



MISSOURI

STATE BOARD OF NURSING NEWSLETTER

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Message From the President

Authored by Teri A. Murray, PhD, RN
Board President

The Future Model of APRN Regulation Proposed by NCSBN

The National Council of State Boards of Nursing (NCSBN), comprised of the 50 states, the District of Columbia, and five United States territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands), has proposed a future model of regulation for advanced practice registered nurses in its Vision paper: The Future Regulation of Advanced Practice Nursing. While the vision paper is in **draft** form, it outlines the NCSBN's desired model of regulation for Advanced Practice Registered Nurses (APRNs) 10 years into the future. Missouri recognizes all four categories of advanced practice nurses (nurse anesthetists, nurse midwives, clinical nurse specialists, and nurse practitioners), while some boards of nursing recognize or license only two or three APRN categories. Moreover, the degree of prescriptive authority and autonomy in practice varies from state to state. Because of the varying regulatory practices among the states, the NCSBN has made an attempt to bring uniformity, clarity, and simplicity by developing a future regulatory model for APRNs. The proposed model has sparked a flurry of debate within the profession, professional organizations, and member nursing boards. The proposed regulatory model is intended for all advanced practice registered nurses but the majority of the proposed changes focus on the nurse practitioner and clinical nurse specialist.



Murray

In its Vision paper, the NCSBN proposed to have three categories of APRNs: nurse anesthetists, nurse midwives, and nurse practitioners. NCSBN challenges the role and scope of practice of the clinical nurse specialists (CNS). At issue is whether or not the CNS functions within an advanced practice role which includes disease management and prescriptive authority or if the CNS functions within the registered nurse scope of practice. For example, some states grant prescriptive authority to clinical nurse specialists while other states do not. Clinical nurse specialists practicing within the scope of the registered nurse will not be considered APRNs. Clinical nurse specialists practicing beyond the scope of the registered nurse including diagnosing and prescribing in an independent practice setting will be grandfathered and called nurse practitioners, thus eliminating the title, CNS.

The NCSBN proposes that nurse practitioners complete a standardized, broad-based curriculum which includes educational preparation across the lifespan, populations and settings. Upon graduation, the nurse practitioner

would take a core licensure examination followed by completion of a residency. Individual nurse practitioners would become specialists by attaining competency in the specialty area followed by certification. Thus, the NCSBN's vision of future regulation of APRNs includes the following recommendations:

1. Boards of nursing will be the sole regulators of APRNs.
2. APRN licensure will be in the categories and titles of nurse anesthetist, nurse midwife, and nurse practitioner.
3. Boards of nursing will approve APRN programs for purposes of licensure.
4. All programs leading to APRN licensure, including the clinical practice doctorate and post master's degree programs, will meet established educational requirements.
5. Requirements for licensure as a nurse practitioner will include successful completion of a core nurse practitioner licensure examination and a residency program.
6. Evidence of continued competency will be required for purposes of licensure renewal.
7. Fully licensed APRNs will be independent practitioners. After licensure, there will be no regulatory requirements for supervision or need for collaborative practice.
8. The Advance Practice Compact will be the regulatory model used to effect mutual recognition of advanced practice nurses.

The Missouri Board discussed the Vision Paper at its June Board meeting and submitted several concerns to the NCSBN. One major concern was the lack of collaboration among the regulatory boards, professional organizations/associations, universities offering the educational programs and accrediting bodies. While the NCSBN has elected not to withdraw the paper, the NCSBN has indicated that the advisory panel working on the Vision paper will take a full year to review, discuss, and debate the many issues identified concerning the vision paper. There will be ongoing dialogue and discussion about this vital issue within the various boards of nursing and professional organizations. Because of the lack of consensus regarding the Vision, the NCSBN and the Tri-Council for Nursing (American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives, and the National League for Nursing) are willing to jointly hire an external and neutral mediator to provide a profession wide vision for APRN education, practice, and regulation. I would strongly encourage each of you to keep abreast of the dialogue and proposed changes affecting APRNs as the discussions and debate will be ongoing over the course of the next year.

Reference:

National Council of State Boards of Nursing (2006). Vision paper: The future regulation of advanced practice nursing. Retrieved on April 2, 2006 from www.ncsbn.org.

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ADDRESS/TELEPHONE NUMBER

Missouri State Board of Nursing
3605 Missouri Boulevard
PO Box 656
Jefferson City, MO 65102-0656
573-751-0681 Main Line
573-751-0075 Fax
Web site: <http://pr.mo.gov>
E-mail: nursing@pr.mo.gov

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Center for
Patient Safety

SAVE THIS DATE!
Friday, October 20, 2006
ONE-DAY CONFERENCE

Establishing a Just Culture for Patient Safety
by David Marx, JD

For more information see page 17.

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IMPORTANT TELEPHONE NUMBERS

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700

SCHEDULE OF BOARD MEETING DATES THROUGH 2007

September 6-8, 2006	June 6-8, 2007
December 6-8, 2006	September 12-14, 2007
March 7-9, 2007	December 5-7, 2007

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our Web site at <http://pr.mo.gov>

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of August 3, 2006

Profession	Number
Licensed Practical Nurse	21,045
Registered Professional Nurse	82,187
Total	103,232

Executive Director Report

Authored by Lori Scheidt,
Executive Director

Nursing Legislation

The 2006 legislative session ended on May 12, 2006. The Board of Nursing's proposals did not pass this year. Those proposals were the nurse licensure compact (Senate Bill 664 and House Bill 1150) and the patient safety initiatives (House Bill 1660 and Senate Bill 710). The bill for title protection and APRN requirements was not filed this year.

The nurse licensure compact would allow a nurse's license to work like a driver's license. The nurse would be required to hold a license in his/her state of residence. The compact would, therefore, allow mutual recognition of licensure in all states which have legislated the compact. Nurses will be required to declare their primary state of residence. Primary state of residence verification may include driver's license, federal income tax return or voter registration. State of residence was chosen because nurses practice in multiple states but have one primary residence. To date, twenty-three states have passed the compact language; Colorado is the most recent state.

The bills related to midwifery and APRN prescriptive authority did not pass. House Bill 1245 did pass. If the Governor signs the bill, it will allow school nurses, upon authorization by the school board, to keep on hand and administer prefilled syringes of epinephrine in two dosage strengths. The nurse may administer the medication when, based on training, he or she believes a student is having an acute anaphylactic episode. The prescription must be written by a licensed physician listing the school district as the patient, include the nurse's name, and be filled at a licensed pharmacy.

House Bill 1515 did pass and was signed by the Governor. This bill requires physicians to report to the state board of registration for the healing arts whether the physician is engaged in any collaborative practice agreement or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The state board of registration for the healing arts shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

Senate Bill 756 did pass and was signed by the Governor. This bill includes language similar to that found in House Bill 1515 and requires that within thirty days of any change and on each renewal, the state board of registration of healing arts shall require physicians to identify whether a physician is engaged in any collaborative practice agreement or physician assistant agreement and to report to the board the name of each licensed professional with whom the physician has entered into such agreement. The state board of registration for the healing arts may make the information available to the public. The state board of registration for the healing arts shall track and randomly review the agreements for compliance. Senate Bill 756 also allows notice of service of a complaint to be published if service cannot be accomplished in person or by certified mail. A copy of the findings, conclusions, and recommendations of the commission may be mailed to the licensee and any attorney who represented the licensee.

HB 1762 which goes into effect on August 28, 2006, gives Advanced Practice Registered Nurses the authority to complete the Department of Revenue's Physician's Statement For Disabled License Plates/Placard, Form 1776. This form is completed for the purpose of a disabled individual to obtain a disabled license plate and/or parking placard. Previously these forms could be only be completed by a licensed physician, chiropractor, podiatrist, or optometrist.

House Bill 1118 and Senate Bill 889 which would have exempted health professionals from civil liability in emergencies did not pass.

Have a Voice in Shaping the Future

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related

to nursing. You can find information about the status of bills and how to contact legislators at <http://www.moga.state.mo.us>.

Enforcing the Law

The Missouri State Board of Nursing is a regulatory board. It is an agency of state government that was established through enactment by the Missouri General Assembly (the state legislature) of a law that mandates both the structure of the Board and the Board's functions. The Board exists solely to enforce the Nursing Practice Act and rules regulating practice. As a state agency, we have a duty to abide by existing state and federal laws. The Board has no discretion in that regard.

In our last newsletter, we asked individuals to contact us if they were interested in reading the NCLEX examinations to graduates. The article prompted many of you to express your disdain that graduates may have the exam read to them. Here are some comments we received.

"I am perplexed, confused and quite honestly, outraged with this program that you are offering."

"You appear to be compromising patient care on several levels with this reader program."

"If these new grads lack the ability to read comprehensively then they ARE NOT QUALIFIED to care for patients, treat patients, or teach patients and their families."

I first want to set the record straight that only graduates who have a disability under the American with Disabilities Act are allowed to have the examination read to them. The Missouri State Board of Nursing approves appropriate NCLEX® examination modifications which are psychometrically sound and safeguard the fairness and security of the testing process for all candidates.

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Scheidt

Executive Director Report cont. from page 3

All requests for exam modifications from NCLEX® examination candidates must be accompanied by the following:

- A letter from the applicant requesting the modifications and detailing the specific modifications.
- A letter from the nursing education program indicating what modifications, if any, were granted by that program.
- Appropriate documentation supporting the request for accommodation from a qualified professional with expertise in the areas of the diagnosed disability. Documentation must include:
 - a history of the disability and any past accommodation granted the candidate and a description of its impact on the individual's functioning
 - identification of the specific standardized and professionally recognized tests/assessments given (e.g. Woodcock-Johnson, Weschler Adult Intelligence Scale)
 - clinical diagnosis of disability (where applicable, list DSM Code Number and Title)
 - the scores resulting from testing, interpretation of the scores and evaluations
 - recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability

The documentation the graduate must provide is very extensive. After the application for a license and all documentation are received, the members of the Missouri State Board of Nursing review the request and make a decision of what, if any, modifications will be granted.

It should be noted that only physical or mental impairments that substantially limit one or more major life activities are disabilities subject to the protection of the Americans with Disabilities Act (ADA). "Major life activities" include walking, seeing, hearing, speaking, learning, working, caring for one's self and performing manual tasks. Mental impairment includes any mental or psychological disorder such as organic brain syndrome, emotional or mental illness and specific learning disabilities.

Almost everyone experiences some apprehension before taking an important examination. Careful diagnosis is required to address the issue of what point "normal" anxiety constitutes a disability protected under ADA.

"Test anxiety, anxiety or phobia" without precise diagnosis, may not constitute a disability within the meaning of ADA for the threshold reason that such terms are not recognized physiological or psychological impairments which substantially limits a major life activity.

English as a second language is not considered a disability under the Americans with Disabilities Act (ADA). Cultural factors (such as an individual's language), environmental and economic conditions cannot form the basis of a claim of disability.

Nurses with disabilities can work in professional areas that capitalize on their strengths whereby their disability does not interfere with their practice. For example, they may be able to perform telephone triage, conduct in-service educational programs, perform case management, work as consultants for insurance companies, work for poison control programs, and more depending on their disability. Nurses have many ways they can use their nursing knowledge. I have heard many nurses comment that one of the benefits of the nursing profession is the different work settings.

The Americans with Disabilities Act has encouraged nurses, educators, employers and regulators to identify the knowledge, skills, and abilities needed by nurses to practice safely. The nurse must be aware of the knowledge, skills, and abilities required for safe nursing practice and of any personal limitations with respect to these abilities. The nurse should either make or request the accommodations needed to practice nursing safely.

Definitions

ADA—Americans with Disabilities Act (1990) 42 U.S.C., Section 12101, et.seq.

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References

- National Council of State Boards of Nursing. (1995). *Developing a Model for Nursing Competence: A Working Draft*
- National Council of State Boards of Nursing, (1997). *Policy for Requesting Testing Modifications for NCLEX® Examination Candidates with Disabilities*

Carol, Ruth. Nurses with Disabilities. Retrieved online 06/14/2006 http://www.minoritynurse.com/features/nurse_emp/01-27-02h.html

Making a Difference, One Life at a Time

Board Member, K' Alice Breinig, RN, MN

Each of our Board members has made a difference in the profession of nursing. Their dedication to the task of ensuring that the provisions of the Nurse Practice Act are followed is exemplified in the Board's Mission Statement:

The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.

This series will focus on each of the Board members and their contributions to the profession of nursing. K' Alice Breinig, RN, MN from Joplin, Missouri is the focus of this article. Ms. Breinig has been a Board member since July 2005.



Breinig

How long have you been a nurse?

I have been a nurse since 1964 when I graduated from the University of Nebraska with a Bachelors of Science in Nursing Degree.

What kinds of nursing care have you provided?

My first experience in nursing was when I worked as a nursing assistant on the Skilled Nursing Unit of a County Hospital. From there I worked in Medical Nursing, Intensive Care Nursing, as a Nurse Educator in large hospital and then began my career as a nurse administrator. I worked at a small 65 bed hospital in Maine as a nursing director for 5 years then moved to Joplin where I have been the CNO since 1979.

Describe something that made you glad you chose to be a nurse.

I think about the patients that I have cared for where I did make a difference. I think about an elderly patient who had given up on life, decided not to eat and to die. He had so much to offer to his family and by sharing his life experiences. By working with this patient on a daily basis at meal times and with his family he finally walked out of the hospital an independent 82 year old who was revitalized and had a purpose in life. Those kinds of experiences over the years make me glad I chose this profession.

What are some of the challenges you faced as a nurse?

I found it difficult to work with families who did not care about their children, family members, or older family members. I had to learn patience and to be non-judgmental when approaching some of these difficult social problems. Also difficult are some of the ethical challenges we face everyday in our practice with regard to a patients right to die, refusing treatment etc.

How did you become a board member?

A member of the legislature approached my CEO and asked if I or someone else from our organization would be interested. I made an application and was appointed.

How long have you served on the Missouri Board of Nursing?

I have been on the board for about 2 years.

What did you want to accomplish?

The public has a right to be protected from unsafe practitioners. Sometimes it would take months or years for cases to be completed yet these unsafe practitioners were still working. I was hopeful that we could find methods which would expedite decisions more rapidly. Many nurses do not understand the role of the Board of Nursing and I would like to see this clearly communicated to all nurses. I was also hopeful that legislation would be passed so that dangerous nurses could be barred from working until an expedited investigation could be completed.

What changes have occurred during your tenure as a board member?

Perhaps the most important change has been how our complaints are handled. We now have an in house attorney who helps expedite processing of all complaints. Also of critical importance is the work the Board is doing with the task force to help establish a better mechanism for assisting nurses who have substance abuse problems.

What have you contributed as a member of the board?

As a member of the board I bring the perspective of a nurse working in a hospital setting at the administrative level. By having different perspectives from nurses working in different setting and in different jobs I believe we make better decisions about nurses who violate the nurse practice act, about education and licensure issues.

What is something you have learned that you did not expect to as a result of your experience on the Board?

I have learned a lot about the legal processes of government. Also a difficult thing that I have learned is that fundamentals of nursing ethics are not being taught and reinforced strongly enough. Too many of the issues coming before the board are ethical issues which should be preventable.

How would you describe your experience as a board member?

It is a thought provoking, difficult, and time consuming experience. However it is a rewarding experience because many of the actions we take in the long run help the nurses that come before the board even though the decisions may adversely affect their lives for a period of time. This means that the work that each board member does must be done thoroughly. Being able to collaborate with other nursing leaders on the board ensures that a broad perspective is used as we deliberate. Each meeting is a learning experience as I learn more and more about the work of the board.

What would you tell someone interested in becoming a board member?

Do some research to see if this is the kind of experience that you would like to have. Our purpose is to protect the public rather than advancing the interests of the nursing profession. Be sure that you are willing and able to make the time commitment.

How have you made a difference to the profession of nursing?

I believe I have made a difference through the patients I have cared for over the years. I have also mentored many young nurses who have become excellent clinicians and leaders. Being involved with many schools of nursing in our area has also helped ease the nursing shortage making sure our patients have the care they need.

Golden Nurses

Authored by Becki Hamilton,
Executive Assistant



Board President, Dr. Teri Murray presents Golden Award to former Board President, Dr. Cordelia "Dee" Esry at our June Board Meeting

Did you know that there are over 600 Registered Nurses and Licensed Practical Nurses in the state of Missouri who have held an active nursing license for 50 plus years? The Board of Nursing takes great pleasure in announcing a new recognition program for these dedicated professionals. In March, 2006, we sent a *Golden Certificate* to 563 RNs and 81 LPNs commemorating their 50 plus years of service as a nurse in Missouri. At our June 2006 Board Meeting we had the honor of making a special presentation of a *Golden Certificate* to former Board President, Dr. Cordelia "Dee" Esry. Dr. Esry served on the Board from June 5, 1997 to July 31, 2002. She served 2 one-year terms as president of the Board (1998 & 2001).

For this first year of the program, we sent certificates to all LPNs and RNs with an active license for 50 plus years. In the future, we plan to send out these awards annually to those that achieve the 50 year mark during that current year. A list of those receiving a Golden Certificate as of 1/26/06 begins on page 6.



Current Board Members congratulate former Board President, Dr. Cordelia "Dee" Esry. (L-R) Amanda Skaggs, Charlotte York, Cynthia Suter, Dee Esry, Teri Murray, Kay Thurston and Linda Conner

We were touched by the many favorable comments received as a result of implementing this program. Many expressed their surprise, joy, honor and appreciation for finding the rather large envelope in their mailbox. One individual, June Melton (see article on page 11), was so pleased with her award, that she brought it (embellished and framed by her daughter) into our office to show us. We enjoyed learning about her various duties (including as a missionary) throughout her 50 years as a nurse.

Thank you for your notes and phone calls. We appreciate your feedback. If any of you have stories you would like to share or if you would like to submit an article about how you have made a difference, please send it to beckihamilton@pr.mo.gov or to PO Box 656, Jefferson City, MO 65102.

Golden Nurses cont. to page 6

Golden Nurses cont. from page 5

Golden Nurses as of 1/26/06

Licensed Practical Nurses

Name	Original Licensure Date	City	State
Vertibe Atherton	Jan-55	Saint Louis	MO
Alma Baker	May-55	Laplata	MO
Irene Baker	Jun-55	Desloge	MO
Bernice Baldwin	Jan-55	Saint Louis	MO
Priscilla Benson	Jan-55	Kansas City	MO
Eleonora Bentmann	Jan-55	Chesterfield	MO
Elora Boulden	Dec-54	Saint Louis	MO
LaVerne Brown	Mar-55	Saint Louis	MO
Mary Brown	Jan-54	Crystal City	MO
Mary Bush	Apr-55	Saint Louis	MO
Beatrice Clark	Sep-54	Raytown	MO
Jeanette Coleman	Jan-54	Kansas City	MO
Lucy Collier	Jan-55	Saint Louis	MO
Floy Creek	Jan-55	Poplar Bluff	MO
Mattie Divine	Nov-54	Saint Louis	MO
Hulda Dooley	Jun-55	Marshall	MO
Mae Doyle	Jan-55	Saint Louis	MO
Esther Draper	Jan-54	Pagedale	MO
Lillian Emmel	Jan-55	Pittsburg	KS
Jossie Everett	Jan-55	Saint Louis	MO
Mary Farwell	Jun-55	St Charles	MO
Carmen Fisher	Apr-55	Chillicothe	MO
Mae Gessling	Jan-55	Moberly	MO
Mary Graupman	Jan-55	Monroe City	MO
Imogene Gremmer	Nov-55	Saint James	MO
Carrie Hagler	Jan-55	E Saint Louis	IL
Olivia Hall	Aug-54	Saint Louis	MO
Colleen Harshman	Jan-55	Galena	KS
Nancy Jo Heckman	Jan-55	Mexico	MO
Marie Hill	Oct-55	Lebanon	MO
Willie Holcomb	Jan-55	Saint Louis	MO
Mary Hughes	Mar-54	Curryville	MO
Gwendolyn Johnson	Jan-55	Saint Louis	MO
Matty Jones	Jan-55	Saint Louis	MO
Frankie Kemp Taylor	Feb-54	Kansas City	MO
Peggy Kocsis	Jan-55	Ballwin	MO
Crystal Kroeger	Jan-55	Bethany	MO
Sedonia Lacy	Jan-55	Kansas City	MO
Lillie LaFayette	Jun-55	Kansas City	MO
Rose Laub	Jan-55	Saint Louis	MO
Dorothy Lewis	Aug-55	Saint Louis	MO
Ethel Long	Nov-54	Saint Louis	MO
Rosalee Lundy	Jan-55	Bethany	MO
Wanda Mansfield	Sep-54	Centralia	MO
Mary Martin	Oct-55	Florissant	MO
Delores McCool	Jan-55	Cameron	MO
Barbara McDougald Fields	Oct-55	Kansas City	MO
Robbie McMahon	Dec-55	Kennett	MO
Katie McMunn	Sep-55	Independence	MO
Glenda Mills	Mar-54	Unionville	MO
Lula Moffet	Jan-54	Joplin	MO
Ina Norton	Feb-54	Kansas City	MO
Effie Norwood	Jan-55	Kansas City	KS
Donna Patterson	Jun-55	Edina	MO
Minnie Pearson	Jan-55	Saint Louis	MO
Omie Pittman	Jan-54	Saint Louis	MO
Georgia Ramsey	Jan-54	Cassville	MO
Patricia Raney	Jan-56	Chillicothe	MO
Ola Ray	Jul-54	Saint Louis	MO
Betty Reid	Jun-55	Poplar Bluff	MO
Ruthie Robinson	Jan-55	Florissant	MO
Clare Schmidt	Jan-55	Belleville	IL
Mary Sherk	Jan-54	Saint Louis	MO
Lucille Sims	Jan-55	Saint Louis	MO
Roberta Smalls	Feb-54	Kansas City	MO
Fleater Smith	Jan-55	Charleston	MO
Lula Smith	Jan-55	Columbia	MO
Alice Stith	May-55	Saint Louis	MO
Irene Summers	Aug-54	Saint Louis	MO
Thelma Sweeney	Jun-55	Kansas City	MO
Mona Tillman	Sep-54	Saint Louis	MO
Bro. Bernardo Trosa	Jan-54	Eureka	MO
Helen Alene Trueblood	Jan-55	Burlington Junction	MO
Cecilia Voss	Mar-54	Owensville	MO
Charlotte Wade	Dec-54	Cape Girardeau	MO
Sena Watkins	Dec-54	El Dorado Springs	MO
Vera Weeden	Jan-54	Saint Louis	MO
Mary Werdehausen	Jun-55	Jefferson City	MO
Versibe Williams	Jan-55	Saint Louis	MO
Anita Woods	Mar-54	Kansas City	MO
Mary Wright	Feb-55	Saint Louis	MO

Registered Nurses

Name	Original Licensure Date	City	State
Mary Abdon	Nov-55	Marshall	MO
Shirley Ackerman	Nov-55	Winfield	MO

Deana Adams	Nov-54	St Joseph	MO
Marilyn Ahrens	Nov-54	Saint Louis	MO
Mary Regina Albers	Nov-55	Saint Louis	MO
Ethel Allen	Nov-54	Potosi	MO
Georgia Anderson	Nov-50	Aurora	MO
Colene Anderson Maupin	Jan-45	Joplin	MO
Laverne Andrews	Nov-55	Overland Park	KS
Catherine Anthony	Oct-43	Independence	MO
Mary Ashton	Nov-54	Saint Louis	MO
Rose Audrain	Nov-46	Saint Louis	MO
Marian Auer	Nov-55	Clayton	MO
Loraine Ayub	Apr-49	El Paso	TX
Carolyn Baker	Nov-54	Saint Louis	MO
Joy Baker	Nov-55	Ozark	MO
Frances Balster	Apr-53	Saint Louis	MO
Ruby Baltisberger	Mar-54	Glenwood	MO
Marybelle Barnes	Oct-52	Saint Louis	MO
Marjorie Barth	Jun-50	Lee's Summit	MO
Izetta Baskin	Apr-49	Black Jack	MO
Rosalie Baudendistel	Nov-53	Saint Louis	MO
Mary Becker	Oct-52	Glendale	MO
Doris Beckham	Jan-52	Florissant	MO
Dorothy Beggs	Nov-53	Liberty	MO
Mary Ann Bellinghausen	Nov-54	Montrose	MO
Helen Benson	Nov-55	Brookfield	MO
Phyllis Benson	Apr-52	Saint Louis	MO
Leola Marilyn Besancenz	Nov-54	Largo	FL
Dorothy Bewie	Oct-55	Saint Louis	MO
Shirley Bierer	Nov-53	Florissant	MO
Wanda Biermann	Jan-49	Florissant	MO
Joan Billing	Nov-54	Saint Louis	MO
Marilyn Billings	Nov-55	St Charles	MO
Mary Bishop-Jenkins	Nov-55	Waverly	MO
Helen Bland	Nov-53	Brentwood	MO
Mary Bland	Oct-51	Kansas City	MO
Esther Blinn	Nov-55	Marshfield	MO
Patricia Boehm	Oct-52	Saint Louis	MO
Phyllis Bolle	Apr-46	Fenton	MO
Dolores Borgstede	Oct-52	Saint Charles	MO
Barbara Ann Bosarge-Harris	Nov-55	Wichita Falls	TX
Mary Bowman	Jul-54	Neosho	MO
Julia Boyd	Oct-51	St Charles	MO
Mary Bradley	Mar-50	Joplin	MO
Adrienne Breen	Nov-54	Saint Louis	MO
Mary Jane Brewer	Oct-52	University City	MO
Elizabeth Bristow	Apr-46	St Joe	MO
Gloria Broun	Oct-52	Saint Louis	MO
Betty Brucker	Oct-51	Saint Louis	MO
Virginia Bruns	Apr-53	Arnold	MO
Elizabeth Bucher	Nov-54	Marine	IL
Mary Buckman	Oct-51	Saint Louis	MO
Sally Burke	Dec-48	Charleston	MO
Margaret H.K. Butler	Nov-55	Brentwood	MO
Maxie Butler	Oct-51	Chesterfield	MO
Kathryne Byers	Nov-50	Danville	CA
Hattie Caddell	Nov-55	Saint Louis	MO
Venitta Camden	Jun-50	Bridgeton	MO
Jo Ann Carner-Boggs	Nov-53	Oakton	VA
Juanita Carroll	Dec-47	Saint Louis	MO
Gloria Carrow	Nov-55	Spring Hill	FL
Jean Carswell	Oct-48	Greenwood	MO
Earlene Carter	Nov-54	Saint Louis	MO
Betty Carter	May-47	Lowell	AR
Elizabeth Cason	Aug-55	Chesterfield	MO
Peggy Caughron	Feb-53	Kansas City	MO
Bernadyne Cavitt	Apr-53	Saint Louis	MO
Marion Chamberlain	Nov-50	Hermann	MO
Esther Cheney	Oct-51	Lexington	MO
Rose Church	Dec-45	Labadie	MO
Delores Clayton	Apr-55	Kansas City	MO
Alma Coffey	Dec-49	Manassas	VA
Norma Cole	Nov-53	Raytown	MO
Doris Collier	Nov-55	Blue Springs	MO
Gladys Conner	Apr-49	Saint Louis	MO
Barbara Coons	Feb-37	Kansas City	MO
Willard Coplin	Oct-52	Bonne Terre	MO
A Irene Cordes	Apr-48	Creve Coeur	MO
Barbara Costello	Nov-53	Florissant	MO
Margaret Couch	Oct-44	Lamar	MO
R. Elaine Crabtree	Apr-53	Springfield	MO
Anna Laura Cradic	Oct-52	Plattsburg	MO
Gloria Crutcher	Nov-55	Moberly	MO
Pauline Cummings	Nov-54	Manchester	MO
Lillian Daniels	Jul-44	Fort Madison	IA
Rae Jean David	Nov-54	Mountain View	MO
Ruth David	Oct-52	Kansas City	MO
Geraldine Davidson	Nov-55	Edina	MO
Sharon Davis	Nov-53	Springfield	MO
Eleanor Dean	Dec-47	Kansas City	MO
Ruth Degenhardt	Apr-43	Cape Girardeau	MO
Anita Degner	Dec-47	Kirkwood	MO
Doris Depew	Nov-42	Kansas City	MO
Carol Diederich	Oct-48	Hartsburg	MO

Golden Nurses cont. from page 6

Lois Doherty	Oct-52	Arnold	MO
Lorraine Du Bois	Dec-49	Saint Louis	MO
Virginia Du Rocher	Dec-49	Independence	MO
Edith Duncan	Jan-56	Urbana	MO
Betty Duncan	Nov-44	Fillmore	MO
Eleanor Dunsworth-Moore	May-47	Indialantic	FL
Doris Dustman	Apr-46	Warrenton	MO
Doris Eatherton	Nov-53	Saint Louis	MO
Nina Ecton	Nov-55	Saint Joseph	MO
Sr Mary Edwards	Dec-49	Saint Louis	MO
Rose Eisenbeis	Nov-50	Ballwin	MO
Anna Elder	Apr-46	Louisiana	MO
Patricia Elmer	Nov-53	Branson	MO
Catherine Elzie	Oct-52	Wentzville	MO
Arlene Emde	Nov-50	Concordia	MO
Lauretta Emerson	Aug-51	Sedalia	MO
Cordelia Esry	Nov-55	Hamilton	MO
Priscilla Evans	Feb-53	Springfield	MO
Lucille Faquin	Apr-49	Chesterfield	MO
Nancy Farley	Nov-46	Cape Fair	MO
Helen Farmer	Oct-48	Meadville	MO
Irma Filer	Nov-53	Farmington	MO
Marilee Fisher	Nov-54	Bonner Springs	KS
Betty Fitzgerald	Nov-54	Imperial	MO
Naomi Flatt	Nov-50	Christopher	IL
Patricia Flotte	Apr-51	Saint Louis	MO
Mary Flucke	Nov-54	Kansas City	MO
Norma Foreman	Nov-54	Nebo	IL
Lillian Frank	Jan-43	Saint Joseph	MO
Otie Burkes Fraser	Apr-49	Saint Louis	MO
Jacqueline Frealy	Oct-51	Thayer	MO
Johanne Fremont	Jun-52	Kansas City	MO
Betty Fry	Apr-53	Otterville	MO
Mary Gardner	Aug-50	Monett	MO
Betty Garrett	Nov-55	Barnard	MO
Guinevere Gevecker	Jan-47	Jefferson City	MO
Margaret Ghean	Apr-43	Kansas City	MO
Lola Gibbons	Oct-52	Saint Joseph	MO
June Gilbert	Jan-48	Nevada	MO
Gertrude Trudy Glenn	Aug-53	Springfield	IL
Elizabeth Godar	Jan-52	Florissant	MO
Betty Goins	Jan-56	Westboro	MO
Mary Governick	Jan-46	Viburnum	MO
Shirley Graham	Jan-56	Chesterfield	MO
Margaret Greer	Jan-56	Saint Louis	MO
Bonnie Greer	Jan-56	Marshall	MO
Billie Greif	Feb-53	Town & Country	MO
Fannie Griffin	Jan-55	Hannibal	MO
Patricia Grosch	Oct-52	St Charles	MO
Loretta Hackett	Jan-56	Saint Louis	MO
Donna Haffner	Jan-56	Saint Louis	MO
Ellen Hale	Jul-54	St Joseph	MO
Patricia Hall	Jan-55	Jennings	MO
Mary Hall	Jan-52	Lees Summit	MO
Elaine Hall	Jan-47	Savannah	MO
Laurine Hamm	Nov-55	Saint Louis	MO
Nancy Hansford	Jan-54	Kansas City	MO
Rose Ann Harmon	Jan-55	Noel	MO
Isabelle Hart	Nov-54	Saint Louis	MO
Nola Hart	Nov-54	Bloomsdale	MO
Corrine Harte	Apr-54	Kansas City	MO
Laverne Hatridge	Jan-56	Galena	MO
Pauline Hayden	Jan-56	Saint Louis	MO
Evelyn Hecht	Jan-53	Chester	IL
June Held	Jan-56	Hazelwood	MO
Joan Hennessey	Jan-55	Kirkwood	MO
Rosemary Henry	Nov-54	Maryland Heights	MO
Mary Hesse	Oct-52	Curryville	MO
Patricia Higdon	Jan-55	Easton	MO

Dorothy Hill	Jan-55	Kansas City	MO
Maridel Hischke	Nov-55	Maryland Heights	MO
Geraldine Hizer	Feb-52	Saint Louis	MO
Mary Jane Hoenig	Oct-52	Belleville	IL
Helen Hoertel	Jan-53	Rolla	MO
Ethel Hoffman	Jan-54	O Fallon	MO
Lavon Hollingsworth-t	Jan-46	Maryville	MO
Marcella Hollman	Jan-52	Saint Louis	MO
Jo Ellen Holloway	Jan-55	Grandview	MO
Rosemary Holthaus	Jan-47	Saint Louis	MO
Carmen Hook	Jan-56	Alton	IL
Marilyn Hopkins	Jan-53	Saint Louis	MO
Mary Hoppins	Jan-55	Agency	MO
Dixie House	Jan-54	Harvel	IL
Elsia Howard	Jan-47	Shawnee	KS
Edna Hughes	Apr-53	O Fallon	MO
Celestine Hurley Hoedl	Mar-50	Aurora	CO
Dixie Hurn	Jan-51	Neosho	MO
Jean Hyde	Jan-54	Kansas City	MO
Dorothy Innes	Jan-56	Galena	MO
Margaret Jaeger	Jan-46	Saint Louis	MO
Mary Jasperse	Jan-55	Prairie Village	KS
Mary Catron Jensen	Oct-43	Chillicothe	MO
Joan Jolley	Jan-54	Cuba	MO
Virginia Jones	Jan-56	Springfield	MO
Sonya Jones	Jan-56	Vienna	MO
Eva Jones	Nov-55	Sturdivant	MO
Janet Kaemmerer	Jan-55	Saint Louis	MO
Helen Kapsar	Jan-56	Crestwood	MO
Barbara Karmi	Jan-54	Saint Louis	MO
Pauline Katzfey	Jan-56	Springfield	MO
Florence Kauffman	Jan-47	Springfield	MO
Delores Kelemetz-Sarmas	Jan-56	High Ridge	MO
Lillian Kelledy	Jan-55	Saint Louis	MO
Juanita Kelton	Jan-56	Kansas City	MO
Irvana Kennedy	Jan-56	Branson	MO
Virginia Kennedy	Jan-51	Gladstone	MO
Effie Kent	Jan-55	Saint Louis	MO
Rosemary Kilker	Nov-50	Kansas City	MO
Jean Kimme	Jan-55	Washington	MO
Eunice Kinnick	Jan-56	Springfield	MO
Janie Kirkland	Jan-55	Saint Louis	MO
Dolores Kling	Jan-53	Saint Louis	MO
Elizabeth Kness	Jan-43	Crocker	MO
Shirley Knipker	Oct-52	Excelsior Sp	MO
Bernadina Knipp	Jan-56	Kansas City	MO
Josephine Koenigsmark	Jan-46	Saint Louis	MO
T. Joan Kolich	Jan-52	Sugar Ck	MO
Loretta Kosar	Nov-54	Festus	MO
Disca Kovar	Nov-53	Liberty	MO
Theresa Kozicki	Nov-54	Saint Louis	MO
Betty Kuda	Nov-54	Troy	MO
Joan Kuran	Jan-56	La Feria	TX
Betty Labrier	Aug-46	Crystal City	MO
Doris Lackey	Jan-55	Manchester	MO

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Golden Nurses cont. from page 7

Emogene Lagemann	Jan-48	Saint Louis	MO	Mary Mausshardt	Jan-47	Saint Louis	MO
Maryjane Lambrechts	Nov-44	Chesterfield	MO	Mary Maxwell	Nov-53	Independence	MO
Carolyn Lance	Nov-55	Poplar Bluff	MO	Philippina McAdams	Jan-55	Ferguson	MO
Marylyn Lander	Jan-48	Kansas City	MO	Virginia McAllister	Nov-54	Sedalia	MO
Carol Lang	Nov-55	Pilot Grove	MO	Bertha McCabe	Jan-48	Saint Louis	MO
Mary Lattimore	Jan-54	Saint Louis	MO	Joanna McCleave	Jan-55	Kansas City	MO
Joyce Lauer	Jan-51	St Charles	MO	Betty McClelland	Nov-53	Saint Louis	MO
Mary Layton	Jan-52	Ballwin	MO	Vonsella McClinton-Harvey	Apr-52	Kansas City	MO
Carol Leeke	Nov-53	St Charles	MO	Jean McCormick	Jan-54	Manchester	MO
Lavada Leonard	Jan-50	St. Peters	MO	Patricia McElligott	Jan-56	Independence	MO
Fannie Levine	Jan-47	Philadelphia	PA	Shirley McFadden	Jan-51	Saint Louis	MO
Florence Lewis	Jan-56	Cape Girardeau	MO	Jean McFarland	Jan-54	Kansas City	MO
Ruth Lewis	Dec-51	Raymore	MO	Eleanorlee McFarland	Jan-50	Bradenton	FL
M Maxine Leykam	Jan-55	Washington	MO	Roma McHugh	Jan-47	Saint Louis	MO
Georgana Linneman	Jan-47	Town & Country	MO	Mattie McIntosh	Apr-55	Saint Louis	MO
Theresa Lisitano	Jan-56	Saint Louis	MO	Adele McKean	Jan-53	Festus	MO
Bettye Lissant	Jan-51	Bonne Terre	MO	Dorothy McLellan	Aug-42	Chesterfield	MO
Mary Locke	Nov-55	Humansville	MO	B. Joan McMillan	Nov-54	Fayette	MO
Doris Lombardi	Oct-51	Peculiar	MO	Marilyn McMillen	Jan-55	St Joseph	MO
Leatha Long	Nov-54	Saint Louis	MO	Mary McMullin	Jan-54	Lamonte	MO
Bonnie Longstreth	Nov-53	Moundville	MO	Doris Meidinger	Oct-52	Huntington	NY
Joan Loyd	Jan-55	Wright City	MO	June Melton	Apr-49	New Bloomfield	MO
Marva Lubker	Jan-56	Jefferson City	MO	Betty Messerli	Oct-48	Steeleville	IL
Betty Lucas	Jan-55	Kansas City	MO	Shirley Meyer	Jan-56	Perryville	MO
Joann Lucas Conrad	Jan-56	Creve Coeur	MO	Dolores Meyer	Jan-55	Creighton	MO
Jeanette Luckey	Apr-50	Saint Louis	MO	Madreen Meyer	Oct-52	Ferguson	MO
Shirley Lutz	Jan-55	Easton	MO	Margie Mickels	May-47	Pilot Grove	MO
Marian Lynn	Jan-54	Independence	MO	Ali Midgett	Jan-55	Potosi	MO
Jacquelin Macher	Jan-54	St Peter	MO	Coralee Miller	Jan-56	Appleton City	MO
Joan Magee	Jan-53	Atlantic Bch	FL	Elva Miller	Jan-56	Lees Summit	MO
Anne Mahan	Oct-51	Kirksville	MO	Corrine Miller	Jan-55	Saint Louis	MO
Donna Marr	Jan-54	St Joseph	MO	Shirley Miller	Nov-45	Saint Louis	MO
Floreine Marshall	Jan-47	Webster Groves	MO	Ruth Miller	Jan-47	St Louis Co	MO
Mary Martin	Jan-56	Shawnee Mission	KS	Carolyn Mills	Nov-55	Chino Valley	AZ
Mary Martin	Nov-54	Saint Louis	MO	Dixie Mings	Nov-53	Springfield	MO
Shirley Martin	Apr-48	Maryland Heights	MO	Elizabeth Mininni	Nov-53	Kirkwood	MO
Mary Masucci	Apr-53	Prairie Village	KS	Martha Mitchell	Jan-46	Palestine	TX
Catherine Matheny	Jan-50	Ballwin	MO	Elsa Moeller	Apr-54	Corvallis	OR
Virginia Matlock	Jan-53	Orlando	FL	Minesteen Monroe McDonald	Jan-42	Saint Louis	MO
Harold Mattes	Jan-52	Mattoon	IL	Genell Moore	Nov-55	Saint Louis	MO
				Elizabeth Moore	Oct-52	Saint Louis	MO
				Dorothy Moore	Nov-53	Olathe	KS
				Lenora Morrison	Nov-53	Creve Couer	MO
				Henrietta Morton	Jan-54	Raytown	MO
				Marlene Mosberger	Apr-55	Saint Louis	MO
				Doris Mosley	Jan-50	Washington	DC
				Nancy Moss	Jan-56	Brookline Station	MO
				Jeanette Mueller	Jan-52	Valley Park	MO
				Loretta Mullen	Nov-55	Saint Louis	MO
				Margaret Mundel	Jan-55	Florissant	MO
				Flora Mundy	Jan-51	Kansas City	MO
				Lois Murphy	Jan-55	Ballwin	MO
				Joan Murphy	Jan-54	Kirkwood	MO
				Vera Murphy	Jan-51	University City	MO
				Dorothy Mustin	Jan-55	Kansas City	MO
				Lewalta Myer	Jan-56	Walnut Grove	MO
				Joyce Myers	Jan-56	Grandview	MO
				Coleen Myers	Oct-51	Overland Park	KS
				Glenda Nebuloni	Jan-55	Saint Louis	MO
				Mary Neely	Jan-56	Saint Louis	MO
				Lorraine Nelson	Jan-51	Kansas City	MO
				Marilyn Nelson	Oct-51	Pierce City	MO
				Madeline Newman	Jan-48	Florissant	MO
				Mary Nicholson	Jan-55	Richmond Ht	MO
				Leslie Nivens	Apr-54	Carthage	MO
				Mary Nolan	Jan-42	Westlake Village	CA
				Louise Norwood	Jan-42	Ellisville	MO
				Mary Nowak	Jan-56	Lemay	MO
				Lynette OBrien	Nov-54	Eolia	MO
				Barbara Oliver	Jan-50	Farmington	MO
				Pauline Oliver	Apr-54	Kansas City	MO
				Jean Oris	Jan-48	Florissant	MO
				Margaret Osburn	Nov-53	Ottawa	KS

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Virginia Pace	Oct-50	Eldon	MO
Joan Parr	Jan-50	Gravois Mills	MO
Janice Paskal	Jan-50	University City	MO
Margaret Patterson	Jan-45	Colorado Springs	CO
June Pender	Jan-54	St James	MO
Imogene Peters	Jan-56	Oakland City	IN
Carol Pettit	Jan-55	Festus	MO
Emma Philipp	Jan-55	Saint Louis	MO
Irma Picker	Dec-49	St Louis Co	MO
Joan Poese	Jan-55	Lake Ozark	MO
Effie Pollack	Jun-52	Olivette	MO
Shirley Pottinger	Jan-55	Saint Louis	MO
Peggy Pritchett	Apr-55	Malden	MO
Theresa Prusaczyk	Jan-56	Saint Louis	MO
Frances Pulliam	Jan-49	Bernie	MO
Nelda Pypes	Jan-53	Overland Park E	KS
Mary Ray	Jan-55	Oxford	MS
Frieda Reece	Jan-56	St Joseph	MO
Janette Reese	Nov-53	Saint Louis	MO
Rose Rhetta	Jan-42	Alton	IL
Verna Rhodes	Nov-50	Columbia	MO
Ruth Rice	Nov-50	Naylor	MO
Lucille Richardson	Jan-51	Berkeley	MO
Nancy Richart	Nov-55	Kansas City	MO
Wanda Riddle	Nov-55	Humphreys	MO
Irene Riddle	Jan-54	Saint Louis	MO
Vivian Ring	Jan-56	Saint Charles	MO
Alta Rivers	Nov-53	Saint Louis	MO
Alice Roam	Jan-50	Richland	MO
Mary Roberts	Jan-56	Farmington	MO
Gertye Robinson	Nov-55	Northwoods	MO
Elizabeth Rode	Jan-55	Overland Park	KS
Lois Rose	Apr-54	Jackson	MO
Suzanne Rose	Jan-48	Saint Louis	MO
Edith Rotermund	Jan-56	Richardson	TX
Ann Royce	Nov-53	Sarcoxie	MO
Marilyn Rubin	Jan-54	Saint Louis	MO
Elizabeth Russell	Nov-55	Olean	MO
Betty Russell	Nov-50	Merriam	KS
Joan Sack	Jan-56	Kansas City	MO
Helen Sawyers	Jan-46	Saint Joseph	MO

Marion Schamburg	Jan-54	Perryville	MO
Marilyn Schelp	Jan-55	Lexington	MO
Mary Loretta Schieszer	Jan-47	Blue Springs	MO
Eleanor Schmitt	Oct-52	Saint Louis	MO
Arlene Schneider	Jan-56	Saint Louis	MO
Beatrice Schneider	Nov-53	St Joseph	MO
Lois Schoemehl	Apr-54	Saint Louis	MO
Jean Schopper	Jan-48	Leawood	KS
Elizabeth Schroepfer	Jan-47	Lees Summit	MO
Polly Schulte	Jan-53	St Peters	MO
Helen Schwarzer	Jan-40	Higginsville	MO
Mable Scofield	Jan-53	Columbia	MO
M Joann Seal	Jan-56	Ballwin	MO
Beverly Searls	Nov-53	Jackson	MO
Marilyn Seat	Dec-51	Ballwin	MO
Ann Seligman	Apr-54	Saint Louis	MO
Patricia Shank	Oct-52	Joplin	MO
Marion Sherman	Jan-48	Columbia	MO
Kathryn Sidener	Dec-49	Rolla	MO
Donna Siefert	Jan-46	Saint Louis	MO
Helen Simpson	Apr-55	St Joseph	MO
Gladys Sims	Jan-55	Saint Albans	MO
Alice Lila Sims	Nov-54	Independence	MO
Annie Singletary Payne	Jan-56	Saint Louis	MO
Miriam Sisk	Jan-48	Camdenton	MO
Betty Skahan	Jan-55	Carrolton	MO
Carolyn Smith	Jan-56	Saint Louis	MO
Edna Smith	Oct-52	Jackson	MO
Beatrice Smugala	Oct-51	St Charles	MO
Harriet Snow	Jan-55	Overland Park	KS
Adla Snyder	Oct-52	Independence	MO
Joan Sokol	Jan-56	Saint Louis	MO
Mary Spelman	Jan-47	Omaha	NE
Clarice Stacker	Nov-55	Kingsville	MO
Norma Stahlhuth	Jan-55	St Charles	MO
Angeline Stanek	Jan-49	Bolivar	MO
D. Lorene Stapp	Nov-54	Leawood	KS
Betty Stark	Nov-53	Strafford	MO
Margaret Stenger	Jan-53	Saint Louis	MO
Geraldine Stone	Jun-55	Cape Girardeau	MO
Eleanor Stracener	Oct-51	St Joseph	MO
Gladys Street	Nov-40	Fayette	MO

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Marlene Stubbs	Jan-48	Chaffee	MO
Esther Stutes	Jan-46	Mendon	MO
Chloe Sullivan	Jan-55	Saint Louis	MO
Laura Sullivan	Dec-49	Conway	MO
Evelyn Sutherland	Jan-53	San Clemente	CA
Angela Sutherlin	Nov-54	Saint Louis	MO
Marie Suthers	Apr-54	Kansas City	MO
Ruth Ann Tapp	Apr-54	Abilene	KS
Carole Tatum	Jan-49	South Padre Island	TX
Angelita Terrio	Jan-54	Jefferson City	MO
Betty Thiele	Nov-53	St Charles	MO
Dorothy Thogmartin	Jan-42	Princeton	MO
Joan Thomas	Nov-55	Webster Groves	MO
Anna Thompson	Jan-56	Kansas City	MO
Frances Thompson	Jan-51	Severn	MD
Dorothy Thornton	Jan-55	Saint Louis	MO
Dorothy Thro	Oct-51	St Charles	MO
Charlotte Tillman	Apr-48	Kansas City	MO
ClaudDeen Tochen	Nov-54	Seymour	MO
Barbara Tommey	Jan-55	Cameron	MO
Myra Tourville	Jan-51	Saint Louis	MO
Dolly Townsend	Jan-55	Saint Louis	MO
Sammie Turner	Jan-53	Mt Vernon	MO
Charlotta Ubelhor	Apr-54	Campbell	MO
Louise Urban	Jan-55	Adrian	MO
Josephine Vago	Jan-52	Florissant	MO
Clara Van Biber	Jan-48	Independence	MO
Agnes Vehige	Jan-50	Topeka	KS
Carma Vineyard	Nov-50	Creve Coeur	MO
Charlotte Vogel	Jan-56	Warsaw	MO
Betty Vogelsang	Jan-51	Barnhart	MO
Mary Voigt	Dec-47	Cuba	MO

Mary Wall	Jan-50	Saint Louis	MO
Donna Wallace	Jan-55	Carthage	MO
Dora Walsh	Jan-56	Independence	MO
Anne Ward	Oct-52	Kansas City	MO
Candis Ward	Jan-45	Los Angeles	CA
Marilyn Watson	Jan-52	Saint Louis	MO
Fredericka Wegmann	Apr-54	Festus	MO
Laverne Weingartner	Jan-51	Kirkwood	MO
Patricia Wesby	Jan-52	Saint Louis	MO
Betty West	Jan-48	Kansas City	MO
Leanna Westbrook	Jan-50	Marshall	MO
Christine Westermayer	Dec-49	Affton	MO
Jo Ann Whenham	Nov-54	Lee's Summit	MO
Martha White	Jan-54	Plattsburg	MO
Betty White	Apr-51	Saint Louis	MO
Suzanne Wichman	Jan-54	Webster Groves	MO
Delores Wieners	Jan-56	Independence	MO
Astrid Willey	Apr-46	St Peter	MO
Lorna Wilson	Apr-53	Jefferson City	MO
Beverly Wilson Blankenship	Nov-53	Warrensburg	MO
Dolores Windham	Jan-56	Independence	MO
Patricia Wingerter	Nov-54	Perryville	MO
Shirley Witcher	Nov-55	Kirkwood	MO
Gertrude Witcher	Jan-48	Kansas City	MO
Emmalouise Wobus	Jan-50	Concordia	MO
Mary Woods	Jan-56	Saint Louis	MO
Floretta Woodson	Jan-51	Mt Vernon	MO
Evelyn Wynne	Jan-56	Kansas City	MO
Ruth Yaeger	Apr-51	Glen Carbon	IL
Dorothy Yamanouchi	Jan-53	Scottsdale	AZ
Dixie Young	Jan-47	Grandview	MO
Bernetta Younger	Jan-48	Maryville	MO
Carol Zehnder	Oct-51	Saint Louis	MO
Sylvia Ziegemeier	Nov-54	St Charles	MO
Mary Zika	Oct-51	Linn	MO

Congratulations to all our "Golden Nurses."

Nursing as it Was 50 Years Ago You BET I Was Ready!

Authored by June Hayes Essen Melton,
R.N.
Class of 1948
Jewish Hospital of St. Louis



June Melton, RN proudly displays her Golden Award to the office staff in Jefferson City.

I entered the last class of the United States Cadet Nurse Corps upon graduation from High School in 1945. I promised to give one (1) year to the Armed Forces for my education, uniforms, books, room and board. Also, I would receive a stipend of \$15.00 per month for the first six months and then I would receive \$20.00 per month until my last six months of my senior year when I would receive \$30.00 monthly. I wondered how I would be able to financially handle all this and then the government said they were going to help me. What a wonderful plan the government had. I was going to be able to do it. I could hardly wait for my first day of training to begin! Was I ready? Was I motivated? You just **bet** that I was!

We were short of nurses then—we are short today—but not like we were in the 40's. Most of the nurses had gone to war; that is, the Registered Nurses. The Practical Nurses had not arrived yet. They came about in the mid 50's, leaving us to get our education and hospital experience at the same time. We were on nursing duties almost immediately, usually 8 hours per day, six days of week, plus our studies. We were subject to "call" when we were assigned to surgery and we got "called often. No doubt about it we were overworked; our load was heavy. Many students quit and a few became ill. Me? Nothing could deter me from graduating and receiving my RN License. I loved it then and I still do.

During training we made our own cotton balls and applicators. We made our own Vaseline gauze; we sterilized syringes and needles by boiling them and used them again and again. After the needles were sharpened on a "honing" device and a stilet was inserted in each one to keep the eye of the needle open and not allow foreign material in them. We used a Bunsen burner and a spoon with water in it to sterilize and dissolve many medications for I.V. and I.M. use. For example, morphine sulfate came in tablet form and had to be dissolved before it could be used. An I.V. solution came in glass bottles and if vitamins or medications were to be added, we mixed them ourselves. The pharmacist did not do it. I received my first pharmacist-mixed bottle and was hesitant to use it. Sterility had been so drilled into me, I wondered if he had really used sterile techniques. Also, we had been taught not to start an I.V. we had not set up ourselves. We did not have a machine to calibrate how much was given the patient. The doctor ordered what he wanted and we counted the

drops as they entered the vein. Sometimes we ran out of poles to hold the I.V. We improvised! We tied them to the curtain rod! Sometimes we had a metal pole we could fasten to the bed that could hold the I.V. bottle. We used all I.V. tubing again. After use, it was rinsed and sent to Central Supply to be re-cleaned by inserting a long thin brush through the rubber tubing and then sterilized. If there was a reaction to the I.V., we blamed Central Supply; they had not done their job thoroughly! We treated enemas and douche cans the same. Our enema cans and bedpans were made of granite. If they were dropped, they chipped and became uncomfortable to use. Then along came stainless steel ones: what an improvement!

Enemas were one of the reasons for our irregular shifts. After lunch all patients were asked when they last had a bowel movement or an enema. If it had been a least two days, the physician was called and often an enema was ordered. We gave a lot of enemas during those early training days.

Another reason for irregular shifts was to schedule our classes. So our shifts to work were 7 a.m. to 9 a.m., back at 10 a.m. and work until 7 p.m. Or, on duty at 7 a.m., work until 9 a.m., back at noon; work until 2 p.m. and back to work at 7 p.m. and work until 11 p.m. Our really grueling shift was 10 a.m. to 7 p.m. Notice, all of us students were on the enema shift unless we worked 3 p.m. to 11 p.m. or 11 p.m. to 7 a.m. If we were working the night shift, we still had to attend classes.

Surgical gloves were washed inside and out—we blew them up to check for holes, allowed them to dry overnight, powdered, sized and re-wrapped and sterilized for use again.

Disposables?!? What is that? If I can remember correctly, the first disposable thing I used was a needle and syringe. What a waste; use one time and throw away. What will they think of next? Our waste cans begin to fill with all the disposables. This must cost a fortune! We used to kid each other as to what would they be throwing away next. Our silver nitrate used in newborn's eyes came with a bottle and a dropper so we could measure how much we needed to use. Then came individually waxed amulets we punctured and dropped the silver nitrate into the newborn's eyes; pre-measured, then throw it away—not the baby, the amulet.

We made our own baby formulas, cleaned and sterilized the bottles and according to physicians' orders, filled them and delivered them to the nurseries: newborn, isolation, premature, ill babies, surgery, etc. I took my training in a large hospital in St. Louis and 50-100 babies were our norm. This was an all-day assignment that we only had 4 hours to get accomplished. We worked in pairs and double- and triple-checked everything we did. Then we cleaned our work area to be in readiness for the next day. We were assigned the formula rooms and worked a week. It was

very grueling work. Carnation condensed milk was the most popular milk used for the formulas and we added Karo syrup.

Penicillin was used in the military, but not in private hospitals until the late 40's, then only 30,000 mg at a time. We could not use too much. We did not know what kind of reactions we might get.

The first kidney machine was as large as a patient's bed. The floor I was working on got the first one. Guess who had the patient? Me! There was an R.N. in charge, of course—I was in awe! Actually, it being new, the R.N. and I got to watch; to hand doctors supplies and clean up. It still was something to behold.

The Iron lung was twice as large as the patient's bed. There were only a few EKG machines, and not on all floors. They were requested as needed. We had no CPR boards, no codes, no ICUs, no telemeters and oxygen did not come out of a wall—it came from a large tank.

All patient charts were done by hand—no Internet or Dictaphone. Our thermometers were glass rods with mercury in them. We shook them down, cleaned them with the cotton balls we had made and dipped them in alcohol to sterilize. We made our own examination trays. We had no medicine carts. We passed medicine from a tray like ones we get from the dining room and eat from. We put the medicine in a glass medicine cup that had to be washed and dried. No disposables yet. The patient's name was put with the medicine cup. We had no intercom from the patient rooms to the nurses' desk. When the call light came on, we answered it by going into the patient's room. There was no such thing as saying, "It's not my patient." They were all our patients.

I have seen many things in medicine and nursing in the past 50 years plus. Young people going into nursing today, you are in for a great adventure. Enjoy! I wish I could be there with you.

Good luck and God Bless you.

Education Corner



Authored by Marilyn K. Nelson, RN, MA
Education Administrator

Missouri State Board of Nursing Education Committee Members:

- > Teri A. Murray, Ph.D., RN, Chair
- > K' Alice Breinig, RN, MN
- > Linda Conner, BSN, RN
- > Kay Thurston, ADN, RN

This article is a follow up to the one in the last issue regarding the revised IV Therapy rules which became effective April 30, 2006. Recent phone calls and inquiries to the Board of Nursing have prompted the need for some clarification and reminders to licensees and employers in relation to verifying the IV-Certification status for a licensed practical nurse.



Nelson

Let me briefly review the process for obtaining IV-Certification.

- A qualified practical nurse must successfully complete a Missouri State Board of Nursing approved Venous Access and Intravenous Infusion Treatment Modalities Course (hereafter referred to as an IV Therapy course). Qualified course participants include a practical nurse currently licensed or holding a temporary permit to practice in the state, a graduate practical nurse of a non-Missouri practical nursing education program seeking licensure in Missouri, a graduate practical nurse who completed a Missouri practical nursing education program prior to February 28, 1999 and seeking licensure in the state, and a federal employee who possesses a current license as a practical nurse in another state who is enrolling in a course provided by a federal facility located in Missouri.

- The provider of the IV Therapy course submits a dated roster/listing of those qualified practical nurses successfully completing the course to the Board of Nursing.
- The Board of Nursing issues an official letter to the practical nurse verifying IV status. The letter is written on Missouri State Board of Nursing letterhead and is stamped with the Board's seal. Office personnel enter the status into the computerized data for the practical nurse.
- When the practical nurse is issued a license or at the next renewal cycle, the license should state IV Certification.

It is important that LPNs and employers recognize that only a license stating IV Certification or an official letter from the Board of Nursing confirming IV Certification status should be accepted as proof of the LPN's approval to practice the IV functions as specified in 4 CSR 200-6.030 (5) and (6). A course provider awards a certificate to the practical nurse upon successful completion of the course but this should not be accepted as proof of IV Certification in Missouri.

It is also important to remember that a practical nurse who is currently licensed and IV Certified in another state who is applying for licensure by endorsement in Missouri is not automatically IV Certified in Missouri when s/he is issued a temporary permit. The individual must contact a currently approved course provider and request an evaluation of the course taken in the other state to determine if the content is comparable to that required in Missouri and that the individual is competent to practice the IV functions allowed in Missouri. The course provider then provides the Board with the individual's name via a letter or inclusion on a roster/listing to confirm that the requirements for IV Certification have been met. The LPN is issued an official letter stating IV Certification status with the expiration date of the temporary license. When issued, the license should state IV Certification.

It is recommended that all personnel at a health care facility who have a role in determining licensure and IV Certification status for LPNs be provided a copy of Division 200 State Board of Nursing Chapter 6 Intravenous Infusion Treatment Administration and specifically 4 CSR 200-6.060 Requirements for Intravenous Therapy Administration Certification. Depending on the background of the personnel, an informational session might be necessary. It also might be helpful to provide these individuals with copies of this article and the one from the May, June, July 2006 Newsletter.

Those of you who are practical nurses and have completed an approved IV Therapy course need to notify the Board of Nursing if you do not receive a letter and/or license indicating that you are IV Certified in a timely

manner. The Board has had instances in which a practical nurse calls and says s/he never received an official letter or license that confirms IV Certification status. If this call is made by the nurse within a few months of completion of the course, this is not a problem. However, it is very problematic if the nurse calls three to ten years or more after the course was completed. Several things may have happened: the roster/listing was not submitted, the address was not updated or a data entry error occurred. It is important to remember that a course provider only needs to keep records for those completing a course for five years.

Thus, if a long time has elapsed since the course was taken and the LPN notifies the Board that confirmation of such has not been received; it makes it difficult for the Board to try and track down the needed documentation. This is especially true if that provider is no longer offering a course and/or the nurse doesn't have any of the course materials and/or the certificate awarded.

If a LPN does not want to wait until the next licensure renewal cycle to have a license that states IV Certification, s/he can request a duplicate license. An Affidavit for a Duplicate License can be downloaded from the Board of Nursing website by clicking on Licensee Information and Forms. The form needs to be completed per instructions and a fee of \$15 submitted.

A qualified practical nurse wanting to become IV Certified can find a listing of approved course providers on the Board's website. Please make sure that the course is approved and meets the requirements as specified in the rules.

In summary, each of the parties involved need to do their part in the IV Certification process:

- Qualified practical nurses need to make sure that they are taking a course offered by a Missouri State Board of Nursing approved course provider, keep the Board informed of any address changes, and notify the Board if confirmation of IV Certification status is not received in a timely manner.
- Approved course providers need to offer the course as per the rules, send in a dated roster/listing of those qualified practical nurses who successfully completed the course, and notify the Board if they wish to discontinue being a course provider and inform the Board who will be the keeper of the records for the required five year period.
- The Board of Nursing will send confirmation of IV Certification status via letter or license in a timely manner and keep course providers and licensees informed of any changes.
- Employers need to insure that the appropriate personnel are informed that a license stating IV Certification or an official letter from the Board of Nursing verifying IV Therapy status are the only two acceptable means of documenting that a LPN is approved to perform the allowable IV functions.

Last, but not least, all of the parties must possess or know how to access the current rules for Intravenous Infusion Treatment Administration for use as a ready reference.

Investigations Corner

Authored by Quinn Lewis,
Investigations Administrator

It's Your License

On numerous occasions during an investigation the Board's investigators encounter problems when attempting to contact nurses that are under investigation by the Board. This occurs when the Board does not have a current address for the nurse. Rule 4CSR 200-4.020 section 14 (B)(2) states "If a change of address has occurred since the issuance of the current license the licensee must notify the Board of the address change."



Lewis

There are several reasons for this rule. First, important information is communicated by mail to our licensees including our newsletter and renewal notices. Second, licenses are mailed to the licensees. Finally, when a nurse is the subject of a Board of Nursing investigation he/she is notified by mail. At that time the nurse will be provided with a copy of the complaint and asked to provide a written response to the allegations within 30 days after he/she receives the Board's letter. If the nurse has moved since he/she last renewed their license and the Board was not notified of the updated address information, we have difficulty notifying them of the current situation with their license.

In all Board investigations the nurse has the right to know his/her accuser and defend themselves. If the Board's investigator cannot locate the nurse, the licensee loses the opportunity to defend themselves. When a Board investigator cannot find a licensee, the complaint does not go away. The investigator continues with the investigation.

In previous articles, I have mentioned how nursing cases are unique in the sense that the person or persons suspected of the conduct is identified in the complaint. The Board's investigator is then responsible for collecting evidence in the form of documentation and witness statements to substantiate or disprove the allegations. The licensee is given the opportunity to defend themselves. The evidence in most cases will tell the Board if the allegations have merit. Without any response from the licensee in the investigative report, the Board has no way of knowing the licensee's side of the story.

If you are the subject of a complaint, wouldn't you want to defend yourself? Yes folks, it's your license, not the investigator's and not the Board's. If we don't know where you are, you cannot be notified of serious proceedings that could affect your livelihood. When a complaint is filed

against a nurse, it is not the Board's responsibility to track down a licensee to afford them the opportunity to defend themselves. The Board receives 800 to 1000 complaints per year. Nurses are professionals who are trusted with the lives of patients. As licensed professionals nurses must keep the Board informed of their current address and phone number.

On several occasions nurses have called the Board office upset, because they've heard that the Board has interviewed a former co-worker concerning a complaint and he/she knew nothing about the complaint. The nurse will then start to give me his/her side of the story, usually indicating that they have a change of address. The nurse will often ask, "What would have happened if I would not have called you about the complaint?" I would then inform the nurse that the investigation would proceed without her side of the story.

Frequently, the follow-up question is, "How can you proceed with an investigation without me knowing there is a complaint against my license?" After explaining that it is his/her responsibility to keep the Board informed of their current address and phone number, it is noted that the Board prefers to have the nurse's side of the story before rendering a decision on an investigation. However, this is possible only when the Board has the nurse's current address and phone number. The Board conducts regulatory investigations not criminal investigations. The findings result in a possible administrative action.

I would like to stress to all nurses that it is **your** license at stake. Please take the necessary steps to insure that the Board has your current address and phone number. You are the one that benefits by keeping your address current with the Board.

A final thought for all nurses: **Don't place yourself in a situation which causes you to ask someone else to care more about your livelihood than you do. Remember, it's your license.**

Discipline Corner

Practice Corner

Authored by Lori Scheidt,
Executive Director

Authored By Janet Wolken MBA, RN
Practice Administrator

Missouri State Board of Nursing Discipline Committee Members

- Charlotte York, LPN, Chair
- Cindy Suter, BS, JD
- Amanda Skaggs, RNC, WHNP
- K' Alice Breinig, RN, MN
- Clarissa McCamy, LPN

"My Employer Just Told Me My License is Suspended! Why Didn't I Know?"

This is a **true** statement we have recently heard from nurses. On July 1, 2003, House Bill 600 went into affect which states that all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file.

The license suspension notices are sent to the last address we have in our database. At last count, there are still 349 nurses that have a suspended license. It is possible that a nurse could have a suspended license and not know it because we do not have the nurse's current address. Don't let this happen to you! Keep the Board informed of your current mailing address. We have no discretion on whether or not to suspend your license and it is suspended even if you don't receive notification of the suspension.

If you discover that your license is suspended, you will need to contact the Department of Revenue at (573) 751-7200 and get the tax issue resolved with their office. Once the issue is resolved with the Department of Revenue, they will provide you with a letter of tax compliance. Once you receive the letter of tax compliance, fax it to your respective board office immediately. Please check the board web page for the appropriate fax number.

If a Nurse Violates the Terms of Their Disciplinary Agreement with the Board, What Happens?

If a nurse violates the terms of their disciplinary agreement, the Board's legal counsel WILL file a probation violation complaint. The nurse will receive a copy of the complaint with a notice of hearing. The notice of hearing will include the date, time and place of a hearing that will be held before the members of the Missouri State Board of Nursing to determine what, if any, additional disciplinary action will be taken, including license revocation.

At the Board's June 2006 meeting, we held 16 hearings, 6 were disciplinary hearings and 10 were violation hearings. Of those 10 violation hearings, the Board's decision was to revoke the license of 9 of them due to licensee's not complying with the terms of their probation with the Board.

Missouri State Board of Nursing Practice Committee Members

- Linda Conner BSN, RN, Chair
- K' Alice Breinig, RN, MN
- Clarissa McCamy, LPN
- Teri Murray, Ph.D., RN
- Amanda Skaggs, RNC, WHNP

Employer/Employee Issues Affecting Nurses

Every week we receive phone calls from nurses who are making decisions that they fear will affect their license as well as their employment. As I talk with these nurses, I try to listen to them as well as help them problem solve. However, many times they are asking about employer/employee issues instead of issues related to the Nursing Practice Act. Included below are some of the most recent questions we have received that relate to employer/employee issues.

A nurse called and asked if mopping the floor is with in the Practice Act. We all know that, at times in our employment history, we have emptied trash, cleaned beds, and mopped floors. My answer to this question was that we do not address these tasks in the Practice Act and that we could not discipline a license for a poorly mopped floor or un-emptied trash can. There is nothing that can be sent to this nurse that indicates these are not nursing duties. One can try to determine if a task is a nursing duty by discovering if it is in the job description, if human resources is aware that it is being required, and if the nursing supervisor is aware that these duties have been added to an already full schedule. However, this is an employer/employee issue. If that employer uses nursing resources to mop floors or perform what most would consider to be "non-nurse" duties, then, potentially the nurse could be disciplined per facility policy by the employer for not doing the duties that are assigned.

Another nurse asked about floating to another floor where they did not feel comfortable and were fearful that they would do something that would affect their license. This is another employer/employee issue. However, this one may affect patient safety. As discussed in the February, March, April 2006 Practice Corner (<http://pr.mo.gov/boards/nursing/publications/newsletters/2006-02-01.pdf>) every nurse must define their own scope of practice within the limits of the law. If as an employee, you are being asked to float to an unfamiliar floor and you do not feel safe to practice on that floor, then it is not wise to accept that assignment. However, that does not protect you from employer discipline. If your employer has a policy on the use of nursing resources, you may want to make yourself familiar with it. You may want to request a different assignment for that shift and then contact the facility educator or your unit manager as soon as possible to help you expand your scope of practice in the areas that you feel are lacking. You may also want to request a few shifts of orientation on that floor to ensure patient safety and to decrease your fears, should you be pulled to that floor in the future. The employer should be aware and should ensure that adequate orientation, education, training, and supervision are prerequisites to the development of competence (<http://pr.mo.gov/nursing-focus-position.asp>). Inappropriate delegation is a patient safety issue.

Another employer/employee issue that may affect patient safety is when nurses are asked to work beyond the end of their shift or to come in and work an extra shift. The number of hours a nurse works, is asked to work, or is required to work does not fall within the Board of Nursing's jurisdiction. However, if a nurse works sleep deprived or exhausted and patient safety becomes an issue then it may come before the Board of Nursing as a complaint on the nurse's license. Managers and the nurse must consider patient safety in the situation where a nurse is being asked to work longer or extra hours. Nurses who work over forty hours in a week, longer than twelve hour shifts, and are working overtime have a much larger risk of making an error (<http://content.healthaffairs.org/cgi/content/abstract/23/4/202>). A nurse must only accept the assignments that they feel they can safely complete. Managers must consider the hours the nurse has worked both at their facility and the hours they may be working at another facility.

When nurses call and ask questions about floating and working extra hours, the nurse asks if they decline would that be considered patient abandonment? In addition, they state that the employer has threatened to "take the license" if the nurse does not do as they have asked. In answer to this, I always say that anyone can make a complaint against a nursing license, but an employer cannot take a nursing license away. An employer may terminate an employee and may give an unfavorable reference but they cannot revoke or discipline the actual nursing license of an employee. If an employer does file a complaint against a nursing license each case is looked at on an individual basis by the Board of Nursing.

We then go on to discuss the patient abandonment question. Patient abandonment may include situations such as leaving a patient assignment without appropriate supervision, leaving without giving a patient status report, or sleeping on duty. However, **in general**, failure to work beyond a previously agreed upon work time, refusal to work in an unfamiliar patient care area without orientation or education, refusal to report to work, failure to arrive on time, unscheduled absences, or failure to give notice when resigning do not constitute instances of abandonment. Please see our Patient Abandonment Position Statement below.

When employer/employee issues arise I would suggest following the chain of command to address your concerns. Document your concerns of patient safety in writing and be sure to keep a copy for yourself with the dates and topics that you have addressed with your employer. If you feel that your employer is continually putting your nursing license in jeopardy due to patient safety issues, then, possibly the only resolution is seeking nursing employment in a situation that will better fit your knowledge, skills, and abilities.



Wolken



Licensure Corner

Missouri State Board of Nursing

Licensure Committee Members:

Kay Thurston, ADN, RN
Charlotte York, LPN
Clarissa McCamy, LPN
Cindy Suter, J.D., Public Member

Procrastination: To put off doing something, especially out of habitual carelessness or laziness. To postpone or delay needlessly.

As many licensees discovered during this past LPN renewal, procrastination of notifying the Board of Nursing of a name and/or address change caused the following:

- A delay in receiving the license renewal notice.
- The inability to renew online due to not having a PIN (personal identification number).
- A delay in receiving duplicate renewal notice and PIN due to the need to first notify the Board in writing of name and/or address change.

Even with the ability to renew online, many licensees discovered that waiting until the last day to renew online did not guarantee a renewal could be completed in time. Some licensees were:

- Unable to renew online due to technical difficulties.
- Unable to verify renewed license to Employer.

Top Ten Reasons Why I Didn't Renew on Time:

- #10 I didn't receive a renewal, so I thought I was okay.
#9 I moved out of state but my mail is forwarded.
#8 My cat loves to eat paper and put too many holes in my renewal.
#7 I am in the military and deployed overseas.
#6 My Ex does not give me my mail.
#5 I did not get paid till the end of the month.
#4 My dog ate my renewal.
#3 My employer did not remind me it was time to renew.
#2 My mailman is an alcoholic and he was drunk the day he was supposed to deliver my renewal notice.
#1 *I moved.*

Some of the excuses are quite serious while others are very funny. Your license is your responsibility and it is your responsibility to renew on time. It is highly recommended that you renew prior to the last day of renewal. All LPNs expire on May 31st of even years and all RNs expire on April 30th of odd years. Please put some type of reminder system in place so you don't forget.

Top Five Reasons To Request A Name and/or Address Change:

- #5 You will receive our quarterly newsletter.
#4 You will receive current correspondence from this office.
#3 You will receive a renewal notice with a PIN number and license number.
#2 You will have the capability to renew online. Your address must match the address you have on your credit card billing address.
#1 You are required to by rule **4 CSR 200-4.020 (14) (B) (1), and (2) in the Nurse Practice Act.**

Note: Name and/or address changes must be submitted in writing. Your request must include your name (indicate if new name), address (indicate if new address), license number, and your legal signature. Your request must either be faxed to 573-751-0075 or 6745 or mailed to Missouri State Board of Nursing, PO Box 656, Jefferson City MO 65102.

LPN Renewal Stats for the 2006/2008

Renewals processed by Board office: 15,735 (65.42%)
Renewals processed online: 5,114 (21.26%)
Total Renewed 20,849 (86.68%)
Approximately 3,115 have yet to renew.

Online Renewal a Success

This year was the second year that online renewal was made available to Missouri licensees and I would like to thank those licensees who participated by renewing their licenses online. We encourage Missouri licensees to utilize online renewal in the future. Many LPNs commented on how quickly they received their license.

LPN Renewal Deadline was May 31, 2006:

The deadline for renewal of Licensed Practical Nurse license was May 31, 2006. If you failed to renew during renewal your license is now considered lapsed and you must **cease practicing immediately**.

To reinstate your license you will need to submit the following:

- Complete a LPN Petition for Renewal and submit it to our office with the current renewal fee of \$72.00 and the \$50.00 penalty fee.
- A notarized statement from you which must include the following information:
 - How you discovered that your license was not current
 - Date you discovered your license was not current
 - Date you notified your employer that you could not practice nursing
 - Date you ceased nursing practice
 - Confirmation that you will not resume employment in a nursing position until your license is renewed

Statement from your employer must include the following information:

- Date employer received notification that your license was not current
- Date employer removed you from a nursing position
- Confirmation that you will not be allowed to resume a nursing position until your license is renewed.

Note: Online renewal is only available during the renewal period.

Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following items available when contacting the Board:

- License Number
- Pen and Paper

What is Public Information?

In accordance with Section 620.010.14(7), RSMo, the only information regarding an applicant/licensee that is public includes:

- Name (including maiden name and previous names)
- Address
- License type, license number, dates of issuance and expiration date
- License status (i.e. current, inactive, lapsed, surrendered or no license issued)
- License certifications and dates (e.g. IV Certified)
- Disciplinary action taken against a license (i.e. censure, probation, suspension, revocation)

The above is the only information that may be released to the public, including family members, employers and the media.

Confidential information in an applicant/licensee's file may only be released under the following circumstances:

- With the written authorization of the applicant/licensee
- Through the course of voluntary interstate exchange of information with other boards of nursing
- Pursuant to a court order
- To other administrative or law enforcement agencies acting within the scope of their statutory authority

Occasionally, a caller might want to verify a licensee/applicant's date of birth or social security number. A licensee or applicant's date of birth and/or social security number is not public information and therefore cannot be verified by our office unless we are provided with a signed release from the licensee/applicant.

The Board of Nursing is requesting contact from the following individuals:

Penny A. Banks, PN
Lori L. Dennis, RN
Debra Eaton, PN
Roberta Galate, PN
Matthew Y. Hunter, RN
Lisa Ann Johnson, RN
Billye Scholes, RN
Gladys R. Warrior, PN

If anyone has knowledge of their whereabouts, please contact Quinn at 573-751-8740 or send an email to nursing@pr.mo.gov.

NCSBN Welcomes Kentucky as the 22nd State to Join the Nurse Licensure Compact

CHICAGO—The National Council of State Boards of Nursing (NCSBN), <http://www.ncsbn.org/>, is pleased to announce that Kentucky recently passed legislation to join the Nurse Licensure Compact (NLC). The state will begin the rule writing process to work toward implementation of the NLC in 2007.

The concept of the mutual recognition of nurse licensure is what the NLC model is based upon, and the NLC seeks to simplify government processes and remove regulatory barriers in order to increase access to safe nursing care. NCSBN and its member boards of nursing arrived at this model in response to the rapidly evolving health care environment, which includes emerging practice modalities and technology (e.g. telenursing) for nurses who practice across state lines both physically and electronically in a variety of health care settings.

Charlotte F. Beason, Ed.D, RN, CNAA, Executive Director of the Kentucky Board of Nursing remarks, "Participating in the Nurse Licensure Compact will afford

Kentucky nurses increased mobility and greater work flexibility. It will also enable employers to hire safe, competent licensed nurses from compact states more easily—assuring the Board of Nursing mission to protect the public through the provision of quality nursing care."

Currently, 21 other states have enacted the legislation allowing for participation in the NLC. Other states in the Compact include: Arizona, Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, New Jersey (still to be implemented), New Hampshire, New Mexico, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

NCSBN developed the NLC with its member boards in 1997. Under the NLC, nurses hold one license in their state of residency and are able to practice in the other NLC states, provided that they follow the state's Nursing Practice Act for where the care is provided (similar to the drivers license compact). All NLC states are required to participate in a coordinated licensure database called Nursys® that aids the NLC in the advancement of its objective to enhance public protection through timely and more complete information sharing.

"The NLC allows nurses expedient and efficient authorization to practice in participating jurisdictions granting them greater mobility without compromising the welfare of the general public," comments Kathy Apple, MS, RN, NCSBN Executive Director.

Operationally, the NLC is administered by the Nurse Licensure Compact Administrators (NLCA) who function as a separate, incorporated body made up of the participating state-designated NLC administrators. NCSBN provides Secretariat services for the NLCA.

In addition to the NLC, NCSBN also recognizes and supports the historic single state licensure model, which requires licensure in those states of all nurses working there physically or electronically, regardless of residency.

The National Council of State Boards of Nursing, Inc.

(NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and five United States territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.



Missouri Center for Patient Safety Established Medication Safety Resources Available on Website

SAVE THE DATE!
Friday, October 20, 2006

*Establishing a Just Culture for Patient
Safety by David Marx, JD*

ONE-DAY CONFERENCE

The Missouri Center for Patient Safety will hold a one-day conference to introduce the concepts of a Just Culture to establish a common understanding of how to develop a fair, just and learning culture to improve patient safety.

A Just Culture provides an opportunity for healthcare leaders, caregivers and regulators to partner in addressing errors in a system, resulting in improvements benefiting patients, staff and employers.

Mr. Marx is a human error management consultant that brings technical capability of an engineering background and legal expertise to his work of assisting organizations in establishing a common understanding of systems-based versus competency-based issues in patient safety.

The program will be held at the Doubletree Hotel & Conference Center in St. Louis on Friday, October 20.

Details of this exciting program being brought to Missouri will be available soon at www.mocps.org.

The Missouri Center for Patient Safety, a new, nonprofit organization, has been established to lead the state's patient safety efforts and to advocate for patient safety in Missouri.

The Center was formed in response to a recommendation of the Missouri Commission on Patient Safety for a private Center to work with all healthcare providers, consumers, business and government to lead state-wide patient safety improvement. While initial support for the Center was provided by the Missouri Hospital Association, Missouri State Medical Association and Primaris, ongoing support is dependent on grants and individual and organizational sponsorships.

The Center's strategic initiatives are:

- providing education
- being a central resource on patient safety for providers and consumers
- facilitating special patient safety-related projects
- being a federally-designated Patient Safety Organization, including managing a voluntary, confidential adverse event reporting system

In March, the Center sponsored the first Missouri Patient Safety Awareness Week and developed the following medication safety resources for consumers to help them document the medicine they take and communicate with their providers about medicine use:

- "My Medicine List"—a form to document medicine taken and other important health-related information
- A brochure with tips on medication safety at home, at the hospital, at the doctor's office and at the pharmacy
- A poster reinforcing the need to ACT—Ask, Check and Tell about medicine use

Go to the Missouri Center for Patient Safety Web site at www.mocps.org for more information about the Center, resources, and sponsorships or contact Becky Miller, Executive Director, at 573/817-8300, ext. 115 or bmiller@mocps.org.

Summary of Actions June 2006 Board Meeting

Education Matters

New Program Request

- Request to establish an Associate of Applied Science in Nursing LPN to RN Program in Kennett, Missouri was approved for Southeast Missouri Hospital College of Nursing.

Curriculum Changes

- Request from Truman State University, BSN Program #17-572 for curriculum changes was approved.
- Request from Lester L. Cox College of Nursing and Health Sciences, BSN Program #17-512 for curriculum changes was approved.
- Request from Texas County Technical Institute, PN Program #17-135 for curriculum changes was approved.
- Request from Hannibal LaGrange College, ADN Program #17-472 for curriculum changes was approved.
- Request from Deaconess College of Nursing, ADN Programs, #17-415 and 430 for curriculum changes was approved.
- Request from Columbia Public Schools, PN Program #17-199 for curriculum changes was approved.
- Request from Northland Career Center ATS, PN Program #17-102 for curriculum changes was approved.
- Request from Deaconess College of Nursing, BSN Program, #17-500 for curriculum changes was approved.

Full Approval

- Full approval was granted to University of Missouri-Kansas City, BSN Program #17-575.

Misc.

- Request from Truman State University, BSN Program #17-572 to participate in a pilot project to address the shortage of nursing faculty was approved.
- Request from Warrensburg Area Career Center, PN Program #17-172 to return to a 5 day a week schedule was approved.
- Request from Texas County Technical Institute, PN Program, #17-135 to change the start date of the program was approved.

The following items were reviewed and accepted:

- 1 Five year on site survey report
- 1 relocation survey report
- 1 progress report
- 2005 Annual Reports for 50 IV Therapy Programs

Discipline Matters

The Board held 6 disciplinary hearings and 10 violation hearings.

The Discipline Committee reviewed 96 cases and 34 questionable complaints.

Licensure Matters

The Licensure Committee reviewed 31 applications.

Results of reviews as follows:

- Issued letters of concern—9
- Approved applications—2
- Applications approved with probated licenses—4
- Applications tabled for additional information—2
- Denied applications—12
- Previous probation order withdrawn—1
- Request for test accommodations approved—1

Missouri State Board of Nursing Position Statement Patient Abandonment

The Missouri State Board of Nursing believes that the provisions in Chapter 335 and its regulations reflect the State's public policy that its licensed nurses have a responsibility to faithfully serve the best interests of their patients.

In order to address the many calls received by the Board from licensed nurses seeking guidance on how to protect their individual licenses and also carry out their duty to protect their patients, the Board hereby seeks to clarify some of the parameters of patient abandonment with this position statement. This position statement, however, is meant to be only a general guideline as to what may constitute patient abandonment from the Board's perspective, since any and all complaints alleging patient abandonment are considered on a case-by-case basis by the Board.

Patient abandonment may include, but is not limited to, the following scenarios:

- Leaving the place or area of employment during an assigned patient care time period without properly advising appropriate person/s so that arrangements can be made for continuation of nursing care by qualified others
- Leaving the workplace without adequately providing a patient status report to oncoming qualified personnel
- Leaving an emergency patient care situation that would be considered overtly dangerous based on the standard of actions of a similarly qualified reasonable and prudent licensed nurse
- Showing lack of competent attention to or leaving a patient in acute distress without proper notification of appropriate personnel and/or without making appropriate arrangements for continuation of nursing care
- Making inadequate patient contacts, assessments, or

interventions either directly or indirectly through improper supervision of other nursing care providers

- Sleeping while on duty

Provision of qualified, appropriate, and adequate numbers of personnel to care for patients are the responsibility of the employer. The Missouri State Board of Nursing has no jurisdiction over employment related matters.

The Missouri State Board of Nursing considers the following scenarios to be some examples of employer-employee issues, which, therefore, do not generally constitute instances of patient abandonment to the Board:

- Failure to work beyond previously agreed upon work time period¹
- Refusal to work in an unfamiliar, specialized, or "high tech" patient care area when there has been no orientation, no educations preparation, or employment experience
- Refusal to report to work
- Failure to call employer or arrive for assigned work time period
- Accumulation of "too many" days not worked
- Failure to return to work from a scheduled leave of absence
- Resignation from a position after completion of assigned patient care time period, such as an assigned shift, and not fulfilling the remaining posted work schedule
- Termination of employer-employee relationship, after completion of an assigned patient care time period, by licensed nurse employee without providing employer with a period of time to obtain replacement for that specific position, such as resigning without notice

Approved 12/4/2001

¹ The Missouri State Board of Nursing has adopted the following resolution passed by the National Council of State Boards of Nursing, Inc. (NCSBN) at its August 2001 Delegate Assembly:

NCSBN promotes safe and effective nursing practice in the interest of protecting public health and welfare. Therefore, National Council recognizes the professional responsibility of nurses to accept or decline overtime assignments based on their self-assessment of ability to provide safe care.

DISCIPLINARY ACTIONS

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions for the Nursing Practice Act that were violated and a brief description of their conduct.

CENSURE LIST

Name	License Number	Violation	Effective Date of Censured License
Jacquelyn Nikol Blake St. Louis, MO	PN055560	Section 620.153 RSMo 2000 On 5/31/05, Licensee self reported her working in home health on private duty cases, which was in violation of her 1/18/05 settlement agreement.	Censure 3/28/2006
Donna S. Breneman Unionville, MO	RN102745	Section 335.066.2(5) and (12), RSMo 2000 On 12/12/04, a patient presented to the facility emergency room complaining of chest pain and pain in his left arm. Licensee was instructed to administer intravenous Heparin at 7 cc’s per hour. Licensee administered the Heparin at 70 cc’s per hour. On 1/13/05, Licensee was assigned to a patient who was to receive and IV infusion containing Potassium Chloride at a rate of 125 cc per hour. Licensee infused the solution containing Potassium Chloride at a rate of 425 cc per hour. Facility policy requires two nurses sign off on a patient’s record whenever one of nine “high risk” medications is given. Although Potassium Chloride is considered a “high risk” medication, Licensee did not have another nurse sign off on the record, in violation of facility policy.	Censure 3/28/2006
Jon M. Crocker O’Fallon, MO	RN117026	Section 335.066.2(5), (6) and (12), RSMo 2002 From 5/1/03 through 4/29/05, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 4/13/2006
Carolyn K. Grizzle Moberly, MO	RN107216	Section 335.066.2(5) and (12), RSMo 2000 On 7/14/04, Licensee stole Prilosec OTC from the medication room at the facility for her own personal consumption. A search of the licensee’s person turned up 28 Prilosec OTC capsules in her pocket. The lot numbers of the capsules found on Licensee’s person matched the lot number on the empty box found in the trash. Licensee stated she had purchased the Prilosec OTC at a store the previous evening and never produced a receipt for the Prilosec OTC found on her person.	Censure 3/28/2006
Linda S. Kellogg Sweet Springs, MO	RN126302	Section 335.066.2(5), (6) and (12), RSMo 2000 From 5/1/03 through 12/16/04, Licensee worked as a registered professional nurse on a lapsed license.	Censure 4/4/2006
Georgette M. Mann Shawnee Mission, KS	PN049894	Section 335.066.2(2), RSMo 2000 On 4/13/05, Licensee pled guilty to DWI—Alcohol.	Censure 4/8/2006
Ouida F. Williams Neosho, MO	RN077450	Section 335.066.2(5), (6) and (12), RSMo 2002 From 5/1/03 to 5/10/05, Licensee worked as a registered professional nurse on a lapsed license.	Censure 3/11/2006

Disciplinary Actions cont. to page 21

*Disciplinary Actions cont. from page 20***PROBATION LIST**

Name	License Number	Violation	Effective Date of Probation
LaToya Janeice Brumfield St. Louis, MO	PN2006013228	Section 335.066.1 and .2(2), RSMo 2000 On 4/20/05, Licensee pled guilty to Tampering in the second degree.	Probation 5/10/2006 to 5/10/2008
Terri Antoinette Connor Columbia, MO	RN2006009390	Section 335.066.1 and .2(5), (8) and (12), RSMo 2000 On 7/27/99, Licensee's RN license was placed on probation for 5 years by the Georgia State Board of Nursing. Licensee admitted to an addiction to crack cocaine and diversion of Demerol from her work place. Licensee failed to comply with the Georgia Consent Order. On 1/1/01, Licensee allowed her RN license to lapse. On 8/2/02, Licensee applied for reinstatement of her Georgia license. On 11/15/02, Licensee's RN license was placed on 4 years probation by the Georgia State Board of Nursing. On 2/18/03, Licensee entered into a Settlement Order with the Louisiana Board of Nursing, her license was placed on probation for 5 years. Licensee was required to complete treatment for substance dependence. As of 10/7/05, Licensee is in compliance with the terms of the Louisiana Settlement Order.	Probation 4/7/2006 to 4/7/2009
Mary M Ettinger Chesterfield, MO	RN066152	Section 335.066.1 and .2 (1) and (2), RSMo 2000 On 9/1/75, Licensee was licensed as a registered professional nurse. Licensee's license remained current and active until 4/30/01, at which time Licensee failed to renew her license and allowed it to lapse. In 1/04 Licensee entered a treatment program in Arizona for the treatment of alcoholism. Licensee reports that following this program, she continued to consume alcohol. In 12/04 Licensee reports that she pled guilty to shoplifting following an event which occurred in 9/04, when the Licensee shoved small bottles of alcohol into her purse so as not to be discovered by an acquaintance buying alcohol. The charge was later amended to littering to which she pled guilty. On 10/9/04, Licensee was admitted for treatment; licensee reported drinking 2 to 3 times a week and of having a history of alcohol abuse.	Probation 3/28/2006 to 3/28/2008
Theresa M. Flieger Troy, MO	PN047909	Section 335.066.2(2), RSMo 2000 On 3/1/04, Licensee pled guilty to the class C felony of possession of a controlled substance (methamphetamine).	Probation 3/18/2006 to 3/18/2011
Trisha Greenstreet El Dorado Springs, MO	PN042305	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 On 5/22/04, Licensee knowingly possessed red phosphorus and ephedrine, precursors to the production of methamphetamine, and knowingly possessed two syringes containing methamphetamine. On 11/18/04, in a statement to the Board, Licensee reported that on 5/22/04, the DEA, the Department of Family Services and a representative from the sheriff's department came to the Licensee's house to investigate for drugs and drug related items. Family Services found the above items in Licensee's "refrigerator and on the counter".	Probation 5/2/2006 to 5/2/2011
Elizabeth A. Horton Springfield, MO	PN014529	Section 335.066.2(5) and (12), RSMo 2000 Prior to 6/5/04, the facility staff had issued numerous corrective action memoranda regarding unprofessional conduct and/or poor job performance by the Licensee. On 6/5/04, Licensee did not document a change in a patient #1's condition and did not perform an updated assessment. On 6/7/04, because of Licensee's failure to contact a patient #2's physician, the patient experienced an additional 48 hours of pain. On 6/11/04, had an argument about the schedule with another employee at the nurse's desk and began to sing in a loud voice, "no wonder nobody wants to work in this d--- place." Licensee was in earshot of patients and other staff.	Probation 3/28/2006 to 3/28/2007

Disciplinary Actions cont. to page 22

Disciplinary Actions cont. from page 21

Name	License Number	Violation	Effective Date of Probation
Laura G. Lutz Kansas City, MO	PN2006012257	Section 335.066.1 and .2 (2), RSMo 2000 On 11/15/00, Licensee pled guilty in Circuit Court to Endangering the Welfare of a Child— 1st Degree.	Probation 4/24/2006 to 4/24/2008
Michael David Miller Marmaduke, AR	RN121377	Section 335.066.2(8), RSMo 2000 On 10/26/00, Licensee's Arkansas nursing license was disciplined based on the Licensee portraying himself out as an RNP and practiced beyond the scope of a RN.	Probation 5/12/2006 to 5/12/2008
Tondra Jo Ramsey Independence, MO	RN2003001147	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 On 1/27/05, Licensee submitted to a urine drug screen which tested positive for marijuana and propoxyhene.	Probation 3/3/2006 to 3/3/2008
William C. Typaldos, Springfield, MO	RN127895	Section 335.066.2(2), (5), and (12), RSMo 2000 On 12/29/04, Licensee pled guilty to Domestic Assault in the 3rd Degree. On 5/5/05, Licensee was terminated from a facility for failure to improve behavioral issues involving patients, patient families and coworkers. These issues are as follows: on 3/17/05, a patient reported the Licensee treated him roughly and told the patient to stop using the call light so much so the Licensee could get report from the out-going staff; On 3/24/05, Licensee failed to document the administration of a patients' evening nourishment; on 3/25/05, during the insertion of a foley catheter, Licensee dropped the sterile catheter on the patient's bed, failed to obtain a new sterile catheter and used the contaminated catheter; on 3/30/05, Licensee was disruptive, rude and rough with a patient; on 4/11/05, Licensee verbally admonished a patient for using the urinal too much; on 4/15/05, Licensee used poor judgment when he attempted to solicit a date from a patient's family member; on 4/26/05, Licensee conveyed to a patient's family that there was not enough staff to care for the patient.	Probation 4/8/2006 to 4/8/2008
Stephanie R. White, Columbia, MO	RN091052	Section 355.066.2(1), (2) and (14), RSMo 2000 On 2/24/04 and 12/28/04, Licensee pled guilty to possession of controlled substance and on 2/24/04, Licensee pled guilty to possession of controlled substance and prostitution.	Probation 3/28/2006 to 3/28/2008
Kendra Jean Whybark Matthews, MO	PN2002007373	Section 335.066.2(2), RSMo 2002 On 5/12/05, Licensee pled guilty to one count of the Class D Felony of Fraudulently Attempting to Obtain a Controlled Substance and one count of Class C Felony of Possession of a Controlled Substance.	Probation 4/20/2006 to 4/20/2008
Joy L. Wolf Springfield, MO	PN049943	Section 335.066.2(2), RSMo 2000 On 5/24/05, Licensee pled guilty to possession of a controlled substance.	Probation 5/2/2006 to 5/2/2009
Janet Lee Wooldridge St. Peters, MO	PN025670	Section 335.066.2(5), (6) and (12), RSMo 2002 From 6/1/00 to 12/28/04, Licensee practiced as a licensed practical nurse on a lapsed license.	Probation 3/11/2006 to 3/11/2007

Disciplinary Actions cont. to page 23

*Disciplinary Actions cont. from page 22***REVOCATION LIST**

Name	License Number	Violation	Effective Date of Revocation
Maria Lanette Bonner Saint Louis, MO	PN053015	Section 620.153, RSMo 2000 From 5/24/04 to 5/24/05, Licensee was placed on the EDL of the Department of Health and Senior Services.	Revoked 3/27/2006
Tara J Farrow Millersville, MO	RN150705	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 3/28/2006
Malinda Gay Fenton St. Louis, MO	RN141852	Section 620.153, RSMo 2000 On 2/11/05, Licensee violated the terms of the disciplinary agreement by submitting to a urine drug screen which tested positive for methamphetamine.	Revoked 3/27/2006
Paige A. Heck Lawrence, KS	RN041199	Section 620.153, RSMo 2000 On 11/24/03, Licensee was found guilty of one count of conspiracy to commit health care fraud, wire fraud and money laundering; 7 counts of healthcare fraud; 2 counts of wire fraud; and 12 counts of money laundering.	Revoked 3/24/2006
Karen E. Higman Bedford, TX	RN124286	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation.	Revoked 3/24/2006
Gretchen S. Kalbac Kansas City, MO	RN064009	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation.	Revoked 3/27/2006
M Elaine Kerr Springfield, MO	RN059284	Section 620.153, RSMo 2000 On 1/13/05, Licensee consumed alcoholic beverages which violated the terms of the disciplinary agreement. On 4/4/05, Licensee was admitted to an outpatient treatment center for her addiction. During treatment, she consumed alcohol on at least two occasions, which caused her to miss treatment days. Licensee ultimately failed to complete the program.	Revoked 3/24/2006
Kenneth D. Kilpatrick Springfield, MO	RN126973	Section 335.066.2(2), RSMo 2002 On 6/4/99, Licensee pled guilty to the class C felony of Child Molestation in the first degree. As a result of Licensee's plea, Licensee was required to register as a sex offender in the state of Missouri.	Revoked 5/2/2006
Elsie J. Levreau St. Peters, MO	PN046262	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 3/27/2006
Jeanne A. Merli St. Louis, MO	RN113260	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 3/28/2006

Disciplinary Actions cont. to page 24

Disciplinary Actions cont. from page 23

Name	License Number	Violation	Effective Date of Revocation
Tiffany M. Richert Claremore, OK	RN122723	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 3/28/2006
Darla L. Smith Windsor, MO	PN051111	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting required documentation and allowing her license to lapse on 5/31/04.	Revoked 3/24/2006
Vicki L. Spencer Saint Clair, MO	RN128415	Section 620.153, RSMo 2000 On 9/7/05, Licensee admitted that she had consumed a pill containing Percocet, a controlled substance, from the emergency room of her employer which violated the terms of the disciplinary agreement.	Revoked 3/24/2006
Jeannette E. Warren Olathe, KS	PN052772	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation.	Revoked 3/24/2006
Carrol P. Williams Horn Lake, MS	PN057844	Section 620.153, RSMo 2000 On 11/24/04, Licensee's Arkansas nursing license was suspended by the Arkansas Board of Nursing based on the following Findings of Fact: on 4/4/03, Licensee submitted to a urine drug screen which tested positive for Amphetamines and Methamphetamine.	Revoked 3/24/2006

VOLUNTARY SURRENDERED

Name	License Number	Violation	Effective Date of Voluntary Surrender
Patricia A. Hunt Fulton, MO	RN110541	Section 335.0066.2(1), (5), (12) and (14), RSMo 2000 On 10/8/04, Licensee was working as a nurse when she was taken to a hospital for dizziness. On 10/8/06, Licensee submitted to a urine drug screen which tested positive for the presence of marijuana.	Voluntary Surrender 3/20/2006
Nancy L. Rudolph Chandler Heights, AZ	RN107991	Section 335.066.2(8) and (15), RSMo 2000 On 3/12/04, Licensee's Arizona nursing license was disciplined by the Arizona Board of Nursing based on the following findings of fact: While employed by a temporary agency, on 6/21/03 and 7/22/03, Licensee failed to properly document the removal from the pyxis of Morphine, Oxycodone and Hydrocodone for patients not assigned to her and failed to document whether she had administered, wasted or returned the medications to the pyxis. Licensee took responsibility for failing to properly document the medications, but asserted she did not divert them. On 10/10/03 and 10/11/03, at another facility, Licensee removed Demerol and Hydrocodone without documenting in the medical record that she had administered them and admitted she had failed to properly document medications according to facility policy. Licensee voluntarily surrendered her Arizona nursing license on 3/12/04.	Voluntary Surrender 3/11/2006
Karen Sue Wayland Casa Grande, AZ	RN2000163305	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 On 2/3/03, Licensee diverted Dilaudid and Ativan for personal consumption.	Voluntary Surrender 4/20/2006

Did you know you are required to notify the Board if you change your name or address?

Missouri Code of State Regulation [(4 CSR 200-4.020 (15)(b) (1)] says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . .” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change . . .”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office by fax or mail. Name and/or address changes require a written, signed submission. Please submit your change(s) by:

• Fax: 573-751-6745 or 573-751-0075 or

• Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102

Please complete all fields to ensure proper identification.			
<input type="checkbox"/> RN <input type="checkbox"/> LPN			
Missouri License Number			
Date of Birth			
Social Security Number			
Daytime Phone Number			
OLD INFORMATION (please print):			
First Name		Last Name	
Address			
City	State	Zip Code	
NEW INFORMATION (please print)			
First Name		Last Name	
Address (if your address is a PO Box , you must also provide a street address):			
City	State	Zip Code	
Signature (required)			
Date			

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at <http://pr.mo.gov/nursing.asp>