to Nebraska pass rates ($p > .05$).

The NCLEX-RN statistical results report data by degree type: RN-Diploma, RN-Associate Degree, RN-Baccalaureate, and RN-Special Program Codes. The pie chart to the left shows the national distribution of candidates into these categories. As it can be seen from the chart (Figure 3), 97% of all candidates hold a RN-Associate Degree (58.5%) or a RN-Baccalaureate Degree (38.5%).

When comparing Nebraska NCLEX-RN results by degree type (i.e., Baccalaureate and Associate Degree) with the national statistics, it shows that Nebraska RN-Associate degree obtains a lower pass rate than the national pass rate (82.2% vs. 86.2%, respectively); however, Nebraska RN-Baccalaureate degree obtains a higher pass rate than the national pass rate (89.2% vs. 87.6%, respectively). Therefore, the challenge for Nebraska

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First time, U.S. Educated Candidates Taking the NCLEX-RN Examination by Degree Type: U.S. vs. Nebraska

	RN-Associate Degree(a)		RN-Baccalaureate	
	U.S.	Nebraska	U.S.	Nebraska
<i>n</i>	75,541	365	49,736	687
Pass rate	86.2%	82.2%	87.6%	89%

(a) Differences were statistically significant ($p < .05$)

Registered Nurses holding an Associate Degree is to increase pass rates to at least equal the national average pass rate. The above table summarizes these results.

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The Quest to locate “scope of practice” for Nebraska Nurses

By Annette Schnell MSN, APRN-PCNS-BC, CPN;
Joan Batenhorst BSN, RN, CPN; and Kay Ryan RN, Ph.D., CPN

In the Spring 2010 edition of *Nebraska Nursing News*, our State Board of Nursing Executive Director Diana Baker shared some real life issues around many Nebraska nurses' lack of familiarity with the Nurse Practice Act. We wholeheartedly agree with Diana's findings. Nurses are busy “doing” and may not take the time or may lack skills or direction to navigate the technology in order to find or understand the regulations that define the scope of our nursing practice in the state of Nebraska.

For example, when we asked several Nebraska nurses about their scope of practice, they indicated they understand what scope of practice is but don't know where to find it, who defines it, or where to go for specific information regarding appropriate and inappropriate nursing interventions. So, for the sake of the “average bear,” we want to walk through an exploration of how to find information regarding a Nebraska nurse's scope of practice. We bring you two Nebraska nurses' experiences in their quest to answer a sample scope of practice question: “Is it within our nursing scope of practice to replace a gastrostomy tube on a patient?”

Our first nurse would qualify herself somewhere in the middle range of being technologically savvy. She takes us through her journey of Internet wandering in search of the Nebraska nursing scope of practice and makes note that the first time around, it was not a direct path to the desired information.

So... let's get started:

Go to Google Home Page and type in “Nebraska RN” – seems obvious, but when she tried other versions they did not provide the top choice of the website that she was seeking. This entry directed her to what she was looking for: www.hhs.state.ne.us/crl/nursing/rn-lpn/rn-lpn.htm.

She hoped that the website would basically give the “list” of things that a

registered nurse is allowed to do. There are a number of links, but the “list for RNs” was not one of them. Under the link titled Practiced Defined, there is a nice outline that helps assist the LPN and LPN-C related to IV activities. The other item under the link “Practice Defined” is the Scope of Practice Decision Tree. She reviewed this several times to understand how it can guide to what should be on the “list” she was looking for. The reality is, it is pretty clear on what should be in the scope of practice for a nurse, but again is just not a detailed “list.” This is what she discovered: as you follow the algorithm to find what is acceptable practice, you must return to your roots, in some cases, like what is taught in the basic nursing program (a few years ago for her); what is included in the national nursing organization standards of practice; what is supported by nursing literature and research, established policy and procedure in the place of employment; and what is addressed by a Nebraska Board of Nursing advisory opinion. Of all these options, the **Advisory Opinions** was the jack pot “list” as it clearly provided specific tasks, procedures or roles that outlined acceptable practice for a nurse scope of practice. It just did not include everything a nurse could do.

Our second nurse is considered a technologically savvy individual. When she first started on the quest to find out what was included in her scope of practice as a Nebraska nurse, she went to Google and typed in “Nebraska nurse scope of practice”. The first website displayed was the following address within the Nebraska Department of Health and Human Services website: www.hhs.state.ne.us/crl/nursing/rn-lpn/rn-lpn.htm. This link took her to the RN/LPN home page which she hoped would lead to a document that explicitly stated what acts Nebraska nurses can/cannot perform. Instead, she found multiple choices along the left side of the

home page. Among these options was the “scope of practice decision tree”. This title caught her interest since it was the only choice that mentioned “scope.” When she clicked on this option, she found an algorithm that was developed to guide a Nebraska nurse's decision about whether a certain act was within their scope. The decision tree displayed an organized, step-wise approach to guide nurses.

In an effort to understand the process by which a nurse determines if a practice is within their scope, she returned to the topic of replacing an abdominal gastrostomy tube and worked her way through the decision tree. According to the decision tree, after defining the act to be performed, the next step is to determine if the act is “expressly permitted or prohibited by the Nursing statutes.” This may be the last step necessary to determine if the act is within a nurse's scope. Referencing the nursing statutes (particularly 172 NAC 99- Provision of Nursing Care) provides an overview of standards pertaining to delegation, direction, assignment and the minimum standards within the framework of the nursing process. The only specific actions that are mentioned are intravenous cares by LPNs. No mention is made of gastrostomy tube replacement. At this point, our “techie” nurse got stuck, so she navigated down the decision tree to step three, which addresses if substantial specialized education or training is necessary to perform the act. Specialized education or training includes education beyond basic education for licensure and independent judgment. When considering the act of replacing an abdominal gastrostomy tube, she determined that specialized training is necessary for this action, which would limit the act to RNs and APRNs, according to the decision tree.

Step four further helps to determine if the act is appropriate for an RN to

perform. This step contains five concepts to guide the nurse to an answer. These include whether the act was:

- 1) taught in a basic nursing education program;
- 2) included in a national nursing organization's standards of practice;
- 3) supported by nursing literature and research;
- 4) appropriately established policy and procedure is in place in the employing facility and;
- 5) addressed by a Nebraska Board of Nursing advisory opinion. If the answer is "no" to any of these questions, then the act is prohibited.

However, if the answer is "yes," the nurse must progress on to additional steps. While exploring these 5 questions to determine if abdominal gastrostomy tube replacement was within a nurse's scope, she found the advisory opinions to be the most helpful "list" available. While nursing literature, research and national standards of practice are thorough and timely, they are time consuming and potentially expensive for the average nurse to locate, especially for those that are less comfortable with technology. In addition, they rarely contain a "list" of appropriate nursing acts that a nurse can conveniently locate.

Thus, our second nurse located the advisory opinions from the Board of Nursing on the RN/LPN homepage of the NDHHS website. **Jackpot!** Gastrostomy tube replacement is included in the list! The following is what was found on the website:

"It is the opinion of the Nebraska Board of Nursing that it is acceptable practice for licensed nurses to replace gastrostomy tubes, jejunostomy tubes and suprapubic catheters for those clients whose stoma conditions are stable and well established. LPNs must do so under the direction of a licensed practitioner or RN. The decision to provide tube replacement should be based upon self-assessment of competency, and following an assessment of the client and environment. A licensed nurse is accountable to be competent for all nursing care that she provides. Competence means the ability of the nurse to apply interpersonal, technical and decision-making skills at the level of knowledge consistent with the prevailing standard for the nursing activity being applied. Accountability also includes acknowledgment of personal limitations in knowledge and skills, and communicating the need for specialized

instruction prior to providing any nursing activity."

After reviewing the opinion, it is the responsibility of the nurse to perform a self-assessment of knowledge and competence to perform the skill.

After navigating the website and the Decision Tree, the Decision Tree was found to be a helpful tool in determining if gastrostomy tube replacement was within the scope of practice for a Nebraska nurse.

As technology improves and advancements are made, it is obviously

more prudent to have a Decision Tree and Advisory Opinions than "a list." These tools allow nursing professionals to refer back to those entities that practice within the current health care environment and provide direction for the Nursing Scope of Practice. The Decision Tree is also an incentive to become more technologically savvy, as researching the other options outside of the Advisory Opinions require more investigation in defining the Nursing Scope of Practice.

Happy Navigating!



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Update regarding the “Transition to Practice” Grant

Several nursing organizations, comprised of the Licensed Practical Nursing Association of Nebraska (LPNAN), Nebraska Nurses Association (NNA), Nebraska Organization of Nurse Leaders (NONL), Nebraska Assembly of Nursing Deans and Directors (NANDD), and the Nebraska Board of Nursing (BON) obtained a grant from the National Council of State Boards of Nursing Center for Regulatory Excellence. The purpose of the two-year grant is to study new nursing graduates' transition to practice.

The transition from new graduate to practicing nurse is a critical time. Numerous studies have identified the orientation period as crucial to patient safety, job satisfaction, and nursing effectiveness^{1,2,3,4,5,6,7,8}. Yet it is unclear how best to further develop new nursing graduates. Several studies have been done in urban, acute care areas with registered nurses, but few studies have investigated new graduates of practical nursing programs, new graduates in long-term care facilities, or new graduates in rural areas.

Nebraska's project will investigate orientation needs of new LPNs and RNs in urban and rural areas and include acute and

long-term care facilities. Several phases of the project are planned. In Phase One, graduates during 2009 will complete a survey to determine their orientation experiences. Also in Phase one, preceptors, first managers and all new graduates working in urban and rural acute and long-term care facilities will review new graduate educational needs. Recruitment of rural and urban, as well as acute care and long-term care facilities will be completed in Phase One. Once facilities are selected during summer 2010, Phase Two will begin and include grant-funded preceptor development and provision of new graduate educational modules. Preceptors and new graduates will be surveyed during 2010 and 2011. Phase Three will analyze data generated by the project and make recommendations.

The project is seeking individuals to participate in the selection and review of educational modules and seeking facilities interested in participating. Please consider participating. Contact the project director, Peggy Hawkins, RN, for additional details at Peggy.Hawkins@nebraska.gov or call 402.334.7136. An update of the project is planned for future Nursing News issues.

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Registry Action on Nurse Aides



From 02/01/2010 through 04/30/2010, 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
Stephanie Rose Anderson	68254	Finding of Conviction	04/07/10
Amy Elizabeth Hofstetter	68258	Finding of Conviction	03/31/10
Anita Jo Mackins	66690	Finding of Abuse	03/25/10

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Licensure Actions

The following is a list of licensure actions taken between Nov. 1, 2009, and Jan. 31, 2009. Additional information is available on our Web site at www.nebraska.gov/LISSearch/search.cgi or by e-mail at karen.jones@nebraska.gov.

Licensee	Date of Action	Action	Violation
Nancy Bopp RN #29894	2/11/10	Censure	Unprofessional Conduct-Committing any act which endangers patient safety or welfare
Lisa Deuel RN #60639	2/11/10	Voluntary Surrender in Lieu of Disciplinary Proceedings	Violation of previously imposed disciplinary conditions
Bryce Miller RN #54528	2/11/10	Voluntary Surrender in Lieu of Disciplinary Proceedings	Violation of previously imposed disciplinary conditions
Teresa Millio RN #44800	2/11/10	Civil Penalty Suspension	Dishonorable Conduct
Patricia Jirs LPN #19146	2/14/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety or welfare
Monte Middleton APRN-Nurse Practitioner #111116	2/18/10	License Issued on Probation	Previous disciplinary action
Louise Fiset LPN #5297	2/18/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed
Matthew Jurgensen LPN #22611	2/24/10	License Issued on Probation	Misdemeanor convictions having a rational connection with fitness to practice the profession Abuse of, dependence on, or active addiction to alcohol, any controlled substance or mind altering substance
Lindsey Lewis RN #68176	2/25/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to safeguard patient's dignity or right to privacy
Sarah McManigal RN #62039	2/25/10	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Frances Leflore LPN #20044	2/25/10	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
Stacie Schaecher LPN #15257 LPN-C #691	2/27/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety or welfare
Chandra Cooney LPN #20959	2/27/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety or welfare
Timothy Valdez RN #51846	2/28/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Disruptive behavior ... which interferes with consumer care or could reasonably be expected to interfere with such care
Joyce Porter RN #49241	3/3/10	Censure Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Committing any act which endangers patient safety and welfare. Failure to report loss of employment due to alleged unprofessional conduct in accordance with state mandatory reporting law
Kelley Boyles RN #50288	3/3/10	Censure	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law
Meghan Camp RN #67873	3/3/10	Probation	Practice of the profession in a pattern of negligent conduct. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to maintain an accurate patient record. Committing any act which endangers patient safety and welfare

Licensee	Date of Action	Action	Violation
Frankie Garren RN Compact Privilege IA-113019	3/3/10	Revocation	Dishonorable Conduct Violation of the Uniform Controlled Substances Act-Theft of controlled substances. Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession or the ethics of the profession
Lisa Hullinger RN #46602	3/3/10	Probation	Dishonorable Conduct. Violation of the Uniform Controlled Substances Act-Theft of controlled substances. Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession
Jolynn Lardy RN #54138	3/3/10	License Reinstated on Probation	Previous disciplinary action
Chantill Dunn LPN #21511	3/3/10	Censure	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice or ethics of the profession. Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Linda Farr Eastman LPN #18261	3/3/10	Censure	Unprofessional Conduct - ... failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession. Failure to report loss of employment in accordance with the state mandatory reporting law
Michelle Heydon LPN #14972	3/3/10	Censure Civil Penalty	Violation of previously imposed disciplinary conditions
Deanna Timothy LPN #17172	3/3/10	License Reinstated on Probation	Previous disciplinary action
Bambinina Suckstorf LPN #19545	3/7/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety or welfare
Karen Vivian RN #46650	3/10/10	License Reinstated on Probation	Previous disciplinary action
Lisa Beason LPN 20259	3/17/10	Revocation	Violation of previously imposed disciplinary conditions
Alicia Cain LPN #20258	3/17/10	Revocation	Dishonorable Conduct-Lying to Department investigator during the course of an investigation
Dana Mauger LPN #22308	3/17/10	Censure Civil Penalty	Violation of previously imposed disciplinary conditions
Shelly Alm RN #65499	3/31/10	Suspension	Failure to report misdemeanor convictions in accordance with state mandatory reporting law. Alcohol Dependence. Misdemeanor convictions which have a rational connection with fitness to practice the profession
Leslie Eisenmann RN #53479	3/31/10	Censure	Unprofessional Conduct-Failure to conform to the standards 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; Committing any act which endangers patient safety and welfare
Carol Ludwick RN #44855	3/31/10	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice
Kelly Nekola RN #69616	3/31/10	Probation	Unprofessional Conduct. Practice of the profession while ability to practice is impaired. Abuse of, dependence on, or active addition to . . controlled substance, or any mind-altering substance Violation of the Uniform Controlled Substance Act-Knowingly or intentionally possessing a controlled substance under circumstances when she was not authorized to do so. Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Kellie Wulf RN #56464	3/31/10	Voluntary Surrender in Lieu of Disciplinary Proceedings	Dishonorable Conduct-Practice of the profession beyond authorized scope. Violation of the Uniform Controlled Substances Act. Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care; Failure to safeguard patient's dignity and right to privacy; Violating confidentiality of information or knowledge concerning the patient; theft of funds from employer Failure to report employment termination in accordance with the state mandatory reporting law
Angela Carlson LPN #18788	3/31/10	Revocation	Failure to report employment termination in accordance with the state mandatory reporting law Unprofessional Conduct-Failure to cooperate with Department investigator during the course of an investigation
Darcy Kapke LPN #20187	3/31/10	Revocation	Practice of the profession in a pattern of negligent conduct. 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
LeAnne Klotz LPN #21001	3/31/10	Revocation	Violation of previously imposed disciplinary conditions

Licensee	Date of Action	Action	Violation
Karen Owen LPN #21274	3/31/10	Censure Civil Penalty	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of a profession ... Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Stacy Polenske LPN #18643	3/31/10	License Reinstated on Probation	Previous disciplinary action
Teresa Svoboda LPN #14608	3/31/10	Non-disciplinary Voluntary Limitation	
Lori Johnson LPN #20629	4/4/10	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Teri Boyer RN #55108	4/8/10	Voluntary Surrender in Lieu of Disciplinary Proceedings	Violation of previously imposed disciplinary conditions
Cynthia Brugger RN #39671 APRN- CRNA	1/29/10	Suspension	Unprofessional Conduct-Committing any act which endangers patient safety or welfare. Practice of the profession while ability to practice is impaired Violation of the Uniform Controlled Substances Act by knowingly or intentionally possessing a controlled substance under circumstances when not authorized. Failure to comply with a treatment program or an aftercare program entered into under the Licensee Assistance Program . Failure to report employment termination in accordance with state mandatory reporting law
Robert Stanton RN #62284	4/8/10	Revocation	Abuse of, dependence on... any controlled substance... Violation of the Uniform Controlled Substances Act-Theft of controlled substance and use of fraudulent prescriptions to obtain controlled substances. Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Sara Collins LPN #21874	4/8/10	Suspension	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession or the ethics of the profession...; Falsification or misrepresentation of material facts in attempting to procure nursing employment
Kelly Covrig LPN #20770	4/8/10	Limitation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Failure to maintain an accurate patient record; Committing any act which endangers patient safety and welfare; Failed to report for scheduled nursing shift

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Sandra Swan RN #26005	4/19/10	Non-disciplinary Assurance of Compliance	Failure to report loss of employment in accordance with the state mandatory reporting law
Tracy Chandler RN #67233	4/20/10	Revocation	Failure to report action in another state in accordance with the state mandatory reporting law Failure to respond to Department's correspondence
Karen Brown aka Karen Hester LPN #18073	4/20/10	Revocation	Violation of previously imposed disciplinary conditions
Carolyn Hickman LPN #20744	4/20/10	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice; Falsification or intentional unauthorized destruction of patient records; Committing any act which endangers patient safety and welfare. Failure to report loss of nursing employment in accordance with state law
Elena Ramsey LPN #19687	4/20/10	Censure	Unprofessional Conduct-Failure to maintain an accurate patient record
Michael Souder LPN #21921	4/20/10	Revocation	Violation of previously imposed disciplinary conditions
Jennifer Cysz RN #58682	4/23/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record
Laura Railsback RN #49896	4/26/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care
Angel Price LPN #19234	4/29/10	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with the state mandatory reporting law



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1990 Twenty Years Ago in Nursing News

- Two board members (Alyce Maupin and Elaine Garrison) and two board staff (Charlene Kelly and Sheila Exstrom) attended the Area II meeting of the National Council of State Boards of Nursing in St. Louis. Some of the reports and discussions included Computer Adaptive Testing and Computer Simulated Testing, report of the Nursing Practice and Education Committee, discussion of issues related to licensure of foreign educated nurses and a report of the Nurse Aide Competency Examination Project.
- Governor Kay Orr appointed Anita Breneman, R.N. and Elinor Cool, R.N. to the Board of Nursing to replace Mary Lou Holmberg, R.N. and Martha Brown, R.N.
- After reviewing comments from public hearings, the board made the following changes to the proposed regulations:
 - Definition of a contact hour changed from 60 to 50 minutes;
 - Definitions of Registered Nurse and Licensed Practical Nurse were expanded to include educational and examination requirements for licensure;
 - Limitations on home study programs for license renewal have changed from 20% to 50% of the total hours required for renewal.
- The NCLEX-RN was administered February 6 & 7. There were 110 first time candidates and a pass rate of 89%, compared to 86.4% nationally.
- Licensure statistics:
 - Total licensed RNs: 17,611 (24,410 currently)
 - Total licensed LPNs: 6,376 (7,000 currently)
 - Total licensed Nurse Practitioners: 32 (898 currently)
 - Total licensed CRNAs: 225 (531 currently)

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If you do not have access to the Internet, please contact the Licensure Unit for information or questions concerning:

Nursing and Nursing Support

General Issues

Diana Baker, RN, MSN
Section Administrator
(402) 471-0317
diana.baker@nebraska.gov

Advanced Practice Nursing

(APRN-NP, APRN-CRNA, APRN-CNM, APRN-CNS)

Initial Licensure

Licensure by Endorsement

Reinstatement of Licensure

License Renewal/Audit Questions

Angela Holly
(402) 471-2666
angela.l.holly@nebraska.gov

Nursing Practice Issues

Karen Bowen, RN, MS
(402) 471-6443
karen.bowen@nebraska.gov

Registered Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement Renewal/Audit Questions

Karen McGann
(402) 471-4375
karen.mcgann@nebraska.gov

Licensed Practical Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement Renewal/Audit Questions

Mary Ann Moore
(402) 471-4925
maryann.moore@nebraska.gov

Licensed Practical Nurse Certified

Certification by Examination

Certification Renewal/Audit Questions

Mary Ann Moore
(402) 471-4925
maryann.moore@nebraska.gov

Nursing

Foreign Educated Nurses

Sheila Exstrom, RN, Ph.D.
(402) 471-4917
sheila.exstrom@nebraska.gov

Nursing Statutes

Rules and Regulations

Diana Baker, RN, MSN
(402) 471-0317
diana.baker@nebraska.gov

Scope of Practice and Practice Standards

Karen Bowen, RN, MS
(402) 471-6443
karen.bowen@nebraska.gov

Education Issues, Curriculum Revisions and Nursing Program Surveys

Sheila Exstrom, RN, Ph.D.
(402) 471-4917
sheila.exstrom@nebraska.gov

Refresher Course/Designing Own Review

Course of Study

Sheila Exstrom, RN, Ph.D.
(402) 471-4917
sheila.exstrom@nebraska.gov

Name and/or Address Change

(Please provide your name and Social Security number)
Angela Holly
(402) 471-2666
angela.l.holly@nebraska.gov

Nursing Student Loan Program

Shirley Nave
(402) 471-0136

Probation Compliance Monitoring

Ruth Schuldt, RN, B.S.
(402) 471-0313
ruth.schuldt@nebraska.gov

Complaint Filing

Investigations Division
(402) 471-0175

Medication Aide

Medication Aide Role and Practice Standards

Marletta Stark, RN, BSN, Program Manager
(402) 471-4969
marletta.stark@nebraska.gov

Name and/or Address Change

(Please provide your name and Social Security number)
Teresa Luse
(402) 471-4376
teresa.luse@nebraska.gov

Medication Aide Registry and Applications

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

Medication Aide Testing

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

Nurse Aide

Nurse Aide Role and Practice Standards

Marletta Stark, RN, BSN
(402) 471-4969
marletta.stark@nebraska.gov

Nurse Aide Registry

Nancy Stava
(402) 471-0537
nancy.stava@nebraska.gov

Name and/or Address Change

(Please provide your name and Social Security number)
Nancy Stava
(402) 471-0537
nancy.stava@nebraska.gov

Questions Related to: Interstate Endorsements, Nursing Students, Military Training, Foreign Trained Nurses

Wanda Wiese
(402) 471-4971
wanda.wiese@nebraska.gov

Nurse Aide Testing

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

General

Mailing Labels

Available online at:
<http://www.nebraska.gov/crl/orders.htm>

Information on Disciplinary Actions

Karen Jones
(402) 471-4923
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