MESSAGE FROM THE PRESIDENT

Cordelia Evry, PhD, RN
President, Missouri State Board of Nursing

The license model known as mutual recognition and what could be important in you is my message for this issue. It is of importance to you now as a Missouri nurse, as it can pave the way for universal licensure in the future. First, let me provide some historical information related to the topic.

In August 1996, a task force of 12 nursing boards began researching multiple sources to identify the magnitude of the need for Mutual Recognition, also known as multi-state practice. Surveys of nurses in the United States and interviews with leaders in the health care delivery and attorney general's offices and other legal consultants took place. The task force identified this vision statement to guide the process of endorsing nursing regulation: "A state nursing license recognized nationally and enforced locally." The nursing models were examined and evaluated from the perspective of various stakeholders. A panel of legal experts reviewed the work of the task force and developed a model of mutual recognition. The task force rationale for the model included:

- Mutual recognition is the closest model to the existing system;
- Mutual recognition reflects the legal concept of full faith and credit between U.S. jurisdictions;
- Mutual recognition could be implemented incrementally and;
- Implementor could begin without uniform requirements, although boards might agree to move toward a goal of uniform requirements.

Upon the recommendation of the task force, and with full participation of the member boards, the National Council of State Boards of Nursing members took a monumental step at the Annual Meeting in August 1997, endorsing the model of Mutual Recognition for nursing licensure among its members.

The basic rationale for the National Council of State Boards of Nursing (NCSBN) to take this step was to meet the needs of a changing health care delivery environment for a variety of issues such as:

- New practice modalities and technology are raising questions regarding issues of current compliance with state licensure laws;
- Nursing practice is increasingly occurring across state lines;
- Nurses are practicing in a variety of settings and using technologies that may cross state lines;
- Expressed access to qualified nurses is needed and expected by consumers without regard to state lines;
- Expressed authorization to practice is expected by employers and nurses; and
- Having a nurse licensed in the same license qualifications to multiple states for comparable authority to practice is cumbersome and inefficient.

The mutual recognition model of nurse licensure would allow a nurse to have one license (in state of residency and practice in all states), as long as that individual acknowledges the need to each state's practice laws and discipline. Under mutual recognition, all state laws would be allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. Mutual recognition is similar to the motor vehicle driver's license model. When you drive your car into another state, you are allowed to drive the roads of that state on your Missouri driver's license. While operating your vehicle in the other state, you are expected to obey the laws of that state.

Mutual recognition has many advantages. The model reduces barriers to interstate practice, improves tracking for disciplinary purposes, and reduces costs to licensed nurses, providers of an unduplicated listing of licensed nurses, and improves access to nursing care. A disadvantage of mutual recognition is that the funds to licensing boards would be reduced as nurses who live out of state, and who desire to practice in a state that has the authority to practice mutual recognition, would no longer be required to be licensed in each state individually. In Missouri, 16,024 nurses have out-of-state addresses. Nursing boards will be challenged to maintain the current level of services without an increase in licensing fees. Another disadvantage at this time is that the model would not apply to advanced practice nurses. There are no comparable licensure requirements for advanced practice nurses throughout the United States. NCSBN is working with state boards of nursing to develop uniform guidelines for advanced practice nurses, with the belief that the model can be applied to APNs at a later date.

Five states (Arkansas, Maryland, North Carolina, Texas, and Utah) have enacted legislation in 1998, which would allow their boards of nursing to enter into interstate compacts by no sooner than January 1, 2000. This initial group of boards will be meeting over the next year to write the rules and regulations to put into place the first interstate compact. Interstate compacts are legal agreements that would allow nurses to practice in the states that have entered a compact. The MSBN has supported the model of Mutual Recognition since 1997 and reaffirmed its commitment to the model in 1999. The Board members and staff are visiting nurses and employers throughout the state in 1999 to discuss the model and gather feedback on its concerns. Additional information about the model can be found at the NCSBN Website (http://www.ncsbn.org) or the MSBN Website (http://www.mosbor.state.mo.us/go/nursing/). You may also contact the Board of Nursing office to request a packet of information about the model. It is important for you as a Missouri nurse to orient yourself to this important issue and I hope that you will voice your questions and concerns about the model to Board members in your area or via written communications to the board office. Changes to the regulatory system can be viewed with suspicion and concern, as this is the major change being considered for the regulatory process since implementation of the NJLEX exam. Educate yourself on this important topic and analyze how the model can impact your ability to practice your profession. Is this the way for Missouri and the rest of the states to go? Let us know and let us know on our way.
Board Member Corner

Patricia A. Versluis, RN

was appointed to the
Missouri State Board of
Nursing on March 29,
1997 by Governor Mel
Carnahan. Mrs.
Versluis has served two
years as Secretary of
the Board of Nursing
and was elected to
the office of President
at the June 1999
meeting.
She will serve the
office of President at
the September 1999
board meeting.

Mrs. Versluis received a diploma in
nursing from Mercy Central School of
Nursing, Grand Rapids, Michigan in
1963. Mrs. Versluis is the Assistant
Administrative and Director of Patient Care
Services at Freeman Neosho Hospital in Neosho,
MO. Past work experiences include nursing
education and supervisory roles in home health,
industrial health, CCU, ICU, and charge
supervision. Clinical experiences include
pediatrics, cardiac care, intensive care, new
born nursery and acute care.
She is married to Donald Versluis and they
have four sons and four grandchildren.

Mrs. Versluis is a member of the following Board
committees: Discipline, Education, Practice and
the Executive Committee. She is a member of the
American Red Cross, the Area Nurse Executive
Council, the American Cancer Society, Relay for
Life Chairman, the Missouri Organization of
Nurses Executives, Soroptimist International of
Neosho, the PEO Sisterhood and the Neosho
Chamber of Commerce Board of Directors,
Crowder College Health Advisory Board, Ozarks
Public Television Fundraising Committee, BASF
Community Advisory Panel, and the Missouri
Southern International Piano Competition Committees.
A member of St. Canus Church, Mrs. Versluis
enjoys singing, cooking, reading, and swimming in
her spare time.

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A Nursing License on Probation

Based on my experiences with disciplined nurses, I have found that nurses, more often than not, are apprehensive of what the whole disciplinary process entails and what will be expected of him or her. On occasion, feelings of anger and frustration are expressed, sometimes directed toward the length of time between the occurrence and the start of the probation; sometimes toward the complainant; sometimes toward the process; and, more frequently toward themselves. However, more prevalent than frustrated, angry feelings are feelings of guilt, shame, and remorse. We must recognize that, of ourselves, and when there is failure to meet what is required or expected of us, the occurrence of those feelings is not uncommon. During the period of probation, nurses work toward coming to grips with the central factor of their discipline, work toward an end that will prevent the recurrence of such behavior and develop an appreciation of the privilege of being a nurse. The disciplinary experience is an event that teaches us in an indelible manner that hindsight is twenty-twenty; teaches that not listening to a got instinct may have far-reaching ramifications. Thus, we conclude that the discipline of chemical dependency must be dealt with in a daily recovery program, and teach nurses that providing safe, appropriate patient care cannot be taken lightly. As an example of the disciplinary process, this article speaks to that process.

Probation is a disciplinary action that is a culmination of an involved, sometimes lengthy process. The process begins with a complaint on your nursing license, after which a fact finding, investigatory process ensues. After careful review of the case, the Board makes a determination to discipline your license by placing it on a period of probation. Rule 65(a) states that the period of probation can be no longer than five years. The disciplinary decision was then referred to the Attorney General's Office to begin the legal process. The Assistant Attorney General then sent you a letter with a copy of the Complaint and Investigative Report. After the required 30 day waiting period, you received a Settlement Agreement from the Assistant Attorney General that included the criteria for the discipline, the position of the Nursing Practice Act that was violated and the terms (requirements) of the discipline. You were allowed 60 days to determine whether to sign the Agreement or go forward with an administrative hearing. Let's assume you signed the Agreement and returned it to the Assistant Attorney General. The terms of the Agreement go into effect 15 days after the Executive Director of the Board of Nursing signs the Agreement.

1. What will I be required to do while I am on probation?

The Agreement you signed identifies the conditions that you are expected to adhere to. General requirements for you and all nurses whose licenses are on probation are: you do not allow your license to lapse; the terms of the Agreement apply even if your license is placed inactive or suspended; you must notify the Board of any change of your current address and phone number; and the terms of discipline apply even when you would be able to practice. There are specific requirements related to the individual circumstances that led to the disciplinary action of probation.

You will be expected to meet two or more times in a year with the Discipline Coordinator; in addition, this meeting could be with the Board. You will receive an appointment letter which identifies the meeting date, time, and place. The required documentation and deadline that the documentation is to be received in the Board office. The letter will be sent by Certified Mail well in advance of the scheduled meeting so if you do not receive an appointment letter you should contact the Board office so we can verify your agreement by mailing a scheduled meeting. During this meeting, the doctor or author that you submitted a complaint against will meet with the Discipline Coordinator. If you have questions or concerns about the terms of discipline, the meeting provides an opportunity for discussion.

Continued to page 4
DISCIPLINE SECTION (Continued from page 3)
the documents you submitted will be compiled into a report for review by the Board. The report is
an opportunity for the Board to monitor your compliance during the probationary period.
Employer evaluations will be required whether you are employed as a nurse or in a non-nursing
position, and will have to be submitted directly to the Board office from the employer. If you are not
working during the probationary period, you will need to write a statement identifying the period not
work, have it notarized and sent to the Board office. Employer information will be required each
year so you are scheduled for a meeting, and it will be
your responsibility to see that the documentation is
submitted to the Board office by the evaluator.
If your probation is based on addiction or abuse
of chemicals or alcohol, a chemical dependency
evaluation will be required. You will be expected to
follow through with all recommendations made by
the licensed chemical dependency professional,
such as continued therapy. Aftercare, participation
in a 12 Step Program, and so on. A mental health
evaluation would be required if the cause for
discipline was related to a mental disorder which
interfered with your nursing practice. You will
need to see that your health care provider provides
periodic updates as to your status, progress and
treatment plan. If attendance at a support group is
recommended as part of your treatment plan, you
will be required to submit documentation of your
meeting attendance.
Urine drug screens will be required if there are
use/abuse of chemicals is indicated in the cause for
discipline. You will need to obtain and submit to
the Board for its approval, a third party who will
collate to when you are to submit to the drug test.
The test drug screen results, which will be required
at least quarterly or more frequently, must be random,
with no more than 24 hour notice to submit the
specimen. The contracted third party may be your
counselor, physician, supervisor or a certified
laboratory which is willing to notify you when it is
time to do the screen.
Continuing Education Units may be a
requirement of your Agreement. This requirement
will identify an area of emphasis in which you are
to obtain your continuing education hours. Attendance
at such offerings provides the board with the assurance that you are addressing
problematic areas or weaknesses in your nursing
practice and decision making skills. The Missouri
League of Nursing provides educational offerings
statewide in a variety of areas of nursing;
universities or colleges which have nursing
programs frequently have Continuing Education
programs; and staff development departments of
larger health care facilities may offer such
educational opportunities.
If you are on parole or probation in the
correctional system, your probation officer will
need to provide information that addresses your
compliance in the civil system. It is your
responsibility to see that the documentation is
received by the Board.
2. Will I still be able to practice nursing?
While on probation, you will be able to practice
nursing. If these are employment restrictions in
your Agreement, you will want to be certain that
your nursing practice does not violate those terms.
These restrictions may be, but are not limited to,
the following: No narcotic keys, no administration
of controlled substances or access to an automated
medication dispensing device that contains
controlled substances; no night or evening shift, no
employment by a non-hospital agency, temporary
agency or durable medical equipment company;
and working only on site supervision by another
nurse or physician. Start a copy of your
Agreement with your employer will alleviate any
miscommunication between you and your
employer regarding what tasks you are unable to
perform. Your employer is welcome to contact the
Board office if he/she has any questions about your
restrictions.
3. What happens after my period of probation is
completed?
You will receive a document from the Executive
Director advising you that your period of probation
is completed. Because disciplinary action is
considered public information, when a license
verification is requested on your license, the caller
will also receive information informing him that
you have been on probation, the cause for and the
length of probation and when the probationary
period ended. The caller is given the cause for
probation as it is cited in the findings of fact
portion of the disciplinary agreement. There is not a
limit on the period of time that this data is
considered public information, it remains in your
record forever.
4. What happens if I don't meet the requirements
of my agreement?
If you don't meet the requirements identified in
your Agreement, you are considered in violation of
your probation. The Board has authority to take
further disciplinary action or revoke your license if
you are found to have violated the terms of the
Agreement. If you find that you are not meeting or
having difficulty meeting the terms of your
Agreement, it is in your best interest to contact the
discipline coordinator at the Board office as soon
as you are aware of the situation. The Board will be
advised of the occurrence and take into account any
mitigating or aggravating circumstances that led to
the violation.
If Board determines that you have violated
the terms of your discipline Agreement, a
violation hearing will be held.

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www.washoehs.com. EOE.
Most of the content in this section is developed by Rita Tadych, PhD, RN, Assistant Director for Discipline and Practice. Please be advised that her content is not intended to represent the legal opinions or views of the Board. Content included in this section that was developed by the Missouri State Board of Nursing is identified as that of the Board.

Missouri State Board of Nursing Practice
Committee Membership

Robin Vogt, MSN, RN, FNP-C, Chairperson
Arthur Beale, RN, CRNA
Ian Davis, LPN
Condaia Pay, PhD, RN
Paul Lineberry, PhD
Patricia Veralko, RN

Future Rules Changes

The IV Therapy Rule Subcommittee of the Board of Nursing had its first planning meeting on July 7, 1999. Board membership includes Ian Davis, LPN, and Pat Potterfield, MSN, RN, board members, and Calista Thomas, PhD, RN, and Rita Tadych, PhD, RN, board staff. The meeting established an initial strategy for contacting various entities within the nursing community in order to secure their recommendations of individuals to participate with the Subcommittee in the evaluation of the rule. 4 CSR 200-6.010 Intravenous Fluid Treatment Administration.

Revision efforts continue within the Practice Committee regarding the rule, 4 CSR 200-4.100 Advanced Practice Nurse. Several registere professional nurses, recognized by the Board under (3)(A) of the rule, have shared their written recommendations that (3)(D)(I) of the rule be broadened to allow for approval of contact hours beyond those offered by an accredited college or university. The proposed rule, when filed, will have language that will satisfy this

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FRACTIIE CORNER
(Continued from page 5)
"certified" or "registered." Whether these special, additional designations are grounded within state law would also require further scrutiny. Additionally, information concerning the certifying entity itself may be relevant.

Given numerous health-related settings in which unlicensed health care providers may be employed, trained, and titled in various ways, I have elected to circumscribe my examination as follows:

"Nurse Assistant" training Programs in Missouri

Division of Aging. The statute, 335.081, RSMo, provides or exempts from the Nursing Practice Act for unlicensed persons "trained and employed in licensed long-term care facilities as long as the persons do not represent or hold themselves out as nurses. Pursuant to the rule, 12 CSR 10-10.012 Nurse Assistant Training Program, the Missouri Department of Social Services, Division of Aging (DOA), provides a nurse assistant training program through more than seven hundred (700) approved training agencies in a variety of entities in Missouri. Examples of DOA-approved training agencies include specific public high schools, community colleges, vocational technical schools, private schools, private schools, hospitals, and long term care facilities. These approved training agencies must use the DOA-approved manual and DOA-approved instructors who are registered professional nurses who must have two (2) years of nursing experience and at least one (1) year of long term care experience. Individuals admitted to the program:

- complete seventy-five (75) classroom hours of training.
- complete one hundred (100) hours of supervised on-the-job clinical practice training.
- complete written and practical examinations
- written, fifty (50) multiple choice question

DOA-approved examination (must be passed at 80% to obtain practitioner examination) under the direction of a DOA-approved examiner, and
- practical examination which includes nine (9) procedures. The nine (9) procedures shall always include a type of bath, vital signs (P, R, B, S, BP), dressing techniques, feeding techniques, dressing and grooming, skin care, active or passive ROM to upper and lower extremities, and handwashing and gloving from the standardized DOA-approved curriculum. The remainder shall be selected according to the resident's care needs at the time of initial training occurs. The evaluation of the student shall include communication and interaction with the resident, provision of privacy, work habits, appearance, conduct, and reporting and recording skills (practicum must be passed at 100%).

If individuals successfully complete the examinations and clinical training, one (1) of several (7) long-term care associations or other DOA-approved entities in Missouri issues a wall certificate, wallet card with photo, and pin to the person. These specifically named long-term care associations or other DOA-approved entities are referred to as "certifying agencies" in the rule. I think this rule definition relates, then, to the individuals being designated as and using the title, certified nurse assistant.

A critical feature of the DOA-approved Nurse Assistant Training Program is stated in the rule as follows:

(2) The purpose of the Nurse Assistant Training Program shall be to prepare individuals for employment in an LTC facility. The program shall be designed to teach skills in resident care which will qualify students to perform uncomplicated nursing procedures and to assist licensed practical nurses or registered professional nurses in direct resident care.

(Nota: LTC means a long-term care facility)

In other words, the title, certified nurse assistant (CNA), that individuals use after successful completion of the DOA-approved Nurse Assistant Training Program is setting and client population specific. My impression, however, is that, over time, this course content and clinical practice specificity has been overskewed by a trend toward using completion of this training program and issuance of title designation, certified nurse assistant (CNA), as if the content and title are authorized as generic to other settings and client populations.

The Division of Aging also has other unlicensed assistive personnel training programs: certified medication technician training program, level 1 medication technician program, and insulin administration training program. As mentioned above, the course content and clinical practice in each of these programs is also setting and client population specific.

Persons who want to verify whether an individual has successfully completed nurse assistant training through the DOA and is in good standing (I.e., does not have a federal disqualification mark) can call the automated voice response telephone number: 573.526.3868.

To verify the status of a nurse assistant, medication technician, or level I medication aide with respect to the employee disqualification list, call 573-526-3835.

Hospitals. Unlicensed assistive personnel may also receive their initial training in Missouri hospitals. The statute, 335.081, RSMo, provides an exemption from the Nursing Practice Act for unlicensed trainees "trained and employed in public or private hospitals" as long as the persons do not represent or hold themselves out as nurses. The training provided facilitates individuals in satisfactorily performing their assigned job classifications duties and responsibilities within a particular hospital setting.

The training may vary in content, quality, duration, and competency measurement from hospital to hospital.

Continued to page 7

RN Opportunities

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RN Sign-On BONUS AVAILABLE
* Sign On Bonus Available for experienced RN who are hired into full-time or part-time positions.

GRADUATE NURSE

TELEMETRY
Full-Time, Part-Time, PRN

REHAB Full-Time, PRN

ORTHOPEDICS
Full-Time, Part-Time, Every third weekend

MEDICALGUARD
Full-Time, Part-Time, and PRN

ONCOLOGY
Full-Time, Part-Time, and PRN

FLOAT POOL - CRITICAL CARE
Full-Time, Work every third weekend

PN

Special Care Nursery
Level II
LD

CHS Qualified Child

St. Luke's offers competitive salaries and benefits. For more information, call: (402) 397-4389 or (402) 561-6657

E.E.O.C.

Unity Health
St. Luke's Hospital

Unity Health
St. Luke's Hospital

Unity Health
St. Luke's Hospital
INTEGRIS Health

Our Facilities are renowned for their centers of excellence. INTEGRIS Health facilities include Baptist Medical Center, Southwest Medical Center, Mental Health and Jim Thorpe. Throughout our vast network of hospitals, clinics, and services, we foster an atmosphere that inspires nursing excellence. INTEGRIS Health is looking to fill the following positions:

* Clinical Nurse Specialist - Requires current Oklahoma RN Licensure, Masters Degree and seven years of clinical experience with a minimum of three years being in a leadership role.
* Operations Manager - current Oklahoma RN licensure, Masters Degree in Nursing/Business Administration or other related healthcare management area. Ten years progressive management experience with five years most recent holding a management/Administrative position in Hospital clinical service area.

As an INTEGRIS Health employee, you’ll find opportunities for personal and professional development through continuing education. We also offer exceptional benefits package that includes on-site childcare, full insurance and highly competitive compensation. We have full-time, part-time and occasional part-time opportunities throughout INTEGRIS Health for Registered Nurses in the following specialties:

* Critical Care
* Surgery
* Emergency Room
* Medical Decision Unit
* Oncology
* Burn Unit

For more information please contact:
Deyla Morris (405) 651-2145
E-Mail Address: Merrla@Integral-Health.com
Fax (405) 945-6116

IT'S THE LITTLE THINGS

THINGS WE DO TO HELP YOU ENJOY YOUR LIFE.

We're devoted to making every day a little bit better.

INTEGRIS Health facilities, including:

- Saint Louis University Hospital
- Southside Hospital
- Saint Joseph Hospital
- Cooper Regional Hospital
- Forest Park Hospital

We invite you to bring your skills and talent to Saint Louis Health systems a stable and family-oriented environment. Our goal is to make a difference, learn progressively, support our employees and our community.

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- Southside Hospital
- Saint Joseph Hospital
- Cooper Regional Hospital
- Forest Park Hospital

We invite you to bring your skills and talent to Saint Louis Health systems a stable and family-oriented environment. Our goal is to make a difference, learn progressively, support our employees and our community.
PRACTICE CORNER

(Continued from page 7)

If I have inadvertently missed or misunderstood any pertinent facts, please feel free to contact me at the Board office address (See Newsletter cover page: fax 573-751-0075; office 573-751-0073; or email moush@nurse-net.org).

Frequently Asked Practice Questions

I again remind you of the disclaimer at the beginning of PRACTICE CORNER.

Licensed Practical Nurses

I received a few responses to one frequently asked question area in the last Newsletter, which says to me that there is readership out there. Thank you for your interest!

Without going into too much detail, I would like to make a brief reply to an area of concern mentioned by some LPN IV Therapy educators regarding my response to a question involving discontinuing IV Bess. At the beginning of PRACTICE CORNER in the last and current Newsletter, I discuss the Board's formation of an IV Therapy Rule Subcommitte to evaluate the current rule, 4 CSR 206-6.110 Intravenous Infusion Administration. For the time being, I suggest that IV certified LPNs seek a specific opinion or decision from the Board regarding the removal of any intravenous lines.

Licensed Nurses

Q. I work in a nursing home and need to know more about the licensed nurse requirements and other care requirements for such facilities?

A. The rule, 13 CSR 15-4.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities, would be assistive to you or call the Division of Aging at 573-751-0083.

Q. How do I get a position I held as a nurse and minimize job advancement complaints against my license?

A. Anyone can lodge a complaint against a nurse's license if the person believes, in his/her own mind, that there may be a violation of the Missouri Nursing Practice Act. Each complaint alleging job advancement complaints should be evaluated on the basis of the specific investigative information gathered for the Board's review. As in all situations, nurses need to find the entity's policy, in this case on terminating their own employment, and try to stay within those written guidelines. If an adverse situation is such that following the entity's written guidelines or giving reasonable notice seems intolerable, I think consultation with legal counsel before abruptly quitting would be appropriate.

Advanced Practice Nurses

Q. How should I, as a nurse practitioner or human resource manager, design the required qualifications section of our APN job description to reflect current law?

A. Based on my recent reading of a few job descriptions for clinical nurse specialists, it is important, pursuant to law, 4 CSR 200-4.160 Advanced Practice Nurse, that the job qualifications section for nurse anesthetists, nurses midwives, nurse practitioners, and clinical nurse specialist positions' job descriptions include:

(a) hold and maintain a current license to practice in Missouri as a registered professional nurse,
(b) hold and maintain a current Document of Recognition from the Missouri State Board of Nursing as an individual eligible to title, designate, represent, and practice as a nurse practitioner or clinical nurse specialist in one area and a title.

Employer's job titles for nurce practitioners and clinical nurse specialists, for example, need to match the clinical nursing specialty area and role titles designated for use by nurse practitioners and clinical nurse specialists by the Missouri State Board of Nursing when they are recognized as advanced practice nurses. Individuals with lapsed registered professional nurse licenses (see 803A of rule), those who have never been Board-recognized, or those whose recognition has expired should not hold advanced practice nurse employment positions that allow them to title and practice as a nurse anesthetist, nurse midwife, nurse practitioner, or clinical nurse specialist.

Recognized advanced practice nurses in collaborative practice arrangements should also indicate that their written agreement specify their title and practice in accord with their Document of Recognition.

Q: HB 1302 was passed in 2013, which included a specific language that affects reimbursement of advanced practice nurses. Is that, however, that more education on this law is needed. Can you please remind us of this specific legislation?

A. The language you are referring to is now in the statute, 792.420, RSMo. It states:

Any health insurer, as defined in section 792.080, nonprofit health service plan or health maintenance organization shall reimburse a claim for services provided by an advance practice nurse, as defined in section 335.010, RSMo., if such services are within the scope of practice of such nurse.

Q: Where can I get statutory assistance in determining a Board of Nursing-recognized gerontological nurse practitioner's or gerontological clinical nurse specialist's client population for advanced practice?

A: The statute, 660.053 (5), RSMo, provides a definition of "elderly" or "elderly persons" that may be assistive—"persons who are sixty years of age or older."

Q: Where can I get statutory assistance in determining a Board of Nursing-recognized pediatric nurse practitioner's or pediatric clinical nurse specialist's client population for advanced practice?

A: The statute, 431.055, RSMo, provides a statement that may be assistive—"The legal age at which a person becomes competent to contract in Missouri is eighteen years and any rule or provision of the common law to the contrary is hereby abrogated." Although I found numerous other chapters that specify child definitions, I chose this one because it is in being able to contract for health care services.

Q: How do I know whether I am working in a PSAP or non-PSAP designated area?

A: To determine if PSAP designated, go to the following Internet address: http://www.health.bhs.mo.gov/health/services/psap/nonpsap/designatedarea.html.

An opportunity that could transform your career.

Not to mention your life.

$5000 Bonus

In this area attracting schools, town, and friends communities is not thing of the past. In Idaho, Idaho, it’s two people in every home. St. Luke’s Regional Medical Center has excellent opportunities in this area for RN’s, CMA’s and Mental Health Workers for Group and Neurobehavioral Units and Nurse/Program Manager for our Brain Injury Unit. We are a progressive hospital with a competitive benefit package.

For more information please (203) 286-3000 or fax (203) 285-1258.

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For more information please (203) 286-3000 or fax (203) 285-1258.

Building on the 75th anniversary, St. Luke's Hospital is currently seeking applicants for the following positions:

ICU RN

Director, ICU/Cardiac Rehab
RN/PN

MENTAL HEALTH

LPN - PRN

Children's Care Unit RN

Clinical Nurse Specialist, full-time

EMERGENCY DEPARTMENT RN's - PRN

LAWRENCE OB-GYN SPECIALISTS

LPN or CMA full-time 8:30-5:00 p.m.

Come join our team! Qualified individuals with excellent customer service skills may send a resume to apply in person at: Lawrence Memorial Hospital, Human Resources Department, 325 Maine St., Lawrence, KS, 66044 Fax: (785) 846-3006.

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ICU RN

Director, ICU/Cardiac Rehab
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Licensure Corner

Lori Scheldt, AA, Licensure Supervisor
Missouri State Board of Nursing Licensure Committee Members:
- Jan Busuttil, IPN, Chair
- Richard W. Hightower, RN, BSN
- Paul Linford, PhD
- Patricia Porterfield, EN, MSN
- Charlotte York, LPN

The Licensure Committee includes diverse representation in nursing education and nursing service.

Graduate Nurse Practice: The Rule

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs." Furthermore, the nurse may practice as a graduate nurse under 4 CSR 200-4.020 (3).

Missouri does not issue a graduate temporary permit, however, if the individual qualifies they may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as they fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an Authorization to Release Confidential Information form as we may provide you with periodic updates on the person's exam and licensure information. A sample authorization form is included with this article.

After the Examination

Grads applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other license requirements are met. The results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a 30-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received their results. Graduates applying for endorsement to Missouri should login to the Missouri licensure program immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

About Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.061 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

Proper Supervision

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

REGISTERED NURSES

Expert doctors...caring staff
Christiana Hospital is a member of Christiana Care Health System, the largest health care provider in Delaware. With more than 6,000 employees, Christiana Hospital is dedicated to serving the Delaware community. We are dedicated to providing the best possible care for our patients, and we believe that our employees are the key to our success.

ONCOLOGY NURSING OPPORTUNITIES

St. Elizabeth's Cancer Center offers a competitive salary package, including health insurance, retirement, and paid time off. We also provide professional development opportunities to help nurses advance their careers.

ATTENTION RN'S AND LPN'S

Beverly Health Care of Anderson is located in SW Missouri. B Award recipient. Outstanding state survey scores. Competitive wages and benefits. All shifts available.

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TAKING THE LEAD IN THEIR CAREERS

Located 30 minutes from downtown St. Louis, Missouri, St. Elizabeth's is a major hospital in the greater St. Louis metropolitan area. We are a 410 bed facility with opportunities to care for all age groups.

St. Elizabeth's Hospital currently has 57 and 57 openings for qualified registered nurses in the following areas: OB, Neonatal Intensive Care, Pediatric Intensive Care, Neonatal Intensive Care, Pediatric Intensive Care, Pediatrics, Critical Care, Surgery, Neurology, Cardiology, Radiology, Respiratory Therapy, and Social Services. The hospital also offers a unique opportunity for nurses interested in pursuing a career in cancer care.

Join us for the exciting career in oncology. We offer competitive salaries, advancement opportunities, and an excellent benefit package.

For more information on our cancer opportunities, call (573) 527-9533 or visit our Ellis Fischel Cancer Center, 1800 Resources, 115 Business Loop 70 West, Columbia, MO 65201

Ellis Fischel Cancer Center

For ADA accommodations call (532) 627-8181

University of Missouri Health Sciences Center

EOE/AA
Summary of Actions from June 3-4, 1999 Board Meeting

ADMINISTRATIVE MATTERS
Authoritative staff to develop a continuing competency task force to investigate and evaluate the need to require continuing education units from licensees.

EDUCATION MATTERS
The Board took action and received a report on accreditation by the Education Committee in the following matters:

NURSING PROGRAMS
Accepted firstly the initial proposal for a practical nursing program at Texas County Technical Institute.

Accepted the request from Penn Valley Community College Practical Nursing Program to restart the evening/weekend practical nursing program.

Accepted a curriculum change at St. John's School of Nursing Assisted Living Degree Program.

Accepted the request from Northland Career Center Practical Nursing Program to change from a five-year program to a four-year program.

Accepted proposed curriculum changes for Franklin Technology Center.

Accepted Kemmet AFFS response to the five-year accreditation survey report.

Accepted Linn-Mar Medical School of Nursing's change of sponsorship.

Poplar Bluff School District Practical Nursing Program's response to five-year accreditation survey report is not complete and will be reviewed at September board meeting.

Accepted Missouri Central Missouri College Professional Nursing program's five-year site visit.

PRACTICE MATTERS
Request for Board action on transferring non-Missouri hospitalized patients to Missouri with their non-Missouri licensed nurses caregivers because of TNR problem.

The Board approved the Practice Committee's recommendations that the implementation of TNR PORTING, including creation of a subcommittee and subcommittee's recommendations.

The Board approved the Practice Committee's recommendation that the implementation of TNR PORTING, including creation of a subcommittee and subcommittee's recommendations.

The Board reviewed a request for new expansion on whether specific LPN/CMA (A) programs and reapplication intrathoracic pumps and nitrous oxide pumps with prescribed, prescribed intrathecal and; (3) add administrative IV medications in pain clinic since physician is presented to direct supervisory role.

A. The Board approved the Practice Committee's recommendation that no templates be accepted until more information from Medtronic can be received about (4) training, programming, replica programming, and; (5) that TRN and LPT's may be engaged in Medtronic's training, who is actually performing various tasks, and if so, what devices?

B. The Board approved the Practice Committee's recommendation that LPTs could not administer IV medication according to the rule 4 CSR 200-6-010 Intravenous Fluid Administration. (4) add drug administration via intravenous I.V. pump except when life-threatening circumstances may necessitate it, and (5) all I.V. life-threatening circumstances are to be reported to a physiologic crisis situation where prescribed drug administration via manual I.V. pump is immediately essential to preserve respiration and/or heartbeat.

The Board specifically trained Optimesis registered professional nurses can implement peripheral venous access system device (P.A.S. PORT). The implementation of the PAD PORT includes creation of a subcommittee.

The Board approved the practice committee's recommendation that the implementation of P.A.S. PORT, including creation of a subcommittee and subcommittee's recommendations, is not within the scope of the practice of a registered professional nurse.

Discussion of I.V.-I.V. Therapy Rule

Time to review:

The Board approved the motion that Jan Davis and Pat Porterfield (Board members) be selected to represent the Board in working with Board staff to plan the I.V. Therapy Rule review and the establishment of an I.V. Therapy Rule Task Force.

LICENSES MATTERS
Board approved the proposed role regarding graduate temporary work permits. Staff were directed to begin the process to implement the proposed rule.

DISCIPLINARY MATTERS
The Board heard a probation violation and four disciplinary hearings.
DISCIPLINARY ACTIONS

Pursuant to Section 335.066 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 335.098 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 of the Nursing Practice Act that were violated and a brief Description of their conduct.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVA. D. BOWMAN</td>
<td>PN 058597</td>
<td>Section 335.066.1 and .2 (1) (f) (6) (14) RSMo. Possessed Cocaine in 1996.</td>
<td>5/4/99 to 5/4/01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Was found guilty to possession of a controlled substance and sentenced to 5 years probation.</td>
<td></td>
</tr>
<tr>
<td>CAROL A. CONWAY</td>
<td>RN 153060</td>
<td>Section 335.066.1 and .2 (g) RSMo. Fled guilty to blood alcohol content and pled guilty to driving while intoxicated on 2 occasions. Terminated for alleged theft of medications.</td>
<td>3/30/01 to 3/30/01</td>
</tr>
<tr>
<td>JULIE K. COOPKE</td>
<td>RN 154541</td>
<td>Section 335.066.1 and .2 (h) (d) (12) RSMo. Misappropriated Benadryl from her employer for personal consumption.</td>
<td>6/15/96 to 12/5/01</td>
</tr>
<tr>
<td>CELESTE M. MILEN</td>
<td>PN 058603</td>
<td>Section 335.066.12 and .2 (b) (e) (f) (12) RSMo. Practiced as a nurse without a license from July 1997 to April 1999.</td>
<td>6/15/01 to 6/15/01</td>
</tr>
<tr>
<td>GARY E. NELSON</td>
<td>RN 154542</td>
<td>Section 335.066.1 and .2 (h) (d) (12) RSMo. Continued working past his temporary permit expiration date. Was not truthful with board staff when asked if he had been working as a nurse.</td>
<td>6/15/01 to 6/15/01</td>
</tr>
<tr>
<td>ELIZABETH M. NIPPER</td>
<td>PN 058537</td>
<td>Section 335.066.1 and .2 (h) (d) (12) RSMo. Violated previous 1992-1995 disciplinary agreement. License revoked on 3/03. On 6/03 pled guilty to DUI.</td>
<td>3/30/01 to 3/30/02</td>
</tr>
<tr>
<td>MARTHA E. PUGH</td>
<td>RN 153115</td>
<td>Section 335.066.1 and .2 (l) (14) RSMo. As an LPN, licensee's pre-employment drug screen tested positive for Cocaine metabolites on 6/3/98.</td>
<td>12/21/98 to 12/21/2001</td>
</tr>
<tr>
<td>JONATHAN P. RAIBE</td>
<td>PN 058563</td>
<td>Section 335.066.1 and .2 (l) (14) RSMo. Convicted of DWI and BAC in 1999. Addicted to Xanax from 1993 to 1997.</td>
<td>4/2/99 to 4/2/02</td>
</tr>
<tr>
<td>GAIL A. SCHAU</td>
<td>PN 017703</td>
<td>Section 335.066.1 and .2 (l) (1) (f) (5) (9) (11) (12) RSMo. License suspended 6/1/99. Failed to report alcohol addiction on 9/14/00 renewal application and on 3/16/00 application for licensees by reciprocity. Plead guilty to Class A misdemeanor of passing a bad check on 6/10/98. Plead guilty to 2 counts of Class A of passing a bad check on 2/26/99. Repeated to work on 12/20/00 exhibiting symptoms of intoxication.</td>
<td>3/5/99 to 3/5/02</td>
</tr>
<tr>
<td>SHEREE C. WALLS</td>
<td>PN 058341</td>
<td>Section 335.066.1 and .2 (e) (6) RSMo. Continued to practice as a graduate practice nurse after learning that she failed the LPN exam.</td>
<td>1/25/01 to 1/25/00</td>
</tr>
<tr>
<td>SANDRA A. WILLIAMS</td>
<td>PN 058412</td>
<td>Section 335.066.1 and .2 (e) (6) RSMo. Fled guilty to stalking and domestic violence by threatening. On 2/15/69, Mississippi Board of Nursing issued order restricting license.</td>
<td>3/5/99 to 3/5/02</td>
</tr>
</tbody>
</table>

SHARING IS THE ALASKAN ADVENTURE—
Providence Kodiak Island Medical Center has salary levels and benefits packages for our nursing staff that are competitive with both Anchorage and major hospitals in the lower 48. RELOCATION EXPENSES ALSO AVAILABLE. We are looking for RNs; LPNs is particularly needed. In the ER, PKICM is a 25-bed, acute care facility/19-bed nursing home located on Kodiak Island, which is approximately 250 miles southwest of Anchorage in the Gulf of Alaska. Weather is temperate; scenery, breathtaking; economy, stable. Patient/nurse ratio is excellent. Join our progressive, energetic team. For more information, write:

Providence Kodiak Island Medical Center
1915 E. Rezard Dr., Kodiak, AK 99615; Fax returns to 907-486-2368 EOE

REGISTERED NURSES
"Top of the Hill in Mental Health Care." WMMHC, a 110-bed acute care, JCAHO accredited facility, has current full-time staff RN and PRN positions available. Must have a current Missouri license and experience in a mental health setting, preferred. New grads are encouraged to apply. We offer individualized training, liberal benefits, and a pleasant work environment for the nurse who enjoys "Paying It Forward." Call (816) 512-4666 to have an application mailed. Contact: Linda Ward, (816) 512-4679 for more information or forward application to Human Resources.

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EOE/AAP Employer
A Drug Free Workplace

Monteau Care Center is the place to work to build your career in a relaxed atmosphere, deficiency free facility. We provide skilled and BCFP level of care. Apply in person at 200 S. Gerhart, California, MO or call 573-708-3525 for more information.

Missouri Nurses Association's 2019 Annual Convention is scheduled for June 2019 in Kansas City, MO. For more information, contact the Association at 800-242-2378 or visit www.mona.org.
## CENSURED LICENSES

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRISTAL D. ANDERSON</td>
<td>PN 056545</td>
<td>Section 335.068.2 (5) [12] RSMo Practiced nursing on a licensed license from 8/1/97 to 10/6/98.</td>
<td>7/15/09</td>
</tr>
<tr>
<td>LISA M. BOELTEE</td>
<td>PN 050762</td>
<td>Section 335.068.2 (5) [12] RSMo Practiced nursing on a licensed license from 8/1/97 to 12/6/98.</td>
<td>6/12/00</td>
</tr>
<tr>
<td>MARY L. CLAYES</td>
<td>RN 087651</td>
<td>Had been absent from work on 11/1/97. When licensures returned to work submitted a forged physician's note to receive Family Medical Leave.</td>
<td>5/4/00</td>
</tr>
<tr>
<td>CHERI B. DEVOS</td>
<td>RN 089112</td>
<td>Section 335.068.2 (5) [12] RSMo Practiced nursing on a licensed license from 8/1/97 to 12/3/97.</td>
<td>4/11/00</td>
</tr>
<tr>
<td>JANET E. DONALDSON</td>
<td>PN 056875</td>
<td>Section 335.068.2 (5) [12] RSMo Administered medication not prescribed in accordance with physician's order.</td>
<td>10/22/97</td>
</tr>
<tr>
<td>PATRICIA P. GADDY</td>
<td>RN 034043</td>
<td>Section 335.068.2 (5) [12] RSMo Practiced nursing on a licensed license from 8/1/97 to 12/3/97.</td>
<td>4/11/00</td>
</tr>
<tr>
<td>PATRICIA GAWF/GARCIA</td>
<td>RN 100670</td>
<td>Section 335.068.2 (5) [12] RSMo Wrote and signed a prescription for Ambien while working as a Board recognized Family Nurse Practitioner.</td>
<td>7/19/00</td>
</tr>
<tr>
<td>DONNA M. GOLD</td>
<td>RN 039894</td>
<td>Section 335.068.2 (5) [12] RSMo Practiced nursing on a licensed license from 8/1/97 to 12/3/97.</td>
<td>4/11/00</td>
</tr>
<tr>
<td>CHRISTINE S. KNG</td>
<td>RN 120383</td>
<td>Section 335.068.2 (5) [12] RSMo Administered 25mg of Demerol I.M. to patient with physician's order.</td>
<td>12/10/00</td>
</tr>
<tr>
<td>REBECCA A. STEPHENS</td>
<td>RN 104175</td>
<td>Section 335.068.2 (5) [12] RSMo Administered 25mg of Demerol I.M. to patient with physician's order.</td>
<td>12/10/00</td>
</tr>
<tr>
<td>LINDA S. WALTON</td>
<td>PN 023358</td>
<td>Section 335.068.2 (5) [12] RSMo Practiced nursing on a licensed license from 8/1/97 to 12/3/97.</td>
<td>4/11/00</td>
</tr>
</tbody>
</table>

### RN/LPN POSITIONS

We have positions available for 12-hour day and night shifts. We offer strong leadership skills with a caring attitude toward the elderly. We offer competitive wages. GROUP HEALTH INSURANCE, night-weekend differential paid vacations, and dental plan available. Call to set up an interview.

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---

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**Shriners Hospital for Children,**
2001 S. Lindbergh, St. Louis, MO 63110
Phone: 314-325-4000
Fax: 314-325-4019

---

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**Experienced RN for Alzheimer's Unit**

**RN 3-11 FT**

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Contact the Department of Nursing for more information.

Kathleen Andrew, Chairperson, Department of Nursing, Missouri Western State College, 4556 Southwest Drive, St. Joseph, MO 64506. (816) 271-4415. Email: nursing@missouriwestern.edu. Internet: www.missouriwestern.edu/nursing.
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMY K. BRAUN</td>
<td>RN 123328</td>
<td>Section 335.066.2 (6) (1) RSMo Violated to Unlawful Receipt of Food Stamps</td>
<td>7/1/99 TO 7/1/02</td>
</tr>
<tr>
<td>BERNICE BROOKS</td>
<td>RN 006389</td>
<td>Section 335.066.2 (3) (5) (12) RSMo Violated to unlawful prescription</td>
<td>5/19/99 TO 5/10/00</td>
</tr>
<tr>
<td>DONNA J. EDWARDS</td>
<td>RN 074682</td>
<td>Section 335.066.2 (12) RSMo Violated to unlawful prescription</td>
<td>6/22/99 TO 6/22/00</td>
</tr>
<tr>
<td>VICKIE C. FRASER</td>
<td>RN068590</td>
<td>Section 335.066.2 (5) (6) (12) RSMo Violated to unlawful prescription</td>
<td>8/3/99 TO 8/3/00</td>
</tr>
<tr>
<td>VIKKI M. GARRETT</td>
<td>RN 037442</td>
<td>Section 335.066.2 (5) (6) (12) RSMo Violated to unlawful prescription</td>
<td>4/12/99 TO 4/12/00</td>
</tr>
<tr>
<td>SHILA G. HOLLOWAY</td>
<td>RN 121240</td>
<td>Section 335.066.2 (1) (6) (12) RSMo Violated to unlawful prescription</td>
<td>2/28/99 TO 2/28/00</td>
</tr>
<tr>
<td>DEBRA J. KEENEE</td>
<td>RN 110492</td>
<td>Section 335.066.2 (5) (12) RSMo Violated to unlawful prescription</td>
<td>5/11/99 TO 5/11/00</td>
</tr>
<tr>
<td>TIVYLINE D. LAHUE</td>
<td>RN 068086</td>
<td>Section 335.066.2 (5) (12) RSMo Violated to unlawful prescription</td>
<td>10/27/99 TO 10/27/00</td>
</tr>
</tbody>
</table>

Continued to page 14

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**CRITICAL CARE NURSING**

Preparng for a New Millennium With State of the Art Intensive Care Units University Hospitals and Clinics, located in Columbia, Missouri is excited to announce the opening of our new Critical Care Addition this fall. The new addition offers, state of the art monitors, large bright open work areas, conference rooms and staff designated work stations. These patient care units have been designed so that our patients will receive holistic care in a multidisciplinary environment.

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- The Cardiovascular Intensive Care Unit
- The Medical and Neurosurgical Intensive Care Unit

Columbia, located in the heart of Missouri offers a unique blend of cultural, educational and recreational opportunities and is consistently rated as one of the best places to live in the nation. If you are an experienced Registered Nurse ready to enter the new millennium and are seeking a challenging opportunity to work with an experienced team of healthcare professionals, please contact Nurse Recruitment, University Hospitals and Clinics, One Hospital Dr., Columbia, MO 65212, or call 1-800-522-9114. Fax (573) 882-8101, or visit us on our web page at [http://www.muhc.org/](http://www.muhc.org/).
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRUN P. LYNCH</td>
<td>RN 126390</td>
<td>Section 335.066.2 (1) (5) (14) RSMo Variety of drugs and syringes labeled</td>
<td>4/21/96 TO 4/22/01</td>
</tr>
<tr>
<td>KANSAS CITY</td>
<td></td>
<td>Ephedrine found in licensee's vanity pack. Positive drug screen for Marijuana</td>
<td></td>
</tr>
<tr>
<td>LAURA L. MCDONALD</td>
<td>RN 134863</td>
<td>335.066.2 (5) (12) RSMo Spanked/svatted a 5 year old patient on the buttocks.</td>
<td>6/30/96 TO 6/30/02</td>
</tr>
<tr>
<td>PERRYVILLE</td>
<td></td>
<td>Section 335.066.2 (5) (11) (12) RSMo Practiced nursing on a licensed license</td>
<td>7/2/99 TO 7/2/00</td>
</tr>
<tr>
<td>MARGARET R. SANC</td>
<td>PN 014760</td>
<td>335.066.2 (5) (12) RSMo Practiced nursing on a licensed license from</td>
<td>6/25/99 TO 6/25/00</td>
</tr>
<tr>
<td>DONNA WALKER</td>
<td></td>
<td>6/1/99 TO 12/4/98 to 6/1/98 to 6/1/98 to 6/1/98</td>
<td></td>
</tr>
<tr>
<td>SYLVIA D. FLUNK</td>
<td>PN 101943</td>
<td>Slapped resident on the face when the resident grabbed licensee's boot.</td>
<td>3/9/99 TO 3/9/00</td>
</tr>
<tr>
<td>FAYETTE</td>
<td></td>
<td>Section 335.066.2 (12) RSMo Pre-employment screen on 8/30/98 was positive for the presence of Cocaine metabolites</td>
<td></td>
</tr>
<tr>
<td>MARGARET M. ROSE</td>
<td>PN 02087</td>
<td>Section 335.066.2 (12) RSMo Fled guilty in the Circuit Court of Cole County, Missouri, to possession of a</td>
<td>5/3/99 TO 5/3/03</td>
</tr>
<tr>
<td>JEFFERSON CITY</td>
<td>B. ROSE</td>
<td>controlled substance. 335.066.2 (5) (10) (10) (12) RSMo Wrote prescription for Tylenol #3 and used the title of nurse practitioner without board recognition</td>
<td>7/1/99 TO 7/1/01</td>
</tr>
<tr>
<td>KEVIN L. SIEVERT</td>
<td>PN 136671</td>
<td>Section 335.066.2 (10) (10) (10) (10) RSMo Use of crack cocaine on an episodic basis.</td>
<td>5/13/99 TO 5/13/02</td>
</tr>
<tr>
<td>HALLIVILLE</td>
<td>PN 127834</td>
<td>1/3/99 TO 3/2/99 to 3/2/99 to 3/2/99 to 3/2/99</td>
<td>7/18/99 TO 7/18/00</td>
</tr>
<tr>
<td>KEVIN J. THOMAS</td>
<td>PN 123475</td>
<td>Section 335.066.2 (10) (10) (10) (10) RSMo Use of crack cocaine on an episodic basis.</td>
<td>5/31/99 TO 5/31/02</td>
</tr>
<tr>
<td>BROOKLINE</td>
<td></td>
<td>URINE screen tested positive for cocaine.</td>
<td></td>
</tr>
<tr>
<td>ANDREA M. TRANTAN</td>
<td>PN 093721</td>
<td>Section 335.066.2 (5) (10) (10) (10) RSMo Represented self and practiced as an AFN from 5/97 until 7/21/98. Prescribed controlled substance on 2 occasions.</td>
<td>5/18/99 TO 5/18/00</td>
</tr>
<tr>
<td>ST. LOUIS</td>
<td></td>
<td>335.066.2 (10) (10) (10) (10) RSMo Discrepancies found on 10 occasions in the licensee's documentation of controlled substances. Tested positive for Marijuana on 1/97.</td>
<td>5/31/99 TO 5/31/02</td>
</tr>
<tr>
<td>ANDREA F. WELLS</td>
<td>PN 013245</td>
<td>Section 335.066.2 (5) (10) (10) (10) RSMo Failed to inform physician of unborn child's heart rate decelerations on 7/12/98 to 3 occasions. Failed to take appropriate nursing interventions with expectant mother.</td>
<td>4/18/99 TO 4/18/00</td>
</tr>
<tr>
<td>ST. LOUIS</td>
<td></td>
<td>335.066.2 (5) (10) (10) (10) RSMo Missappropation of Demerol, Percocet, and Morphine for personal use.</td>
<td>6/18/99 TO 6/18/00</td>
</tr>
<tr>
<td>TERRI L. WINKELANN</td>
<td>PN 036974</td>
<td>Section 335.066.2 (5) (10) (10) (10) RSMo Prescribed nursing on a licensed license from</td>
<td>5/13/99 TO 5/13/00</td>
</tr>
<tr>
<td>O'Fallon</td>
<td></td>
<td>6/1/99 TO 7/2/99 to 7/2/99 to 7/2/99</td>
<td></td>
</tr>
</tbody>
</table>
Suspension/Probation

Name          License Number
RACHEL J. FLAVIN          RN100614
LORE B. SPARKS          RN124734

Violation
Section 355.066.2 (1) (5) (12) (14) RSMo
Misappropriated Damerol, Stadol, DemerolPCA syringes

Effective Dates of Suspension
4/8/09 TO 10/8/09

Effective Dates of Probation
10/8/09 TO 10/8/04

Section 355.066.2 (1) (6) (12) (14) RSMo
Ask to leave work due to condition
(speech rambling and incoherent)
and inability to provide appropriate nursing care.
Made 6 medication errors.
Used marijuana and cocaine.

REVOKED LICENSES

Name          License Number
ADRIENNE M. KOSKA          PN 045711
TONI C. MOORE          PN 040558

Violation
Violated terms of the Settlement Agreement
with the Missouri State Board of Nursing

Effective Date
5/10/10

15/10/08

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SURRENDERED LICENSES

Name | License Number | Effective Date
--- | --- | ---
BARBARA A. BBODA | 82901102 | 06/15/99
JANET J. HOPKINS | P001859 | 12/17/98
MARIE J. IRONS | RN 101399 | 12/18/96
DEODA S. PHILLIPS | RN 095877 | 11/13/96
EANIA J. SNOW | RN 126317 | 4/30/95
DELA S. NESTER | P007785 | 06/15/99

Update on Licensed Nurses in Missouri

As of July 4, 1999 the active licensed nurse count in Missouri was:

Registered Nurses with in-state addresses: 14,705
Registered Nurses with out-of-state addresses: 20,855
Licensed Practical Nurses with in-state addresses: 14,006
Licensed Practical Nurses with out-of-state addresses: 2,282
TOTAL: 51,282

Advanced practice nurse recognition effective as of 06/09: 1,075

Over 3,000 registered nurses allowed their license to expire with the last renewal writing 4/30/00.

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National Council of State Boards of Nursing Information
http://www.ncsbn.org

Online Course Exclusively for Nurse Educators
A new online course is available for nurse educators who need to learn the basics or refresh their knowledge of test construction and item writing. Assessment Strategies for Nurse Educators: Test Development and Item Writing, once a popular face-to-face workshop, has been converted into the online environment to enable participants to receive six weeks of unlimited, personal, 24-hour access to learn item writing and test construction.

Though eight lessons, participants will learn the principles of multiple-choice test construction and practice writing basic multiple-choice items using the "NCLEX-style" basic techniques for writing items that assess higher order cognitive processes and guidelines for detecting potential item bias will also be presented.

This course was developed by the Special Services Division of the National Council of State Boards of Nursing. The course is located in the National Council Virtual Campus at www.nursingknowledge.com. The course is being offered as a special introductory price of $169.00 (after the introductory period, the price is $229.00). Participants must have access to a computer and the Internet. 

State Para Legislation to enter late Interstate Nurse Licensure Compacts
Five states have enacted legislation that would allow their licensing boards to enter into an Interstate nurse licensure compact. The states are Arkansas, Maryland, North Carolina, Texas, and Utah. The five states will now have the statutory authority to enter into Interstate Compacts with each other allowing RNs and LPNs to practice under the Mutual Recognition Model of licensure. Page 3 of the Newsletter has an article on Mutual Recognition from the President of the Missouri State Board of Nursing. Readers are encouraged to read the article. In addition information on Mutual Recognition can be found at the National Council of State Boards of Nursing Website listed above.

License Endorsement fees of other states available on Internet
If you are planning to move to another state and need licensing information about that state, the National Council of State Boards of Nursing Websites will be of help. The address is listed at the beginning of the article. See attachment on how to access the license fees, endorsement fees, renewal fees, fee changes and advanced practice nurse fees. In addition the Website can access nursing practice acts and regulations for the majority of the boards and provide you with the address, phone number and Website, if available, of the nursing board you need to contact.

1999 Annual Meeting of the National Council of State Boards of Nursing
The Annual Meeting of the National Council of State Boards of Nursing will be held on July 27 to July 31, 1999 in Atlanta, Georgia. Board members and staff from the Missouri State Board of Nursing will attend. Educational/research programs covering continued competence, public policy and regulation and use of health care facilities; legislative and regulatory changes and management of health care information systems will be offered at the meeting in addition to the Delegate Assembly which will vote on issues of importance to the National Council of State Boards of Nursing. The National Council of State Boards of Nursing's goal is "Leading in nursing regulation by helping boards of nursing promote safe and effective nursing practice."

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hcstaff@snowhealthcare.org

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Date: January 12, 2006

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PhD  Place of employment

Work Address  City  Zip

Work Phone number

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If YES, what is your E-mail address?

Please fax registration form to 573-751-0075.
The twelve individuals chosen for each class will receive written notification in the mail, along with a packet of materials. Payment, in the form of a check made out to Missouri State Board of Nursing, will be accepted by the date of the orientation. Should you have any questions, please feel free to contact us at 573-751-1416 or send us an E-mail at nursing@mail.state.mo.us.

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Position:
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Fax 816-257-9914

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816-257-9918
Fax 816-257-9914

SSM
501 North 2nd Street, St. Joseph, MO 64501
816-257-9918
Fax 816-257-9914

St. Joseph Health Center
St. Joseph Hospital West
817 Dakota Dr.
Independence, MO 64055
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Fax 816-257-9914
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St. Anthony's Medical Center
Att: Katie Black
10100 Kennerly Road
St. Louis, MO 63128
(314) 525-1978
Fax: (314) 525-4900
blackkm@stl.sluh.com

St. John's Mercy
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MISSOURI CODE OF STATE REGULATIONS
MISSOURI STATE BOARD OF NURSING

CHAPTER 2 - MINIMUM STANDARDS FOR ACCREDITED PROGRAMS OF PROFESSIONAL NURSING

4 CSR 209.2-001 Definitions.

PURPOSE: This rule defines terms used in 4 CSR 200.

(1) When used in 4 CSR 200, the following terms mean:
(A) Accredited—Recognized by the board as meeting or maintaining minimum standards for educational preparation of professional nurses;
(B) Administrator—Registered professional nurse with authority and responsibility for administration of program;
(C) Annual report—Report submitted annually by the administrator of the program that updates information on file with the board and validates continuing compliance with minimum standards;
(D) Associate degree program—Program leading to associate degree in nursing conducted by degree granting institution;
(E) Baccalaureate program—Program leading to baccalaureate degree in nursing conducted by degree granting institution;
(F) Board—Missouri State Board of Nursing;
(G) Campus—A separate geographic location with a separate student body and coordinator;
(H) Certificate of accreditation—Document issued by the board to schools of nursing which have met minimum standards;
(I) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to individuals, groups, or communities;
(J) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;
(K) Conditional accreditation—Status of a school or program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the school or program conforming to the requirements and recommendations within a time period set by the board;
(L) Coordinator—Registered professional nurse with authority and responsibility for administration of the campus nursing program as delegated by the administrator of the nursing program;
(M) Curriculum—Planned studies and learning activities designed to lead students to graduation and eligibility for application of license;
(N) Diploma program—Program leading to a diploma in nursing sponsored by a health care institution.

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(V) Graduate competency.—Individual graduate competency.

(VI) Initial accreditation.—Status of a newly established school or program that has not graduated its first class and has not received other approval status.

(X) Minimum standards.—Criteria which nursing programs shall meet in order to be approved by the board.

(Y) NCLEX-RN® examination—National Council Licensure Examination for Registered Nurses.

(2) Observational experience.—Faculty planned learning experiences designed to assist students to meet course objectives by the observation of patients' needs. (A) Participatory observation.—A planned clinical experience in which students under the direction of a faculty member, may participate in basic care activities, such as, assessment of vital signs, carrying out of necessary nursing tasks, assistance with activities of daily living where a registered nurse may or may not be present. Students shall have the skills appropriate to the experiences planned. Students may not participate in invasive or complex nursing activities beyond documented competencies without direct supervision of a faculty member or preceptor.

(B) Part-time faculty—Individuals deemed by the sponsoring institution to meet the definition for part-time employment.

(C) Philosophy.—A composite of the beliefs that the faculty accept as valid and is directly related to curriculum practices which may be noted as mission or goals of the program.

(3) Pilot program/project.—Educational activities which have board approval for a limited time.

(B) Preceptor.—Registered professional nurses assigned to assist nursing students in an educational experience which is designed and directed by a faculty member.

(F) Program.—Course of study leading to a degree or diploma.

(G) Requirement.—A mandatory condition that a school or program meets in order to comply with minimum standards.

(H) Sponsoring Institution.—The institution that is financially and legally responsible for the nursing program.

(J) Statement of philosophy.—Current evidence of need for professional and practical nurses and community support.

(JJ) Systematic evaluation plan.—Written plan developed by faculty for comprehensive evaluation of all aspects of the program. and

(K) Written agreement.—Formal memorandum of understanding or contract between a nursing education program and a clinical site which designates each party's responsibilities for the education of nursing students.


4 CSR 300-2-010 Accreditation
PURPOSE: This rule defines accreditation in the minimum standards for accredited programs of professional nursing and registration of professional nurses in Missouri.

(1) Generic programs granting diploma, associate degree or baccalaureate degree with a major in nursing shall obtain accreditation from the Missouri State Board of Nursing.

(A) Purposes of Accreditation.

1. To promote the safe practice of professional nursing by setting minimum standards for schools preparing entry-level professional nurses.

2. To assure that educational requirements for admission to the licensure examination have been met and to facilitate endorsement in other states, territories, counties, or a combination of these.

3. To encourage continuing program improvement through self-study, evaluation and consultation.

4. To assist programs of professional nursing in developing and maintaining academic standards and criteria that are congruent with current educational and nursing practice standards.

(B) Classification of Accreditation.

1. Initial accreditation is the status granted a program of professional nursing until full accreditation is granted.

2. Full accreditation is the status granted a program of professional nursing after the program has graduated one (1) class and has met minimum standards.

3. Conditional accreditation is the status of a program that has failed to meet or maintain the regulations or

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requirements, or both, set by the board. This status is subject to the school or program coming to an agreement, as determined by the board.

(C) Accreditation Process.

1. Requirements for initial accreditation.

A. An institution desiring to establish a program of professional nursing education shall send a letter of intent to the board at least three (3) months prior to the submission of a proposal. The letter of intent must include the institution's statement of the educational institution's philosophy; qualifications of the educational institution; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program.

B. A program proposal shall be written and presented to the board by the administrator of the proposed program and without faculty assistance. The proposal shall be considered for the first time at an open meeting (3) months from the date the proposal was received. If the institution desires a second consideration, the proposal shall be reconsidered at an open meeting (3) months from the date the proposal was received. If the proposal is approved at the second consideration, the board shall be active in the position on a full-time basis at least (6) months from the date the proposal was received. The proposal shall be considered for the first time at an open meeting (3) months from the date the proposal was received. If the proposal is approved at the second consideration, the board shall be active in the position on a full-time basis at least (6) months from the date the proposal was received. If the proposal is approved at the second consideration, the board shall be active in the position on a full-time basis at least (6) months from the date the proposal was received.

C. A proposal shall include the following information:

(i) Statement of need and feasibility study which includes:
(a) A statement of need for the nursing program that reviews the present need for nurses in the area; and
(b) Number and source of student population;
(c) Number and source of practical nurse, associate, diploma, and baccalaureate students enrolled in the program;
(d) Number and type of practical nurse, associate, diploma, and baccalaureate students enrolled in the program;
(e) Number and type of practical nurse, associate, diploma, and baccalaureate students enrolled in the program;
(f) Name and type of practical nurse, associate, diploma, and baccalaureate students enrolled in the program;
(g) Name and type of practical nurse, associate, diploma, and baccalaureate students enrolled in the program;
(h) Name and type of practical nurse, associate, diploma, and baccalaureate students enrolled in the program;
(i) Name and type of practical nurse, associate, diploma, and baccalaureate students enrolled in the program;
(j) Name and type of practical nurse, associate, diploma, and baccalaureate students enrolled in the program;
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campus of each program shall complete and submit an annual report to the board.
A copy of a current operational budget and annual financial report showing income and expenditures shall be submitted with the annual report. Annual reports shall be compiled, with current information, except where otherwise noted in the Annual Report form and sent to the board prior to the deadline established per board policy. Annual reports shall be submitted in a format provided by the board. Following review by the board, each program shall be notified of the board’s determination.

(B) Five (5)-Year Survey. Each accredited program and each campus of each accredited program shall be surveyed every five (5) years from the first year of full accreditation. An on-site survey or a paper survey may be conducted. If a nursing program is accredited by a national recognized nursing accrediting body AND accredited by North Central Association for Schools and Colleges or the Coordinating Board for Higher Education, or the Accrediting Council for Independent Colleges and Schools, a five (5)-year on-site survey may be deferred. A paper review may be completed to include a self-study, recommendations of accrediting body, and written information as required by the board. Copies of correspondence regarding changes in accreditation status shall be submitted to the Board of Nursing immediately.

(C) Additional Visits/Surveys. A representative of the board shall make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(3) Annual Registration.

(A) An application for annual registration shall be sent to each accredited program and each campus of each accredited program from the board. Failures to receive the application will not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee shall be submitted to the board for each accredited program and each campus of each accredited program prior to June 1.

(C) Programs shall not operate without current registration. Failure to submit the required registration fee prior to June 1 will result in a lapse of status and the disciplinary process shall be initiated.

(4) Removal of Accreditation. A program’s accreditation may be removed pursuant to section 355.071.2, RSMo, for noncompliance with minimum standards.

(A) Should circumstances warrant, the board will notify the program administrator of the program regarding the program, and the administrator will be requested to respond to those concerns.

(B) A program which fails to correct identified deficiencies within a reasonable time shall, after notice and hearing, be removed from the board’s list of accredited programs.


4 CSR 200-2.090 Discontinuing and Reopening Programs

PURPOSE: This rule defines the procedure for discontinuing and reopening programs of professional nursing.

(1) Program Discontinuation.

(A) A letter of intent shall be submitted to the board, at least six (6) months, and preferably one (1) year prior to closing the program. A letter of intent shall include:

1. Closing date;

2. Plans for completion of program for currently enrolled students;

(B) The plan for closure must be approved by the board prior to implementation.

(C) Date of closure of the diploma or degree shall be on or before the official closing date of the program.

(D) Application for registration with the required fee shall be submitted annually to the board and annually certified students in the program of professional nursing.

(E) Records for all graduates and for all students who attended the program of professional nursing shall be filed in the manner used by the institution confecting the program.

1. Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently in a fire-resistant file, storage area, or both. Provision for obtaining copies of transcripts shall be maintained.

2. If the program of professional nursing closes, but the sponsoring institution continues, that institution shall assume the responsibility for the records and notify the board in writing, of the location of the storage of the records.

3. If the program of professional nursing and the sponsoring institution both close, the transcripts shall be given permanent custodial care and the board shall be notified in writing of the name and address of the custodian. Records of all students attending the program shall be maintained.

(F) Curriculum and Clinical Instruction approved by the board shall be provided until the date of closing. The school shall be responsible for providing a complete educational program for the currently enrolled students and shall provide a mechanism for transfer.

(2) Program Reopening. The procedures for reopening a program of professional nursing is the same as for initial accreditation in 4 CSR 200-2.010(1).


4 CSR 200-2.090 Change of Sponsorship

PURPOSE: This rule defines the procedure for change of sponsorship.

(1) An institution assuming the sponsorship of an accredited program of professional nursing shall notify the board in writing within ten (10) working days of the change of sponsorship.

(2) A Change in Sponsorship form provided by the board shall be completed and returned within thirty (30) days of receipt.

(3) Any proposed changes that affect the criteria included in 4 CSR 200-2.010(1) must be approved by the board prior to implementation.

(4) Program documents shall be changed to indicate the appropriate sponsor. The board may issue a Certificate of Accreditation indicating the change in sponsorship, if appropriate.


4 CSR 200-2.035 Multiple Campuses

PURPOSE: This rule defines the procedures for multiple campuses.

(1) Each campus of a program of professional nursing will be treated independently for purposes of compliance with the minimum standards set forth by the State Board of Nursing.

(2) Each campus is required to submit a separate annual report, five-year survey, annual registration and annual registration fee.

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(3) The program must submit a proposal as indicated in 4 CSR 200-2.010 and receive approval from the Board of Nursing before offering an additional campus. Each additional campus shall be surveyed.

(4) It is not necessary that there be a separate administrator for programs which have multiple campuses; however, there must be one (1) full-time faculty person designated as the coordinator of each campus.

(5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program.

(6) Each campus will be evaluated individually concerning licensure examination results.


4 CSR 200-2.040 Program Changes Requiring Board Approval, Notification, or Both

PURPOSE: This rule defines program changes which require board approval, notification, or both.

(1) Changes requiring board approval prior to implementation:

(A) Curriculum changes (see 4 CSR 200-2.060);

(B) Length of program;

(C) Clinical site;

(D) Increase in number of students by admission or transfer, by more than one (1) beyond the number approved by the Board of Nursing;

(E) Pilot program/project;

(F) Relocation of the program in any of its components; and

(G) Appointment of new faculty or program administrator (see 4 CSR 200-2.060).

(2) Curriculum changes that require board approval include:

(A) Alteration of the program philosophy, purpose(s), and objectives which influence or affect the integration of students into the total curriculum.

(B) A plan must be presented to the board showing:

1. Narrative description of the changed proposed and the current curriculum;

2. Rationale for proposed changes;

3. Concise presentation of the proposed changes with the current curriculum, in a side-by-side model, in order to contrast the proposed curriculum with the current curriculum;

4. Timetable for implementation of the changes;

5. Narrative of impact on the curriculum including philosophy, organizing framework, graduate components, and curriculum sequence;

6. Explanation of the anticipated effect on currently enrolled students, role and function of graduates of the changed program, faculty and resources and facilities; and

7. Methods of evaluation to be used to determine the effect of the change.

(3) The request shall be submitted prior to the deadlines established by the board.

(4) Program changes in the following areas require board notification and shall be submitted to the board in writing within thirty (30) days:

(A) Name of program; and

(B) Mailing address.


4 CSR 200-2.060 Administrator/Faculty

PURPOSE: This rule defines the categories, qualifications and competencies, employment policies and responsibilities of faculty and administrator.

(A) Responsibilities.

(1) The administrator of the program shall be a registered nurse employed full-time. The administrator shall have primary responsibility and the authority for the administration of the nursing program.

(B) Nursing faculty shall develop, implement, maintain and evaluate the program in relation to stated philosophy and goals and competencies of the program.

(2) Qualifications and Competencies.

(A) Program administrator shall meet the following criteria for appointment:

1. Current license to practice professional nursing in Missouri;

2. Master's degree in nursing, Master's Degree in Nursing with a clinical component in either the Master of Science in Nursing or master's with major in nursing. The program administrator appointed prior to March 9, 1992, is exempt from the requirement of having a Master's Degree in Nursing;

3. Equivalent of two (2) years of full-time experience within five (5) years or more two (2) years of part-time experience within the last five (5) years and evidence of active pursuit of a Master of Science in Nursing or higher advanced nursing degree. Experience shall be in nursing education, clinical practice, or administration.

(B) Faculty must be approved by the board prior to appointment. Nursing faculty shall meet the following criteria for appointment:

1. Current license to practice professional nursing in Missouri;

2. Educational requirements.

A. AB faculty members teaching in

Continued to page 24
associate degree or diploma programs shall have a minimum of a baccalaureate degree in nursing with a clinical component.

B. All faculty members in baccalaureate programs shall have a minimum of a master's degree. Seventy-five percent (75%) of faculty shall have a master's with major in nursing; and

3. Equivalent of two (2) years of full-time experience within five (5) years or have had a total of five (5) years of post part-time experience within the last five (5) years and evidence of active pursuit of a Master of Science in Nursing or higher advanced nursing degree. Experience shall be in nursing education, clinical practice, or administration.

(C) Non-nurse faculty shall have professional preparation and qualifications for the specific areas in which they are involved.

(D) Minimum number of faculty. One (1) full-time professional nurse in addition to the administrator with sufficient faculty, to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and responsibilities of the faculty.

3. Faculty assignments shall allow time for classroom and laboratory preparation; teaching; program revision; impression of teaching methods and participation in faculty organization and committees.

(3) Employment Policies.

(A) To the extent required by law, age, marital status, sex, national origins, race, color, creed, disability and religion shall not be determining factors in employment.

(B) Nursing Program.

1. Personnel policies shall be in writing, available and consistent with the sponsoring agency.

2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.

3. A planned orientation shall be in writing and implemented, including a description of the role of a licensed practical nurse and professional nurse according to the Nursing Practice Act (NPA).

4. Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to:

(a) Complying with minimum standards;

(b) Ongoing, systematic development, implementation and evaluation of the program;

(c) Instruction and evaluation of students;

(d) Participation on committees providing input on policies regarding recruitment, admission, retention, promotion and graduation of students;

(e) Ensuring availability of academic guidance and advisement of students;

(f) Maintenance of current professional qualifications in areas of instructional responsibilities.

5. The program administrator and faculty shall maintain professional competence by activities which may include continuing education, practice, participation in professional associations and activities; and

6. Participation in program activities; and

7. Participation in the development of departmental and institutional policies.


This version of rule filed April 20, 1975, effective May 1, 1975.


4 CSR 200.2-078 Physical Facilities

PURPOSE: This rule defines the physical facilities required for programs of professional nursing.

1. Office Space and Equipment.

(a) The institution shall provide space and equipment to fulfill the purposes of the program.

(b) The administrator of the program shall have a private office.

(c) The coordinator(s) or faculty shall have office space sufficient to carry out responsibilities of their respective positions.

(d) Private areas shall be provided for faculty/student conferences.

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should not exceed duty percent (40%) of the total clinical program hours. Orientation to the facility does not contribute to the duty percent (40%).

(3) Clinical sites for each course or clinical experience shall be listed in the annual report and include the following:
   (A) Course number;
   (B) Name and address of the clinical site;
   (C) Purpose (area used);
   (D) Type of experience, i.e., direct care, observation, participation/supervision;
   (E) Number of students in clinical group;
   (F) Number of preceptors;
   (G) Total clinical clock hours;
   (H) Confirmation that agreements have been made with other programs who use the clinical site; and
   (I) Confirmation that the nursing program has a contract with the clinical agency.

(4) Programs shall make their own arrangements with the clinical sites. Non-health care related sites utilized for community-based learning experiences for students must have an identifiable sponsoring agency with a clearly defined purpose. A contract or letter of agreement shall be completed before experience begins.

(5) Programs sharing the same clinical sites shall maintain evidence of cooperative planning with each other for the scheduling of clinical experience. Confirmation should exist that agreements have been made with other programs who use the clinical site.

(6) Each program shall have a written agreement with each clinical site. These written agreements shall be reviewed annually.

(7) Clinical agreements shall provide a termination clause.

(8) There shall be a written orientation plan for students for each clinical site.


4 CSB 200-205 Preceptors

PURPOSE: This rule defines the selection, transfer and student services for programs in professional nursing and provides для foreign students.

(1) Preceptors may be used as role models, mentors and supervisors of students in professional nursing programs. Each preceptor shall be provided a copy of the designated objectives of the course in which the student is enrolled and given directions on how to assist the student in meeting the objectives of the course.

(2) Preceptors do not replace faculty in the education of the student but serve to assist faculty and the student in achieving the designated objectives of the course. Preceptors are not faculty of the nursing program and do not have to meet the qualifications for faculty set forth in the minimum standards (see 4 CSB 200-2060.02[2]).

(3) Preceptors are not to be considered when determining the faculty to student ratio.

(4) Preceptors shall not be utilized in introductory foundation courses.

(5) Each nursing program shall have written policies on the use of preceptors which include the following:
   (A) Communications between the school and the preceptor concerning the student;
   (B) The qualifications of the preceptor; and
   (C) The duties, roles and responsibilities of the school, the student and the preceptor.

(6) The preceptor shall be currently licensed as a registered professional nurse with at least two (2) years experience, one (1) of which must be in the area of clinical specialty for which the preceptor is used.

(7) The preceptor must be selected by the nursing program in consultation with the clinical site.

(8) The faculty of the nursing program is responsible for the final evaluation and the assignment of performance rating or grade to the student. The preceptor should provide written documentation of the student meeting the designated objectives for consideration.

(9) Preceptors shall be identified in the annual report by listing the course and the number of preceptors utilized in that course.


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4 CSR 200-2.100 Educational Program

PURPOSE: This rule defines the general purpose, curriculum organization and development, minimum curriculum requirements, curriculum plans and course outlines for programs of professional nursing and provides for the licensing examination.

(1) General Purpose.
(A) Philosophy shall be a composite of the beliefs that the faculty accept as valid and which are related to curriculum practices which may be evidenced as mission or goals of the program.
(B) Graduate competencies of the program of study shall be derived from the philosophy and shall be stated in terms of the competencies expected of the graduate.
(C) The theory and clinical learning experiences shall be derived from the philosophy and objectives of the program and shall demonstrate logical progression.

(2) Curriculum Organization and Development.
(A) The nursing faculty shall participate in the development of the curriculum. The faculty shall have the authority and the responsibility to approve and implement the curriculum.
(B) There shall be a written curriculum plan in which all components shall reflect the philosophy and objectives and shall be logically consistent between and within courses.
(C) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory and clinical hours/credits to permit achievement of program outcomes.

(D) The curriculum shall show the number of hours/credits of formal instruction and clinical instruction for each course of the program.
(E) Curriculum shall be planned so that each division of the school year, for either a quarter or semester has a reasonably equal number of credit hours, hours of instruction, or both, and has a beginning and ending date.

(3) Curriculum Plan.
(A) The number of credit hours required for completion of the nursing program shall exceed the number of credit hours required for a comparable degree program.
(B) Clinical learning experiences shall be determined by the educational needs of the student and by the requisites of the curriculum.
(C) Student learning experiences shall be directed and evaluated by faculty and be consistent with the curriculum plan.

(4) Curriculum Requirements.
(A) There shall be a general written plan for the total curriculum for each class of students which will show the courses listed, sequence, correlation and integration of theory and clinical instruction. Courses may be developed independently or as integral parts of other courses. Integrated concepts shall be evident in the course objectives. Instruction will be provided in the following areas:

(a) Biological and physical sciences may be either discrete or integrated and must include content of at least one of the following. 1. Anatomy and physiology; 2. Chemistry; 3. Microbiology; 4. Pharmacology; and 5. Nutrition.
(b) Behavioral and social sciences may be either discrete or integrated courses.
(C) Nursing course sequences shall include theory and clinical learning experiences in prevention of illness, promotion, maintenance, and restoration of health across the life span.
(D) Nursing support courses (may be discrete or integrated) shall include: growth and development across the lifespan, interpersonal relationships, communication, ethics, and the professional and legal aspects for nursing.
(E) Course Outlines. 1. Course outlines shall be up-to-date and available to all faculty members. 2. The objectives of each course and the methods to be used in teaching shall be stated.


4 CSR 200-2.110 Records

PURPOSE: This rule defines student records required to be kept by programs of professional nursing.

(1) Transcripts.
(A) Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently. Courses shall be listed in chronological order.
(B) The final transcript shall identify the following:

1. Date of admission, date of separation from the program and hours/credits/units earned and the grade or grade point average awarded.
2. Transferred credits, including course titles, credits earned, and the name and location of the credit-granting institution.
3. Seal of the school and signature of the current administrator or registrar shall be affixed to all official transcripts.

(2) School Records.
(a) Student records shall be stored in an area which is documented as fire resistant and where confidentiality can be ensured.
(b) Transcripts, including microfiche and computer files, shall be stored in documented fire-resistant filing areas.
(c) The nursing program shall maintain records as required for accreditation.


4 CSR 200-2.120 Publications

PURPOSE: This rule defines what must be

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