

Nebraska Nursing NEWS

Volume 28 • Number 3 / Fall 2011



Career Development
**RN to BSN
Programs**

LPN License Renewal
**Are you planning on
Working After November 1?**

Department of Health & Human Services



OFFICIAL PUBLICATION OF THE NEBRASKA
BOARD OF NURSING

*Teaching was in her family.
But for Wanda, Nursing was in her Heart.*

Wanda

RN – Mother/Baby

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Executive Director's Message

Diana Baker



Licensure renewal time is currently in full swing and will continue until October 31, 2011, for the renewal of LPN and LPN-C licenses. With the approaching deadline, the Licensure Unit is receiving multiple questions about continuing competency regarding practice and continuing education credits. The National Council's definition of competence is the application of knowledge and the interpersonal, decision-making, and psychomotor skills expected for the nurse's practice role, within the context of public health, welfare and safety.

Health care professionals have always been encouraged to update their knowledge and maintain clinical competence, and the philosophy of continuing education was developed to stimulate a desire for lifelong learning. However, the rapid changes that are taking place in today's healthcare systems have increased the requirements for continuing competency. While working in one area of nursing specialty may keep the nurse up-to-date in that one area, other areas of nursing knowledge may be exploding with new and better care interventions. No longer is nursing a "generalist" profession, and therefore continuing competency requirements focus on keeping pace with other areas of nursing, as well as the current practice site.

Licensure is the regulated activity that governs complex, specialized knowledge and skill for decision-making. Therefore, license renewal time seems the best time to determine if the nurse has maintained a level of competency necessary to perform in a unique scope of practice. This process attempts to determine if the nurse has the necessary skills to safely perform a specified scope of practice by determining the criteria needed to evaluate if nurses meet that criteria.

In order to renew a nursing license in Nebraska, each nurse with a nursing license

is required by Regulation in 172 NAC 101-004.01 to maintain specific continuing competency criteria. Depending on when you graduated from nursing school, you may be exempt from some of the continuing competency requirements.

1. For the nurse who has graduated from an approved nursing program within the past 2 years, no further continuing education is required.
2. For the nurse who has graduated from an approved nursing program more than 2 years but less than 5 years ago, an additional requirement is to obtain 20 contact hours of continuing education within the past 2 years.
3. For the nurse who has graduated five or more years ago, practice hours must be documented to consist of at least 500 hours of paid or volunteer nursing in the preceding 5 years and the 20 contact hours of continuing education must have been completed within the past 2 years.
4. Nurses who have not practiced for five or more years must take a Board approved refresher course.

Practice hours must be accumulated by doing nursing, but not specifically bedside care. Nursing practice can be volunteer work or paid compensation. Types of volunteer work could include nursing practice with parish nursing, the American Red Cross, immunizations clinics, etc. However, the care of one's family or friends is exempted and cannot be counted as nursing practice.

Continuing education serves as professional development activities that the nurse participates in to maintain continuing competency. Of the required 20 contact hours (50 minutes = 1 contact hour) at least 10 hours must be formally peer reviewed and approved. "Peer reviewed" is often indicated on the certificate identifying the continuing education with a provider number and some sort of documentation that it has been approved by any state board of nursing, a

certifying body such as the American Nurses Credentialing Center (ANCC), or the American Nurses Association. Academic hours **directly related to nursing** will be awarded as one (1) semester hour equal to 15 contact hours, and one (1) quarter hour equal to 10 contact hours.

Additionally, all continuing education hours obtained by online sites, closed circuit television, webinars or computer assisted can be counted. Basic Life Support (BLS) can be counted as a non-peer reviewed option as well as the other certifications such as PALS, ACLS, etc. It is important to keep in mind that new hire orientation classes such as fire safety DO NOT count toward continuing education credits.

The renewal period ends on October 31, 2011, and licenses will expire if renewal has not been completed. Any renewal materials received or requested after that date will require that a reinstatement of licensure be done. This requires an additional \$35 reinstatement fee and the submission of proof of practice hours from an employer and copies of continuing education certificates. Any nurse working on an expired license may be fined \$10 for every day of practice without a valid license.

Additionally, audit letters will be mailed on November 1, 2011. Any nurse who is audited will have 30 days to return requested practice hours and continuing education certificates. Make sure that addresses are up-to-date on our system so that audit letters are delivered. If audit items are not returned to the Department within 30 days, licenses will expire.

For questions about renewal you may email to dhhs.nursingoffice@nebraska.gov or go to the FAQ page on the website at <http://www.dhhs.ne.gov/crl/nursing/rn-lpn/renewal.htm>

Diana Baker RN MSN

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NEBRASKA BOARD OF NURSING

Meeting Schedule 2011

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 agendas by phoning (402) 471-4376 or e-mailing diana.baker@nebraska.gov.

Day/Date	Time	Meeting	Location
October			
Thursday, October 13	8:30 a.m.	Board meeting	Gold's Room 531
November			
Wednesday, November 9	3:00 – 5:00 pm	<i>Practice Committee Education Committee</i>	Gold's Room 530 NSOB Room 1Y
Thursday, November 10	8:30 a.m.	Board meeting <i>(Discipline case review-most of meeting in closed session)</i>	Gold's Room 531
December			
Thursday, December 8	8:30 a.m.	Board meeting	Gold's Room 531

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

Due to an error in the Summer quarter edition of the Nebraska Nursing News, the article **Is Social Media Use a Threat to Nursing Professionalism?** did not include the names of the authors, Annette Schnell MSN, APRN-PCNS-BC, CPN; Joan Batenhorst BSN, RN, ACM, CPN; and Kay Ryan RN, Ph.D., CPN. It is important that these nurses get the credit for this article as it has received many positive comments.

If you know of anyone who would like to submit articles for the Nebraska Nursing News, please email to dhhs.nursingoffice@nebraska.gov or call Diana Baker at (402) 471-0317.



President's Message

Crystal Higgins, RN MSN

Greetings, this has been a busy quarter with meetings and the NCSBN Annual Conference.

Six board members attended the Annual meeting of the National Council of State Boards of Nursing August 3 – 5 in Indianapolis. The theme of the conference was Transforming the Future of Regulatory Leadership. Those attending from Nebraska were Crystal Higgins (Practical Nurse Education representative), Janet Andrew (LPN representative), Kathryn Yost (Staff RN representative), Brenda Bergman-Evans (APRN representative), Karen Bowen (staff Practice Consultant) and Diana Baker (Executive Officer).

The mission of the NCSBN is to provide education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. These meetings are so important for the NE BON members to meet with other state's board members and discuss issues that they are having in their jurisdictions. Nebraska needs to be in attendance and have a voice when decisions are being made about nursing practice in the country.

There are 50 states, the District of Columbia and four US territories – American Samoa, Guam, Northern Mariana Islands and the Virgin Islands that are members. There were 56 member boards represented by delegates.

NE has 4 voting delegates, two for the Board of Nursing and two for the APRN Board. Nebraska is the only jurisdiction to have voting delegates for APRNs. So, what do we vote on? This year's topic of discussion centered on the Uniform Licensure Requirements used to help promote future uniformity among member boards and facilitate nurse mobility.

The 1999 Uniform Core Licensure Requirements were reviewed for currency and relevance by a committee. They presented their recommendations with rationale for the changes to the delegate assembly. These requirements are recommended to be implemented by member boards by 2016. The areas focused on were licensure with or without graduation, criminal bars to licensure or case-by-case decision, and assessment of functional ability prior to licensure. There was discussion on all of these topics.

The licensure without graduation pertained to programs with direct entry generic master's programs that do not award a degree prior to having the students take the NCLEX and obtain licensure. The delegates voted not to include this in the requirements.

Assessment of misdemeanor convictions and felonies are on a case-by-case basis. Denial of licensure is recommended if the individual is convicted of a sexual offense and has a psychological evaluation that reveals a diagnosis of behavior that is predatory in nature or for pedophilia. The Delegates voted in favor of this update.

Members attended break sessions called Knowledge Networks to discuss topics in smaller groups. There was a Regulatory group, Board Presidents group and Executive Officers group.

The Board Presidents discussed how Minnesota handled their state shut down, role delineation for the LPN, the APRN

consensus model, entry into practice and how to operate with decreased funding.

The Regulation Network discussed the topics of discipline, medication aide survey data, role of LPNs, national accreditation of nursing programs, how the Federal Trade Commission could affect scopes of practice, and should there be two licensing exams for RNs, one for ADN and one for BSN. There was much discussion on all of the topics.

This was just a small portion of what was discussed at this meeting. The networking with other members provided so much insight as to what other Boards are doing and the work they do. I am so glad I had the opportunity to represent Nebraska's voice for nursing. We must continue to attend these meetings and share our views from the Nebraska perspective.

Crystal R. Higgins

Neb DHHS Women's & Mens 1/3 b ad to come

Advisory Opinions

Q: What is an advisory opinion?

A: An advisory opinion is defined in the Nurse Practice Act as “defining acts which in the opinion of the board are or are not permitted in the practice of nursing (defined in the Nurse Practice Act). Such opinions shall be considered informational only and are nonbinding.” An advisory opinion is also defined in the Regulations Governing the Practice of Nursing (172 NAC 100), and “means a statement or judgment regarding nursing practice issues given by the Board based upon their belief and knowledge.”

Q: Who may request an advisory opinion?

A: A request for an advisory opinion may be from nurses, employers, institutions, consumers or any other interested persons.

Q: What is the process to request an advisory opinion?

A: A person requesting an advisory opinion must submit the request in written form. The request may be accompanied by supporting documents such as national standards, literature review, research materials, etc. The Nursing Practice Consultant reviews all written requests for advisory opinions to determine completeness and clarity of the request. It is then placed on the agenda for the practice committee.

Q: What is the role of the Practice Committee?

A: The Nursing Practice Committee reviews and studies the nursing practice issue, and drafts an advisory opinion recommendation for action by the Board. In formulating a recommendation the Committee may,

as appropriate, consult with and obtain input from the nursing population via individuals, agencies, regulatory bodies, associations and professional organizations representing health care professionals and institutions. The Committee also reviews literature and research to determine state, regional, and national trends.

Q: What is the process for issuing an advisory opinion?

A: Once the Practice Committee has drafted an advisory opinion, or revised an opinion, it goes before the Board of Nursing for final approval.

Q: How is information communicated regarding new or updated advisory opinions?

A: All new and revised opinions are published in the Nursing News, and posted on the Board of Nursing’s web site. The Nursing Practice Consultant maintains a file of advisory opinions for reference.

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Advisory Opinions Update

Below is a summary of the Board of Nursing's actions regarding advisory opinions.

At the June meeting of the Board of Nursing the board approved revisions in the following advisory opinions: *Accountability for Professional Conduct of Nurses, Internal Fetal Scalp Electrodes, OB Patients Receiving Analgesia/Anesthesia by Catheter, and Wound Debridement*. The following advisory opinions were reaffirmed; *Umbilical Catheters and RN First Assistant*.

The following revised advisory opinions were approved by the Board of Nursing at

their August meeting; *RNs and Airway Management*, and *“Extra Pair of Hands” Concept*. The advisory opinion, *Unna Boot*, was reaffirmed by the board. Two advisory opinions were retired: *LPN and Laboring Obstetrical Patients* and *LPN and Gynecological Services*.

These advisory opinions and all of the advisory opinions can be found on our web site at, <http://www.hhs.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.

APRN-CNS Alternate Method of Competency Assessment

The APRN Board revised the alternate method of competency assessment (point system) for Clinical Nurse Specialists at their July 29, 2011 meeting. The board emphasized that competency assessment, whether it be certification or an alternate method such as the point system, is separate from the CNS' job description or expectations. It includes those things the APRN-CNS does to enhance their practice and competencies.

There are currently 23 APRN-CNSs of the 95 licensed who have been approved to use the point system in place of certification for license renewal. The revised point system has been mailed to each of the APRN-CNSs that have been approved by the board to use the alternate method. If you have questions contact Karen Bowen MS, RN, karen.bowen@nebraska.gov, or 402-471-6443.

Did you happen to notice?

In the last issue of the *Nursing News* (Summer, 2011) in the Ten Years Ago column it was reported that there were forty licensure actions taken. In

that same edition for the current issue there were 49 licensure actions taken—almost exactly a 25% increase.

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Nebraska Licensee Assistance Program

The NE LAP's tag line at the end of each quarterly newsletter has always included the following invitation "If you are a licensed health service professional wanting more information about alcohol/drug abuse or addiction treatment...contact the NE LAP at (800) 851-2336 or (402) 354-8055 or visit our website at www.lapne.org." We are hoping that the health service professionals who read the invitation and question, suspect or know they have alcohol or drug problems will be moved to reach out to us for help before they develop problems at home, at work or with their licensure status. First and foremost, we want to help health service professionals prevent alcohol or drug-related problems in their personal lives or professional work.

We know from our experience with

the health service professionals who have utilized our services that they wished they had followed the little voice inside them that had responded when they read the invitation. It told them "call them, you need help." Unfortunately, they used circumstances, such as "I can't afford the cost" or "I can't afford the time off from work" or "It would be too shameful to admit I have problems" or "I don't have child care" to dismiss the little voice inside them. Their alcohol/drug problems worsened and eventually they were mandated, due to the serious consequences of their alcohol/drug use, to utilize the NE LAP services to address and resolve their abuse or addiction.

Alcohol/drug counseling or treatment is do-able. Every circumstance that seems like a daunting obstacle, even an insurmountable one, can be overcome.

Low-cost treatment is available or funds can be found to pay for treatment. Treatment can be done after work hours or employers or practices can get along without everyone on a temporary basis. Spouses or extended families can care for children. Finally, there need be no shame for getting help that is needed. As a matter of fact, family, friends and colleagues generally admire the health service professional who has admitted to his or her problems with alcohol or drugs and has gotten the help he or she needed to overcome these problems.

Many counseling and treatment resources are available throughout Nebraska. The NE LAP can help health service professionals identify the nature of their alcohol or drug problems and refer them to the treatment providers who have the services they need.

There are also many treatment programs available around the country for professionals who would be best served by a residential addiction treatment program designed specifically for health care professionals. Well-known national programs include Hazelden's programs in Center City, Minnesota, and Newberg, Oregon; Talbott Recovery in Atlanta; and Rush University Medical Center in Chicago. The NE LAP can also assist a health service professional with admission into one of these specialized addiction treatment programs for professionals.

The NE LAP urges all health service professionals to listen for the little voice inside them when you read this newsletter. If the little voice is saying "I should call the NE LAP," please contact us. We will help you find and utilize the alcohol/drug services you need to prevent or treat serious alcohol or drug-related problems. To rework an old phrase from an oil filter commercial seen on TV many years ago, applied to alcohol and drug problems, "you can see us now or you can see us later." We urge you to make the call to the NE LAP now, not later.

1/3 b ad to come

Do You Know What That Ticket Really Requires You To Do?

Reprinted by permission of Abbie Widger, Attorney

In Nebraska, health care professionals are required to “self-report” to the Department of Health and Human Services (DHHS) in certain situations. These situations generally pertain to issues of competence and liability that have resulted from a health care professional’s conduct within his or her practice area. Examples of such issues include termination from your job, unprofessional conduct, gross incompetency, a pattern of negligent conduct or practicing while impaired by alcohol or drugs, or a physical, mental or emotional disability.

However, a health care professional’s conduct outside of his or her practice area can also trigger self-reporting requirements. Specifically, health care professionals must self-report when convicted of a misdemeanor or felony offense. On its face, this seems straight forward. If a health care professional is accused of a misdemeanor or felony, one expects a certain amount of formal process to ensue before a conviction occurs which triggers the self-reporting requirements. The process may not be as dramatic as an episode of Law and Order, but at the very least the health care professional may expect to meet with a prosecutor and make an appearance in court. In short, it would be fairly obvious to the health care professional that a conviction had occurred and the self-reporting requirement had been triggered. Simple enough, right? NO. It is possible to be convicted of a misdemeanor offense without ever meeting a prosecutor or stepping foot inside a courtroom. These offenses are commonly referred to as waiverable offenses.¹

Under a waiverable offense, an accused individual has the option of either 1) contesting the accusation in court, or 2) waiving his or her rights,

pleading guilty, and paying the fine established for the offense without appearing in court. Perhaps the most common example of a waiverable offense is a speeding ticket. If ticketed for speeding, the accused driver may contest the charge in court, or choose the more likely option of signing the ticket and paying the fine. Usually, the fine is paid by writing a check and mailing the fine to the courthouse in the county where you were stopped. The driver’s signature and payment constitute a guilty plea and, if accepted, result in a conviction.

Fortunately, for heavy-footed health care professionals, speed limit violations do not constitute misdemeanors, so citations for speeding will not trigger self-report requirements. (Additionally, the form for reporting convictions provided by DHHS specifically instructs health care professionals not to report speeding or parking tickets). However, if a speeding driver is pulled over by an officer, the stop may result in more than a mere citation for speeding. Suppose the driver was operating the vehicle without a current registration. The driver will receive a ticket from the officer for speeding, as well as operating a vehicle without a current registration. Both offenses are waiverable, but the second charge is defined as a misdemeanor. If the driver is a health care professional, and he or she pays the ticket via a waiver, a conviction of a misdemeanor offense has occurred and self-reporting requirements would take effect.

Many misdemeanors that are also waiverable offenses pertain to the use and ownership of automobiles. Some are classified as non-moving offenses, such as possessing a radar transmission device (aka a “fuzz buster”), operating a vehicle with improperly tinted windows,

no proof of ownership, driving on an expired driver’s license or while on suspension, or your plates are not clear and visible.

Other waiverable misdemeanors have nothing to do with operating a vehicle. Littering, discharge of illegal fireworks, and public consumption of alcohol are a few. Violations of certain Game and Park statutes may be waiverable misdemeanors. Examples include shooting from the highway, possession of an open alcohol container, no fishing (or other appropriate) permit, loaded shotgun in the vehicle, and insufficient life jackets in a boat.

The important question to ask is “Even if this offense is waiverable, is it a misdemeanor?” A simple ticket may detrimentally affect a health care professional’s standing, if he or she fails to realize the gravity of his or her actions in paying a ticket that carries a misdemeanor offense. If he or she chooses to pay the fine, the health care professional must also realize that a conviction may have occurred and the conviction must be reported to DHHS.

If a licensee has a conviction he or she has not reported, the general recommendation is to report as soon as you become aware that you should have reported rather than wait until the next renewal period. Generally, the sooner you report, the less likely it will be that adverse action is taken against your license for a failure to report. Valuable information can be found by visiting the reporting website at: <http://www.dhhs.ne.gov/reg/INVEST-P.HTM#Forms>

- A list of waiverable offenses may be found at <http://supremecourt.ne.gov/rules/pdf/CheArt14.pdf> (scroll to Appendix 6, waiver/fine schedule)

RN to BSN programs—

By Sheila Exstrom, Nursing Education Consultant

This is the fifth article in the series about Nursing Education in Nebraska. The first article described all of the nursing education in the state, from PN to PhD. There were also articles about the practical nursing programs in the state, the baccalaureate programs in the state, and in the last issue, the associate degree programs. This article will tell about the BSN completion programs in Nebraska.

All of the baccalaureate nursing programs in the state (Bryan LGH College of Health Sciences, Clarkson College, Creighton University, Methodist College, Midland University, Union College and University of Nebraska Medical Center College of Nursing) have options for the Registered Nurse to attend and obtain a baccalaureate degree. Most have a special tract developed just for this purpose. Some offer

transfer credit, others advanced placement and others “test out” opportunities or sometimes a combination of more than one of the above mentioned methods. Some of the programs actually have “names” for the RN to BSN tract

that they offer. Many of the BSN programs also offer an LPN to BSN program of study.

There are currently three programs that are designed specifically for the RN to BSN student. The programs do not have a generic

or basic BSN course of study, but offer the RN to BSN curriculum only, which means that the student must already be licensed as an RN—for those whose license was obtained following an associate degree education or a three year diploma education.

The three RN to BSN programs are listed below with the location of the program, the website of the program, the name of the nursing director and the accreditation status.

In these programs, as much as is

possible, the class schedules are arranged to accommodate the students, who are primarily working nurses thus making it possible for nurses to advance their nursing education while at the same time working as nurses.

Name of Program	Location	Website Address	Nursing Director	Accreditation
College of Saint Mary	Omaha	www.csm.edu	Dr. Kathleen Zajic	NLNAC
Doane College	Lincoln and Grand Island	www.doane.edu	Ms. Debra Savage	New Program 1st grads-2012
Nebraska Wesleyan University	Lincoln and Omaha	www.nebrwesleyan.edu	Dr. Rita McGuire	NLNAC

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NCSBN Corner

Dawn M. Kappel, Director, Marketing and Communications, NCSBN

The National Council of State Boards of Nursing (NCSBN) met in Indianapolis Aug. 3 - 5, 2011, to consider pertinent association business with its member boards of nursing. There were 56 member boards represented by delegates.

Highlights of some of the significant actions approved by the member boards of nursing include:

- Adoption of revisions to the Uniform Licensure Requirements;
- Election of officers for the NCSBN Board of Directors and Leadership Succession Committee; and
- Acceptance of the Singapore Nursing Board and College of

Registered Nurses of Nova Scotia as associate members of NCSBN.

NCSBN Board of Directors President Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing, commented, "In addition to welcoming our two new associate members, we are pleased that the delegates had sufficient time to discuss and vote for the proposed Uniform Licensure Requirements to help promote future uniformity among member boards and facilitate nurse mobility."

NCSBN will meet Aug. 8 - 10, 2012, in Dallas for the 2012 Annual Meeting and Delegate Assembly.

The National Council of State Boards

of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Practice Q & A:

Q: I am a Director of Nursing and have recently hired an individual who has just graduated from a nursing program. She has not taken NCLEX yet. She is currently working in a tech position until she receives her RN license. I have been told she can perform nursing functions, such as starting IVs, under the direct supervision of an RN since she has done these in school. Is this correct?

A: No. Until they have passed NCLEX, and are licensed, a new graduate can only provide care that an unlicensed assistive person can provide. Even though they have the knowledge and ability, there is no exception for graduate nurses. No one may practice nursing without a nursing license. In fact, the Nurse Practice Act states that it is unlawful for a person to practice as a nurse or call themselves a nurse unless they hold a nursing license.

A student can perform nursing services in their clinical experience without a nursing license because of a provision in the Nurse Practice Act. The statutes state a student nurse enrolled in an approved nursing program may provide nursing services "when the services are a part of the student's course of study." They are limited to only performing nursing services as part of their nursing courses.

Memorial to Susan James



Our Friend and Colleague, Susan James, passed away on June 2, 2011 in Kearney. Susan graduated from Omaha Metropolitan Community College in 1980 and worked as an LPN at the Phelps Memorial Health Center in Holdrege and also at Good Samaritan Hospital in Kearney. Susan was a valuable member of the Nebraska Board of Nursing since December 2008 and represented the LPNs in the state. Susan earned her LPN-Certification in 2002 and provided insight to that practice to the Board. She also served on the Education Committee. Susan always had a smile on her face and enjoyed her service on the Board. She is missed by all of us.

Nursing Practice and Continuing Education Guidelines

The following statements are for the purpose of clearly identifying what is acceptable nursing practice and continuing education for licensure renewal or reinstatement.

NURSING PRACTICE—at the time of each renewal every 2 years (or for reinstatement), the nurse must have completed 500 hours of nursing practice within the previous 5 years (November 1, 2006– October 31, 2011).

1. The practice of nursing is defined in the Neb. Rev. Stat. 38-2210. For the purpose of license requirements, the practice of nursing means those activities requiring judgment and skill based upon a systematized body of nursing knowledge.
2. Nursing care provided for immediate family members does not qualify as nursing practice. Immediate family members are defined as spouse, father, mother, grandfather, grandmother, sister, brother, child, or grandchild of the licensee and the spouse of any of these or someone who bears this similar relationship to the spouse of the licensee. Step-persons bearing these relationships are also included.

CONTINUING EDUCATION—at the time of renewal, the nurse must have completed 20 contact hours of continuing education within the previous 2 years (November 1, 2009 through October 31, 2011)

1 Contact Hour equals 50 minutes
1 Continuing Education Unit (C.E.U.) Equals 10 Contact Hours
1 Semester Hour Credit equals 15 Contact Hours
1 Quarter Hour Credit equals 10 Contact Hours

Basic Continuing Education Requirements:

1. Must be 20 hours within the last renewal period.
2. Must be related to the practice of nursing.
3. At least 10 of the 20 hours must be formally peer-reviewed and approved continuing education.
4. All 20 hours may be obtained through online continuing education.
5. Up to 4 hours may be CPR/BLS. (this is non-peer related)
6. A licensee shall be responsible to maintain in his or her personal file such proof of nursing practice for 7 years and must submit such proof to the Board when requested.
7. A licensee must attend the complete continuing education offering in order to report it for credit.

Acceptable Continuing Education

The Board of Nursing does not pre-approve offerings, but may accept as continuing education for licensure the following learning experiences provided they are applicable to nursing practice.

1. Academic courses in an accredited post-secondary institution which are related to the specific knowledge and/or technical skills required for the practice of nursing.
2. Courses or offerings related to the scientific knowledge for the practice of nursing, including basic and advanced courses in the physical, social, and behavioral sciences.
3. Courses or offerings related to the application of scientific knowledge to patient/client care, including but not limited to, general nursing practice, specialty nursing practice, teaching/learning processes, therapeutic communication skills, case finding and case management.
4. Courses or offerings in nursing theories, health policy, nursing administration, management, quality assurance, ethics, professional issues, education,

research, legal aspects, or other functional areas of nursing related to patient/client care.

6. A Board-approved refresher course or other review course of study.
7. Courses which are required as part of a formal nursing program.
8. Courses or offerings that have been approved by other State Boards of Nursing and/or national nursing organizations except for those listed below as non-acceptable continuing education.

Non-acceptable Continuing Education.

It is acknowledged that licensed nurses will be involved in many continuing education activities, but for purposes of licensure, continuing education that is not acceptable to be applied for licensure includes but is not limited to:

1. Computer courses unless they are a part of a formal nursing program.
2. Business communications.
3. Medical terminology and language courses (this includes sign language and any foreign language).
4. Courses or offerings which deal with personal self-improvement, financial gain, or career options.
5. Offerings designed for lay persons other than CPR-related courses. The Basic EMS course may not be used.
6. Teaching, conducting research or writing publications, nor any preparation for it. These activities can be applied toward the practice hour requirement for license renewal. Such acts will count toward meeting renewal requirements only if they meet the definition of the practice of nursing.
7. Offerings less than 30 minutes in duration.
8. On-the-job training.
11. Orientation programs, including orientation to new policies, procedures, equipment, forms, responsibilities, services, etc. CPT coding may not be used for license renewal.

LPNs – Are You Planning on Working After November 1?

Important Information Regarding Renewal of Your License

Renewal FAQ's

When does my license expire?

LPN licenses will expire at midnight on October 31, 2011.

If my renewal application is postmarked October 31, will I be okay? Can I work November 1?

If your renewal application is postmarked on October 31, 2011, you will not have to pay a reinstatement penalty, but your license may not be processed on or before November 1, 2011; so you may not work until your license has officially been renewed. If you mailed your application October 31, it will not be received in our office before November 1. You must allow sufficient time for processing of your renewal application.

Can I work after October 31 if my license has expired?

No, you may not practice on an expired license. If your license expires you will be required to reinstate your license with all necessary supporting documentation (copies of CE and proof of practice hours), plus you will be assessed a \$35 reinstatement fee.

Also, you must allow sufficient time for processing of your renewal application and it may be several days before your license is reinstated. In 2009, we received over 1,400 LPN renewal applications during the last week of October. Your application may not be processed by November 1 if you wait until the last minute to get your application to the Department.

If I bring my application in before 5:00 p.m. Friday, can I wait and get my renewed license before I leave?

No. Applications are processed in the order they are received, including applications received in the mail and online renewals. In previous years, we have received hundreds of application the last work day of the renewal period.

Please allow sufficient time for your renewal application to be processed. You can not expect to mail your application the last day of the renewal period and have your license renewed by the next day. Keep in mind that the Department is closed on Saturdays and Sundays.

If I renew online before midnight October 31, will my license be renewed for the next day?

Not necessarily. Plan to allow 2-3 business days for an online renewal to be completed. Additional time will be needed to get the license to you in the mail.

If I renew online and I don't get the confirmation screen, is my license still renewed?

No, the confirmation screen is your receipt that you completed all of the requirements for licensure. If you provided insufficient or incorrect information, your license will not be renewed. You may be required to follow-up with additional information before your license can be issued. Be sure to turn off your Pop-Up Blocker on your computer because an online feature of our system will give you direction if you need to send in additional information, but only if your Pop-up Blocker is disabled. Also, do not use the scroll bar when answering questions as this will change previously marked answers.

If I renew on line Saturday night can my employer verify my license Monday morning when I come in to work?

No. There will not be sufficient time to process applications on Monday morning to show on the computer. The License Look-up will not be updated until Tuesday after midnight. In 2009, over 100 LPNs had to reinstate their licenses because they had not renewed before the expiration date of their license. The following are reasons

they had not renewed:

- I forgot
- I didn't know it expired the end of the month
- I didn't have the money
- I tried to renew online over the weekend, but had trouble
- I thought my employer was going to renew my license

Reasons applications held up:

- Missing pages
- No payment accompanying application
- Not signed
- Questions answered incorrectly

Your license is your responsibility. Without it, you cannot practice legally. Be prepared and be ready when November 1, 2011 comes around.

1/6 v ad to come

Licensure Actions

The following is a list of licensure actions taken between May 1, 2011 and July 31, 2011

Additional information regarding the actions identified below is available on our website at www.nebraska.gov/LISSearch/search.cgi. To view a copy of the disciplinary/non-disciplinary action click on "View Scanned Documents" once in the License Details Section of the search.

The information may also be requested by e-mail at diana.baker@nebraska.gov.

Licensee	Date of Action	Action	Violation
Steven Courson RN 72288	5-5-11	License Issued on Probation	Previous disciplinary action on privilege to practice
Deanna Brown LPN #20550	5-12-11	License Reinstated on Probation	Previous disciplinary action
Gena Gant LPN 22815	5-12-11	Probation	Alcohol Dependency Practice of the profession while ability to practice is impaired by alcohol Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Nikki Greenough LPN #16718	5-12-11	Revocation	Dishonorable Conduct-Theft of medication from place of nursing employment for personal use Unprofessional Conduct-Departure from or failure to conform to standards of acceptable and prevailing practice or ethics of the profession Violation of current license probationary conditions Opioid Dependence
Adam Hinrikus RN 59621	5-12-11	Censure	Violation of current license probationary conditions
Linda Vaux RN 48098	5-20-11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety and welfare
Amber Sims RN 63530	5-26-11	Censure	Unprofessional Conduct-Failure to maintain an accurate patient record
Jessie Amen LPN #20661	06-11-11	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law
Sandra McDowell LPN #15516	6-16-11	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care
Delores Gangwish RN 46436	6-16-11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with state mandatory reporting law
Shirley Lute RN 63862	6-17-11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care
Zola Braden RN 58053	6-18-11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with state mandatory reporting law
Diana Dally LPN 17949	6-20-11	License Reinstated on Probation	Previous disciplinary action
Tamara Gumm LPN #19093	6-20-11	Censure Suspension	Unprofessional Conduct-Departure or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession Failure to report termination of nursing employment in accordance with the state mandatory reporting law
Linda Hanway LPN #8643	6-20-11	Censure Suspension	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Heather Rutan LPN #14137	6-20-11	Revocation	Dishonorable Conduct-Violation of the Uniform Controlled Substances Act-acquire or obtain or attempt to acquire or obtain possession of a controlled substance by . . . misrepresentation, fraud, forgery, deception . . .

Licensee	Date of Action	Action	Violation
Dinah Turrentine-Sims LPN #17079	6-20-11	Revocation	Conviction of a felony which has a rational connection with the fitness or capacity to practice the profession
Stephanie Waltemath LPN #17784 LPN-C #683	6-20-11	Censure	Unprofessional Conduct-Departure or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Donna Woodworth LPN #2675	6-20-11	Censure	Unprofessional Conduct-Departure or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Robin Awalt RN 47024	6-20-11	Probation	Conviction of a misdemeanor which has a rational connection with fitness to practice the profession Diagnosis of alcohol abuse
Cynthia Julian RN 52483	6-20-11	Censure	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Sabrina Reed RN 62998 APRN 111014	6-20-11	Censure	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Jay Spilker RN 38150	6-20-11	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed; committing any act which endangers patient safety or welfare
Christine Croissant-Smith RN 47503	6-21-11	Probation	Conviction of a felony which has a rational connection with fitness or capacity to practice the profession
LeAnn Remmers-Hamner RN 63723	6-21-11	Suspension	Dishonorable Conduct-Theft of controlled substances and supplies from nursing employer Possession of multiple controlled substances and legend drugs without valid prescriptions Diagnoses of Opioid Dependence and Alcohol Abuse rule out dependence Violation of the Uniform Controlled substances Act Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Debra Grayson LPN #9073	6-24-11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care
Jami Hodge LPN #21143	7-1-11	Summary Suspension	Non-Payment of Civil Penalty
Sha Ion LPN #19513	7-1-11	Summary Suspension	Non-Payment of Civil Penalty
Laquita Willis-Stewart LPN #22604	7-7-11	Censure \$1000.00 Civil Penalty	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Cynthia Daniels RN 60111	7-7-11	Censure \$500.00 Civil Penalty	Violation of current license probationary conditions
Amber Lubben RN 72789	7-12-11	Probation	Probation on LPN license
Mandi Johnson LPN #20886	7-13-11	Suspension	Violation of previously imposed conditions of probation
Sharon King RN 43380	7-13-11	Non-disciplinary Voluntary Limitation	
Courtney McKinley RN 29219	7-13-11	Censure	Misdemeanor conviction which has a rational connection to fitness to practice the profession Unprofessional Conduct-Failure to follow policies and procedures implemented to safeguard patient care
Elena Uram RN 72836	7-20-11	Probation	Misdemeanor convictions which have a rational connection to fitness to practice the profession Abuse of, dependence on, or active addiction to alcohol . . .

Licensee	Date of Action	Action	Violation
Michelle Dare RN 51980	7-20-11	Denial of Reinstatement	Misrepresentation of material facts in procuring or attempting to procure a credential Abuse of, dependence on, or active addiction to alcohol, any controlled substance or any mind-altering substance Misdemeanor and felony convictions which have a rational connection with fitness to practice the profession
Diane McCoy LPN #18128	7-21-11	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Disruptive behavior, whether verbal or physical, which interferes with consumer care or could reasonably be expected to interfere with such care
Tierney Byers RN 51897	7/21/11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Crystal Everett LPN 23283	7/27/11	Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession.
Stacy Standage LPN #13481	7-28-11	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor convictions in accordance with the state mandatory reporting law
Katie Peterson RN 58908	7-29-11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Donna Uhrenholdt RN 30205	7-30-11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety or welfare

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Wednesday, April 25, 2012	Montego Bay, Jamaica	09:00 AM	06:00 PM
Thursday, April 26, 2012	Georgetown, Grand Cayman	07:00 AM	04:00 PM
Friday, April 27, 2012	Cozumel, Mexico	10:00 AM	05:00 PM
Saturday, April 28, 2012	Fun Day At Sea	--	--
Sunday, April 29, 2012	New Orleans, Louisiana	08:00 AM	--



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1991 Twenty Years Ago in Nursing News

- The delegation process was described
- The board reinstated several nursing licenses on a limited and/or probationary status due to evidence they had practiced on expired licenses (failed to renew their licenses, and continued to practice)
 - Employers were encouraged to have some mechanism in place to verify current licensure
 - It was recommended that licenses be verified immediately after the license expiration date, at the end of the renewal period
- The board actions included:
 - Discussion of the role of the LPN in IV therapy and NG tube insertion for the purpose of developing regulations
 - Discussed the issue of appropriate delegation by the RN in a dialysis unit for the purpose of developing a board opinion
 - Approved holding a public hearing to propose increased licensure fees for LPNs and RNs
 - Increase initial license fee from \$50 to \$75 for RNs and from \$35 to \$60 for LPNs
 - Increase licensure renewal fee from \$30 to \$40 for RNs and LPNs
- Nursing program summary:
 - There were 7 LPN programs, 7 associate degree programs, 1 diploma program, 7 baccalaureate programs that had been approved by the board (22 total)
 - These programs utilized 168 clinical sites
 - There were 2,982 students enrolled in these programs
 - In addition to the 22 programs leading to initial licensure, there were 2 baccalaureate programs for RNs only, 4 master's programs, one doctoral program and one school of nurse anesthesia
- The NCLEX-RN exam was administered February 5 & 6, 1991. There were 133 first time candidates, 123 of whom passed the exam. Nebraska's passing percentage was 92.5% compared to the national passing percentage of 91.1%.
- Total numbers of licensed nurses:
 - 16,165 Registered Nurses
 - 6,646 Licensed Practical Nurses
 - 30 Certified Nurse Practitioners
 - 249 Certified Registered Nurse Anesthetists



Registry Action on Nurse Aides & Medication Aides

Actions against nurse aides and medication aides will no longer be reported in the Nursing News. Current information regarding nurse aides and medication aides can be found by accessing the License Information System at www.dhhs.ne.gov/lis/lisindex.htm. Click on License Search and follow the directions. You may contact the Nurse Aide Registry by e-mail at nancy.stava@nebraska.gov or telephone at 402-471-0537. The Medication Aide Registry may be contacted by e-mail at teresa.luse@nebraska.gov or by telephone at 402-471-4364 for additional information.

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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
Office Administrator
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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

Jennifer VanEperen
(402) 471-2666
jennifer.vaneperen@nebraska.gov

Nursing Practice Issues

Karen Bowen, RN, MS
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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
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Licensed Practical Nurse Certified

Certification by Examination

Certification Renewal/Audit Questions

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Nursing

Foreign Educated Nurses

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Nursing Statutes

Rules and Regulations

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Scope of Practice and Practice Standards

Karen Bowen, RN, MS
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Education Issues, Curriculum Revisions and Nursing Program Surveys

Sheila Exstrom, RN, Ph.D.
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Refresher Course/Designing Own Review Course of Study

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Name and/or Address Change

(Please provide your name and Social Security number)
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Nursing Student Loan Program

Shirley Nave
(402) 471-0136

Probation Compliance Monitoring

Ruth Schuldt, RN, B.S.
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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
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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 Renewals and Applications

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

Medication Aide Registry

Shane Bailey
(402) 471-4364
shane.bailey@nebraska.gov

Nurse Aide

Nurse Aide and Paid Dining Assistant Role and Practice Standards

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

Nurse Aide and Paid Dining Assistant 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 Vodehnal
(402) 471-4971
wanda.vodehnal@nebraska.gov

General

Mailing Labels

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

Information on Disciplinary Actions

Diane Pearson
(402) 471-4923
Diane.Pearson@nebraska.gov

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