MESSAGE FROM THE PRESIDENT

Patricia Versluis, RN
President, Missouri State Board of Nursing

Calvina M. Thomas, PhD, RN, Assistant Director for Education and Licensure for the Missouri State Board of Nursing, was named the Executive Director for the Board on October 12, 1999. Dr. Thomas is a graduate of Ashbury College of Nursing in Salina, Kansas with graduate degrees from Pt. Hays State University and Kansas State University.

Before moving to Jefferson City in 1995, her experiences were chiefly in surgery, academics, and continuing nursing education.

Her two sons are Jeffrey D. Thomas, residing in North Platte, Nebraska and Brett L. Thomas residing in Houston, Texas. She has two grandchildren.

Dr. Thomas is well known throughout both Kansas and Missouri as a result of her contributions to nursing education.

Please join us in welcoming Calvina Thomas as our Executive Director.

GOVERNOR
The Honorable Mel Carnahan

DEPARTMENT OF ECONOMIC DEVELOPMENT
Joseph L. Dickhoff, Director

DIVISION OF PROFESSIONAL REGISTRATION
Randall J. Singer, Director

BOARD MEMBERS
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Charlotte York, RPN
Vice President
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Member

ADDRESS/TELEPHONE NUMBER
Missouri State Board of Nursing
3865 Missouri Boulevard
P.O. Box 659
Jefferson City, MO 65102-0659
573-751-0981 Main Line
573-751-0975 FAX
http://www.mocdn.state.mo.us/pr/nursing/

EXECUTIVE DIRECTOR
Calvina Thomas, PhD, RN

New Licensure System Implemented
A Message from the Division Director,
Randall J. Singer

On September 23, 1999, the Division of Professional Registration converted to a new licensure system called PROMO. PROMO is an acronym which stands for "Professional Registration of Missouri", and it was developed by IFMC (Iowa Foundation for Medical Care). PROMO is a software program with two components—a licensure system and complaint/investigations tracking system. Following is a brief description of the changes you will experience as a result of the new licensing system.

- License Numbering System. With the previous mainframe system, a license number contained the profession code (RN or PN) followed by a 6-digit number. With PROMO, a license number will be the year of license followed by a 6-digit number. Example: 1999134178. This is a Division-wide numbering system and will allow the Division to capture valuable licensing information on a Division-wide scale. Nurses that were licensed prior to September 23, 1999 will still maintain their previous license number in the format of the profession code followed by a 6-digit number.

- New Security License Paper. Licenses are now being printed on a new security paper.

Several small State of Missouri seals appear on the reverse of both the wallet-sized card and wall-hanging document. The seals are in red ink. If you rub on a seal, it will fade. If you photocopy the license or wall-hanging document, VOID will appear on the photocopy. You will also notice that the wallet-size card is laminated and both the wallet-size card and wall-hanging document are perforated for easy removal.

- More Accessibility to Records. The new licensure system will allow staff to search for a licensee even if the caller is not exactly sure of the spelling. The system will also allow searches by previous last names.

Since all Boards and Commissions under the Division of Professional Registration share the same core business needs, it made sense to convert previous systems to one unified licensure system for the entire Division. Right now we have a lot of data in systems, with implementation of the new PROMO system we are eager to transform that data into information and then wisdom.
Board Member Corner

Charlotte York, LPN, is one of the two licensed Practical Nurses serving on the Missouri State Board of Nursing. Charlotte was appointed to the Board by Governor Mel Carnahan on June 20, 1995 for a term ending on June 1, 1997. Ms. York was then reappointed for a second term ending June 1, 2001.

Ms. York attended and received her LPN education from Western Baptist Hospital School of Nursing in 1969. She is also licensed by the State of Missouri as a long term care administrator.

Ms. York has worked as a charge nurse in a hospital setting, an administrator of a nursing facility, and she and her husband are the former owners and operators of S.E.M.O. Management - a group of twelve long term care facilities located in southeast Missouri.

Ms. York was elected Vice-President of the Board during the September 1989 meeting and serves on the following Board committees: Executive, Discipline, Education and Licensure. She is also a former member of the Scott County Community Sheltered Workshop Board, former member of the Siloam Springs Public Schools Board, and belongs to the St. Paul Episcopal Church, Missouri Health Care Association, Make-A-Wish Foundation, American Cancer Society and served as a Girl Scout leader for ten years.

Ms. York currently resides in Siloam Springs, Missouri with her husband Randy. She and Randy have two children, Cara and Brenton.

Robin S. Vogt, MSN, RN, CCRN, FNP-C, was appointed to the Missouri State Board of Nursing on August 27, 1997 by Governor Mel Carnahan for a term ending June 1, 2001.

Ms. Vogt graduated and received her diploma from Buge School of Nursing/Diary College in 1983. She received her BSN from New York Regents in 1985 and a Masters of Science in Nursing/Family Practice Nurse Practitioner from Clarkson College in 1997.

Ms. Vogt is presently employed by St. Marys’ Eden Clinic as a Board-recognized family nurse practitioner. Robin has also worked in a variety of settings including a neonatal flight nurse, trauma nurse coordinator, cardiac rehabilitation and as charge nurse in an adult ICU.

Ms. Vogt serves on the Discipline and Practice committees of the Board. She is also a member of AAGN and American Academy of Nurse Practitioners.

Ms. Vogt resides in Versailles with her husband Rodney. She and Rodney have 3 children, Joshua, Lindsey and Abby.

DISCLAIMER CLAUSE

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MISSION OF THE MISSOURI STATE BOARD OF NURSING

The Mission of the Missouri State Board of Nursing is to ensure safe and effective nursing practice for the benefit of the public.

SAMARITAN HEALTHCARE

Are you looking for a new job in health care?

Samaritan Healthcare in Moses Lake, Washington has an open RN and LPN positions available. We are a progressive, non-profit healthcare facility consisting of a skilled nursing facility—Samaritan Hospital, Samaritan Ambulance, and physician, urgent care, and outpatient services at the Pioneer Medical Center.

Samaritan is located in sunny, central Eastern Washington State in a fast growing community. Our pleasant rural setting is a great place to raise a family or just get away from the last pace of the city. You will find easy freeway access that leads to you to many major cities in the state as well as the mountains and ocean regions. For the sports enthusiast, there are unlimited recreational opportunities year round.

If you're looking for stable employment in a stimulating and professional environment, apply today!

For updated job openings, call our Job Line (509) 764-2960 or visit our web site: www.samaritanhealthcare.com. We offer a competitive wage and benefit packages.

Samaritan Healthcare, Personnel Department
801 E. Weyerhaeuser Rd., Moses Lake, WA 98837
Phone (509) 764-1360, Fax (509) 764-3188
e-mail: personnel@samaritanhealthcare.com
ECES
A Look in the Mirror

In my seven years with the Board as Discipline Coordinator, I've noticed that there are similar circumstances that surround and/or contribute to the critical event that results in the eventual discipline of a nursing license. Since I am unable to visit with each of you individually, I hope you will find the following information helpful.

The ability to identify negative or potentially negative areas in ourselves is not an easy task. Recognizing potentially destructive behavior patterns in our personal and professional life can be difficult. The difficulty may be due to an unconscious inability to recognize what's happening in ourselves and the chaotic atmosphere of our immediate environment. We are more focused on what is occurring around us. The other hand, the difficulty may be due to certain behavior patterns that are so ingrained in our lives that we continue with them, minimizing their significance and rationalizing why we behave in a certain manner. By considering some of the predominant recurring themes that I have listed below, hopefully you can avoid potential situations that may lead to discipline.

Stress

Disciplined licensees routinely identify stress as playing a role in leading to the occurrence of the critical event.

How each of us perceives what is stressful in our lives, is individualized and impacted by many intrinsic and extrinsic factors. One event experienced by two individuals will be perceived, processed, and reacted to differently. It is imperative that you identify situations, current, past or pending, positive or negative, that unresolved, lead to actions that you thought you would never be a participant in or a party too.

Unresolved stress are stored in us like air in a balloon, without relief, the balloon bursts. These 'bursts' can take form in various ways: abuse of a patient, walking off the job without proper explanation, notification of a nursing license, medication of controlled substances, making errors as you administer your nursing care, or experiencing difficulty focusing on patient care responsibilities.

Ask yourself, what are your areas of stress? How can I deal with them? After you answer these questions, follow through and do it!

Assumptions

Making assumptions is often seen as a behavior in the pre-discipline occurrence. We all have heard what assumptions do to you and me, but the ramifications are more extensive, perhaps deadly, when this spills over into your patient care. Actions based on faulty reasoning (an assumption) are a disaster waiting to happen. Actions and thoughts based on fact allow you to safely minister to a vulnerable population. Ask yourself if you have experienced instances based on an assumption you may have made, such as: administered medication prepared by a co-worker, signed a colleague request to fill the waste of a controlled substance without actually observing the event, or utilized a vial which is labeled with a label similar to another medication without reading the name medication. Additionally, when you realize that giving a proper separation notice is really not all that important, or you don't renew your nursing license promptly, you have taken important, but erroneous steps based on assumption. After you identify these instances, make changes, follow through and do it!

Poor Self-Care

Disciplined licensees may, prior to the disciplinary action, have demonstrated a lack of addressing their mental and physical health needs.

As caretakers of others, we frequently neglect ourselves by trying to be Super Nurses, Super Parents, Super Spouse, and feel we need to fix the perceived problems ourselves. Nurses commonly believe that caring for themselves is not a priority. However, it is in your best interest and the interest of all those whose lives you touch to take an inventory of your state of mind and body. When physical and mental health becomes compromised, the following behaviors may result: consuming prescribed medications that interfere with your ability to function at work, falling asleep at the desk from fatigue, forgetting to document information in the medical record, leaving work without proper notification of your supervisor or leaving a patient unattended.

One of the most important areas of poor self-care involves the misuse and/or abuse of controlled substances, alcohol, or illegal drugs, which clearly demonstrates poor self-care, even to the degree of having the discipline of your license.

The following situations are red flags in your use of medications: taking a pain medication and asking for a prescription renewal after the pain is gone or can be alleviated by non-prescription medications, having a positive history for chemical dependency but continue to drink alcohol in excess and/or use controlled substances, self-medicating with chemicals to deal with feelings of depression and/or anxiety, or placing yourself in situations where illegal drug use takes place. Ask yourself if any of these behaviors apply, if they do, ask for help from a qualified provider who can assist you in coping with these situations.

My hope is that you will develop a heightened awareness of these situations and be able to identify particular circumstances and/or behaviors in and around you. By identifying these circumstances, you can begin to develop the necessary tools to address these issues. You will have become proactive in avoiding potentially negative outcomes for patients, colleagues, employers and yourself.

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DON'T YOU MOVE!

But if you do, please do not forget to notify us of your new address. Each renewal period, thousands of renewal notices do not get delivered to licensees due to a change of address. During the last RN renewal period, over 50,000 renewal notices were returned to our office because a change of address had not been conveyed to us. This problem can and has, resulted in a delay in getting a nursing license renewed. An unanswered letter can then become a lapse license, in order to renew a lapse license, additional fees/penalties must be paid. Do not let this happen to you!

For your convenience, you may inform us of your address change in any one of the following methods:

1. By mail: Missouri State Board of Nursing
   P.O. Box 656
   Jefferson City, MO 65102

2. By phone: 573-751-0681

3. By E-mail: nursengmail.state.mo.us

4. By fax: 573-751-6027, 573-751-5745

5. In person: 3605 Missouri Boulevard
   Jefferson City, MO

Notification by any of these above methods is acceptable, and will get the job done.

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CENSURED LICENSEES

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERNIE J. BURR</td>
<td>PN 398224</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>BRIAN M. BURR</td>
<td>PN 398225</td>
<td>Pledged to unlawful possession of a controlled substance in 1994, pled guilty to Class C Felony, Bond set in 1994.</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>JOHN T. BURR</td>
<td>PN 398226</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
</tbody>
</table>

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DISCIPLINARY ACTIONS

Pursuant to Section 335.063.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by Chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.068 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.

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. These violations are listed. A brief description of their conduct:

INITIAL PROBATIONARY LICENSE

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAWN M. FITZGERALD</td>
<td>RN 398227</td>
<td>Section 335.063.1 and 2 (2) RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>MOUNT CARMEN, MO</td>
<td>RN 398228</td>
<td>Pledged to unlawful possession of a controlled substance in 1994, pled guilty to Class C Felony, Bond set in 1994.</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>BRIAN M. NOBLE</td>
<td>RN 398229</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>SHAWNEE KS</td>
<td>RN 398230</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>BELINDA J. PERRY</td>
<td>RN 398231</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>VERONA, MO</td>
<td>RN 398232</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>LISA L. SHIROYER</td>
<td>PN 398233</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>LEE SUMMIT, MO</td>
<td>RN 398234</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>JOHN A. SCOTT</td>
<td>RN 398235</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>ST LOUIS, MO</td>
<td>RN 398236</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>ANGELA ROSELLE</td>
<td>RN 398237</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
<tr>
<td>SIBLEY, MO</td>
<td>RN 398238</td>
<td>Section 335.063.2 RSMo</td>
<td>3/1/1996</td>
</tr>
</tbody>
</table>

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BECOME A NURSE-ATTORNEY, NURSE-MID, OR A LEGAL NURSE CONSULTANT

Become a Nurse Attorney

The career opportunity in law is a career that is growing at a rate much faster than the average national rate for professional occupations. The average annual growth rate is anticipated to be more than 15%.

There are many different career opportunities available to nurses who become nurses attorneys.

1. Full-time or part-time positions as a nurse attorney in law firms.

2. Self-employed nurse attorneys.


4. Nurse attorneys for governmental agencies.

5. Nurse attorneys for nursing organizations.


7. Nurse attorneys for nursing associations.

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REGISTERED NURSES

RN's & LPN's

Human Resources, Long Term Care
11160 Village North Drive
St. Louis, MO 63130
314-262-4081 (fax)
nkn32618@bjc.org

BC HEALTH SYSTEM

mVd
CENSURED LICENSES continued

Name          License Number  Violation                                      Effective Date
LINDA K. GEI   RN 107268    Section 335.062 (2) (0) (12) (14) RSMo.  8/24/99
IOWA CITY IA

SANDBA S. HAITING   PN 019096   Section 335.062 (2) (0) (12) RSMo.  9/7/99
  Practiced nursing on a licensed license from 6/1/98 through 1/1/99.

DONNA K. HARTMAN   PN 351986   Section 335.062 (2) (0) (12) RSMo.  6/30/99
  Licensee engaged in a professional relationship with a patient while
  employed at a facility.

LA MONTE MO

PATRICK A. HESSMANN   PN 035732   Section 335.062 (2) (0) (12) RSMo.  8/19/99
  Practiced nursing on a licensed license from 6/1/98 to 10/14/98.

LEBANON MO

NICHELLE E. MARGES   RN 135924   Section 335.062 (2) (0) (12) RSMo.  10/18/99
  Participated in the taking of a photograph of a patient’s buttocks upon
  which a co-worker had drawn a marker.

KIRBYVILLE MO

CYNTHIA L. MCPARLAND   RN 128260   Section 335.062 (2) (0) (12).  7/13/99
  Developed a personal relationship with 2 patients.

FARMINGTON MO

VALERIE MCGEE   PN 046336   Section 335.062 (2) (0) (12) RSMo.  9/14/99
  Practiced nursing on a licensed license from 6/1/97 to 5/14/98.

ST LOUIS MO

EVELYN D. SMITH   PN 039184   Section 335.062 (2) (0) (12) RSMo.  6/14/00
  Practiced nursing on a licensed license from 6/1/97 to 5/11/99.

ST. LOUIS MO

CLARA G. STAGS   RN 105553   Section 335.062 (2) (0) (12) RSMo.  9/14/99
  Practiced nursing on a licensed license from 6/1/97 to 4/2/99.

SKEESTON, MO

SHERRY M. ZANS   PN 050104   Section 335.062 (2) (0) (12) RSMo.  10/10/99
  Practiced nursing as a Licensed Practical Nurse on a licensed license
  from 6/1/97 to 6/10/98.

LEES SUMMIT MO

SPECIAL ANNOUNCEMENT
TO ALL LPNs

May 31, 2000 marks the end of your nursing license that you currently hold. Renewal notices
will be mailed out to you on or about March 1, 2000. If you are planning a move prior to that date,
please be sure that you remember to notify us of your new address.

On page 8 of this Newsletter, there is a change of address form that can be completed
and returned to our office by either 'snail mail' or via our website.

For more information please contact:

St. Francis Hospital
Maryville, MO 64468
(816) 596-0055
Fax (816) 596-900

EOE member of SS/HCA

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health insurance and paid time off. Des Moines is a great city that appeals to a broad scope of
cultural tastes, lifestyles and pleasant family living. Contact experts who can put your career
in a position of true advancement. The time is now. The place is Mercy—where the experts are.

To learn more about Mercy nursing opportunities, write or call our job line
today at (515) 247-3105.

E-mail: jobline@mercydesmoines.org

Saint Joseph Health Center
1-435 S. State Line, IGCA
EOE

Missouri State Board of Nursing—November, December 1998, January 2000—Page 5
CHANGE OF ADDRESS FORM

Please complete the following information and return this form to our office.

Name

License Number

New Address

Telephone Number

Mail to: Missouri State Board of Nursing
   P.O. Box 856
   Jefferson City, MO 65102
   Fax: (573) 751-0075 or (573) 751-6745

PROBATION

Name

License Number

Violation

Effective Date

Section 335.066.2 (1) [13] [14] RSMo.
Termed positive for the presence of Matijuana on 2 occasions.
10/9/02 TO 10/10/02

Section 335.066.2 (5) [12] RSMo.
While attempting to remove a resident's coat, the resident kicked the license in the head, whereupon the licensee stood up and slapped the resident across the face.
7/6/02 TO 7/7/02

Section 335.066.2 (1) [3] [12] [14] RSMo.
Misappropriated Demerol and Darvocet for her own personal use while employed at two different facilities.
9/24/02 TO 9/26/02

Section 335.066.2 (5) [12] RSMo.
Chatted administration of Potassium Chloride and Furosemide even though medications were not given to patient. Failed to conduct Accurate checks on 12 occasions but charted also had conducted the checks. On 3 occasions signed out an incorrect medication for the patients.
9/11/02 TO 9/11/02

Section 335.066.2 (2) RSMo.
On 1/29/02, pled guilty to sale of a controlled substance.
9/18/02 TO 9/18/02

Section 335.066.2 (6) [12] [14] RSMo.
Certified and represented herself as an Advanced Practice Nurse without being duly recognized by the Board. Prescribed Cefadroxil (DR) (a controlled substance).
10/19/02 TO 10/19/02

Section 335.066.2 (5) [12] RSMo.
Failed to notify the physician in a timely manner that post-operative patient was exhibiting signs and symptoms of a stroke.
10/19/02 TO 12/19/02

Section 335.066.2 (1) [6] [12] [14] RSMo.
7/20/02 TO 7/20/02

Section 335.066.2 (5) [12] RSMo.
Threw milk on a combative psychiatric patient.
8/8/02 TO 9/1/2000

Continued to page 7
### PROBATION continued

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEVEN A. HEBBS</td>
<td>RN 142794</td>
<td>Section 335.066.2 (2) RSMo, practiced nursing on a false charge</td>
<td>7/16/99 TO 7/18/00</td>
</tr>
<tr>
<td>BURLINGTON MO</td>
<td>PN 048553</td>
<td>Section 335.066.2 (8) (12) RSMo; practiced nursing on a falsified license</td>
<td>8/24/99 TO 8/31/99</td>
</tr>
<tr>
<td>BARBARA J. HOLDEN</td>
<td>RN 054122</td>
<td>Section 335.066.2 (1) (3) (12) (14) RSMo; Misappropriated Fentanyl (for personal use)</td>
<td>9/10/99 TO NO</td>
</tr>
<tr>
<td>SPRINGFIELD MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBIN M. MONTY</td>
<td>RN 122301</td>
<td>Section 335.066.2 (1) (3) (12) (14) RSMo; Misappropriated Fentanyl</td>
<td>8/28/99 TO 8/31/99</td>
</tr>
<tr>
<td>JAYSON WINTON</td>
<td>RN 125613</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISAAC WINTON</td>
<td></td>
<td></td>
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<tr>
<td>WINCHESTER MO</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>THOMAS L. KIRK</td>
<td>RN 128858</td>
<td>Section 335.066.2 (1) (3) (12) (14) RSMo; Misappropriated Demerol</td>
<td>8/17/99 TO 8/1/00</td>
</tr>
<tr>
<td>NEW BLOOMFIELD MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARLON B. KOPPE</td>
<td>PN 048200</td>
<td>Section 335.066.2 (1) (3) (12) (14) RSMo; Misappropriated Fentanyl</td>
<td>9/15/99 TO 9/15/99</td>
</tr>
<tr>
<td>KANSAS CITY MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GERALD L. KLECKELINAN</td>
<td>RN 074007</td>
<td>Section 335.066.2 (1) (3) (12) (14) RSMo; Misappropriated Fentanyl</td>
<td>10/16/99 TO 10/18/04</td>
</tr>
<tr>
<td>COLUMBUS MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOROTHY F. LATINSI</td>
<td>PN 045034</td>
<td>Section 335.066.2 (2) RSMo; practiced nursing on a false charge</td>
<td>7/16/99 TO 7/18/02</td>
</tr>
<tr>
<td>CENTRALIA MO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued to page 8
PROBATION continued

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIANNA L. LEIBY</td>
<td>PN 031888</td>
<td>Misappropriated a credit card from a patient's bank. Fled guilt to fraudulent use of a credit device.</td>
<td>7/20/05 TO 7/20/04</td>
</tr>
<tr>
<td>JOYCE A. MAURER</td>
<td>RN 035007</td>
<td>Represented herself and practiced as an advanced practice nurse without being duly recognized by the Board. Called in 3 unauthorized prescriptions for her family member.</td>
<td>9/7/05 TO 9/7/01</td>
</tr>
<tr>
<td>JEAN A. POLIZZI BILLINGS</td>
<td>RN 135934</td>
<td>Misappropriated unprescribed Morphine and other controlled substances and injected himself in a restroom at her place of employment on at least 3 occasions.</td>
<td>9/18/05 TO 8/18/04</td>
</tr>
<tr>
<td>ALCIA W. PRUER</td>
<td>PN 040937</td>
<td>Misappropriated one of the following drugs for her personal consumption: Percocet, Percodan, Vicodin, Darvocet, Demerol, Morphine Sulfate, and Compounded</td>
<td>7/20/05 TO 7/10/02</td>
</tr>
<tr>
<td>CYNTHIA ROBERTS</td>
<td>RN 124168</td>
<td>Restrained an intoxicated patient by tying a surgical mask across the patient's nose, under his chin and on both sides of his face to keep him from splitting.</td>
<td>9/27/05 TO 9/27/01</td>
</tr>
<tr>
<td>MARILYN K. SWAFFORD</td>
<td>RN 112782</td>
<td>Misappropriated Demerol for her personal consumption. After completing a return to work agreement, license again misappropriated Demerol.</td>
<td>10/18/05 TO 10/18/04</td>
</tr>
<tr>
<td>STACY L. WILSON</td>
<td>PN 048909</td>
<td>Licensed pined guilty to unlawful receipt of food stamps over $100.</td>
<td>7/19/05 TO 7/19/00</td>
</tr>
</tbody>
</table>

**Prepared by**: Missouri State Board of Nursing Newsletter - November, December 1999, January 2000

---

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- Step Down
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Director of Human Resources
Lake of the Ozarks General Hospital
54 Hospital Drive
Osage Beach, MO 65065
Tel: (573) 349-2839
Fax: (573) 349-8268
E-mail: dwakeford@socket.net

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---

Ray of Wellness
212 South West Blvd Road
Circuit 665-203-2557
Member of Infinity Health Systems
### SUSPENSION/PROBATION

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Dates of Suspension</th>
<th>Effective Dates of Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERRY LINNEMAN</td>
<td>PN 042843</td>
<td>Section 335.066.2 (1) (2) (6) (12) (14) RSMo. Appeared to be sleeping while on duty; urine drug screen was positive for Cocaine. Beginning 10/94, smoked Cocaine on a regular basis. Plead guilty to excessive Blood Alcohol content in 1993, DWI in 1994, and DWI-persistent offender in 1996.</td>
<td>9/24/96 TO 9/24/00</td>
<td>9/24/00 TO 9/24/05</td>
</tr>
<tr>
<td>NICHOLAS GRANTON</td>
<td>RN 120720</td>
<td>Section 335.066.2 (1) (6) (12) (14) RSMo. Misappropriation of Donated. Arrested for stealing a sharps box from a facility where she was no longer employed.</td>
<td>5/30/96 TO 9/9/96</td>
<td>9/9/96 TO 9/9/06</td>
</tr>
<tr>
<td>DEBORAH K SHOCKLEY</td>
<td>RN 106425</td>
<td>Section 335.066.2 (1) (6) (12) (14) RSMo. Consumed Marijuana and Methamphetamines on an ongoing basis; a urine drug screen was also positive for opiates.</td>
<td>7/20/96 TO 7/7/96</td>
<td>7/7/96 TO 7/7/05</td>
</tr>
<tr>
<td>CONNIE S. WATRING</td>
<td>PN 037250</td>
<td>Section 335.066.2 (1) (6) (12) (14) RSMo. Plead guilty to a class D felony of fraudulently attempting to obtain Stadol N.S. and Alprazolam.</td>
<td>8/6/96 TO 8/9/96</td>
<td>8/9/96 TO 8/9/05</td>
</tr>
</tbody>
</table>

### REVOLED LICENSES

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMIE L. BORUSHAISKI</td>
<td>PN 050366</td>
<td>Section 335.066.2 (2) RSMo. On 7/29/98, licensee was found guilty on two counts of murder in the first degree by the Iowa District Court and was sentenced to life in prison.</td>
<td>8/18/99</td>
</tr>
<tr>
<td>JACQUELINE L. KEMP</td>
<td>PN 041067</td>
<td>Licensee violated Missouri State Board of Nursing's left agreement in that she did not attend scheduled meeting and did not submit documentation.</td>
<td>9/12/99</td>
</tr>
</tbody>
</table>

**Please be advised: No more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number and or contact the Board office at (877) 781-0812.**

### VOLUNTARILY SURRENDERED LICENSES

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEBORAH L. HAYES</td>
<td>PN 019067</td>
<td>7/30/99</td>
</tr>
<tr>
<td>JOPLIN MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEATHER J. MOORE</td>
<td>RN 125900</td>
<td>9/9/99</td>
</tr>
<tr>
<td>OVERLAND PARK KS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DARLENE L. SHEETS</td>
<td>RN 053170</td>
<td>10/19/96</td>
</tr>
<tr>
<td>LEE SUMMIT MO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Surrender is not considered a disciplinary action under current statutes.**

---

### KU Medical Center

The University of Kansas Hospital is a teaching hospital in the Metropolitan Kansas City, North Kansas City, and Leavenworth, Kansas Professional Nursing, Bachelor of Science in Nursing, Bachelor of Science in Nursing, and Bachelor of Science in Nursing, Master of Science in Nursing, Master of Science in Nursing, and Master of Science in Nursing. If you are interested in these opportunities, please contact KUMC at (785) 862-1741 or visit our website at KUHealth.com.

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   - Breathing rate drops to normal.

2. 4 HOURS
   - Carbon monoxide levels in blood drop to normal.
   - Urinary retention is corrected.

3. 24 HOURS
   - Circulation in heart, blood vessels returns to normal.
   - Metabolism is corrected to normal.
   - Body temperature returns to normal.

4. 2 WEEKS TO 3 MONTHS
   - Premature wrinkles disappear.
   - Mouth becomes fresh.
   - Urinary function returns to normal.

5. 1 TO 9 MONTHS
   - Coughing, shortness of breath, decreased appetite, heartburn, loss of appetite, weight gain, menstrual irregularities.

5 YEARS
   - Risk of dying from any cause is reduced by one third.

15 YEARS
   - Risk of dying from any cause is reduced by one half.

---

### Life Care Center of Grandview

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

Missouri State Board of Nursing Practice
Committee Membership
Rohin Vogi, MSN, RN, FNP-C, Chairperson
Arthur Bunte, RN, CRNA
Jan Davis, LPN
Cynthia Rury, PhD, RN
Paul Linberry, PhD
Patricia Verulais, RN

Update on Nursing Practice Act Changes: 1999 Legislative Session
House Bill 343 excluded proposed changes to the Nursing Practice Act. With the passage of this house bill, the changes became effective on August 28, 1999. Briefly, some of the changes to the Nursing Practice Act pertinent to discipline and practice included:

- "Practical nursing" definition became 335.016 (9), RMSO due to an addition of an education-related definition earlier in this section. Furthermore, language was added to the practical nursing definition to clarify the meaning of the term, "direction," as used in this chapter.
- "Professional nursing" definition became 335.018 (10), RMSO.

This information should make you aware that with each legislative session, there may be revisions in the Nursing Practice Act, as well as changes in other statutes, the outcomes of which could affect the practice of nursing in Missouri.

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Pursuant to the statute, 335.010 (10) (h), RMSO (Missouri Nursing Practice Act 1999), registered nurses shall be registered for practice in this state in accordance with the rules of the Board of Nursing.

Continued to page 11
Professional nurses may teach and supervise "other persons in the performance of any of the nursing acts specified in subsections (a) through (d). In subsections (a) through (c), however, there is no laundry list of selected nursing care or tasks that can and cannot be delegated by registered professional nurses to licensed practical nurses (356.016 (8), RSMo 1996) and unlicensed assistive personnel. Even the statutes, 335.081 (2), RSMo, which provides an exemption from the Missouri Nursing Practice Act for services rendered by unlicensed individuals trained and employed in public or private hospital and licensed long-term care facilities, does not specify particular nursing tasks that can and cannot be delegated to these unlicensed personnel by registered professional nurses. Licensed nurses employed in such facilities would need to also examine the statutes and rules applicable to these licensed facilities for further guidance, as well as service facility policies and procedures.

The lack of statutory specificity regarding what particular nursing care or tasks can and cannot be delegated by registered professional nurses to licensed practical nurses and unlicensed assistive personnel increases the importance of being able to render reasonable, prudent, and defensible delegative decisions. The delegating registered professional nurse is responsible and answerable for actions or inactions of one's self or others in the context of delegation (National Council of State Boards of Nursing, 1996). Licensed practical nurses and unlicensed assistive personnel remain accountable for their own actions and inactions (Missouri State Board of Nursing, 1990).

Through its Practice Committee, the Missouri State Board of Nursing assists individuals or facilities regarding specific practice matters. When a specific scope of practice is addressed,

writing to the Board, the Missouri State Board of Nursing responds with a specific written opinion or decision. Sometimes, nurses will use the resources of the Board to assist them in making reasonable and prudent decisions in particular instances.

Professional literature may also provide some assistance in decision making. Krupicka (1985), for example, described the most frequently delegated nursing tasks:

- Basic care (morning/evening care; monitoring body mechanics and skin integrity; application of cold and heat; post-mortal care (Crawley, 1993))
- Vital signs and measurements (height; weight; intake and output)
- Nutritional support (assist with meals; take calorie counts; maintain gravy tube feeds)
- Intubation (catheter care; endotracheal intubation; oral administration; application and monitoring of cardiovascular catheters)
- Uncomplicated respiratory care (breathing exercises; monitoring incentive spirometer use; application of oxygen by nasal cannula or mask; sputum production)
- Specimen collection (stool; sputum; urine)
- Documentation (flow charts; intake and output readings; vital sign record; diabetic record; other nurses' tasks performed)

The National Council of State Board of Nursing (1996), in its paper, "Delegation: Concepts and Decision-Making Process" (http://www.ncsbn.org/files/Delegation.html), and the American Nurses Association (1995), in its pamphlet, "The ANA Nurse Guide to Delegation" (http://www.nursingworld.org), provide further assistance to registered professional nurses on how to safely and appropriately maximize the utilization of other licensed and unlicensed health care providers. The essence of professional practice, however, is never delegated according to Barter, 1990—such as formulating the entire nursing process, making nursing diagnoses, developing the plan of care or setting patient goals, evaluating patient progress in relation to the plan of care, and so forth.

Exploring these and other regulatory articles, along with examining various specialty area position statements, on the topic of delegation or utilization of assistive personnel is important for the ongoing development of licensed nurses' critical thinking. With this proactive approach, licensed nurses may, when faced with an immediate delegative decision-making situation, more likely make a state-of-the-art, reasonable, prudent, and defensible judgment.

It is inappropriate for employers or others to require licensed nurses to delegate when in the nurse's professional judgment, delegation is unsafe and not in the patient's best interests. If licensed nurses determine that delegation should not take place, but nevertheless elect to delegate as directed by an employer, the nurses increase their liability risk and may also be subject to discipline by the Board of Nursing (National Council of State Boards of Nursing, 1995). Given their responsibilities and accountabilities, licensed nurses at all levels of management and practice need to involve themselves in the ongoing development, implementation, and evaluation of assistive role policies within their facilities. Being part of these ongoing processes within a facility can increase knowledge and understanding of how to delegate safely and successfully utilize licensed assistive personnel within the facility, safeguard the health and wellness of the patients cared for, and lessen liability risks.

Supervision

The National Council of State Boards of Nursing (1995) defined supervision:

Continued to page 12
PRACTICE CORNER
(Continued from page 11)

The provision of guidance or direction, evaluation and follow-up by the nurse or licensed practical or vocational nurse for the accomplishment of nursing tasks delegated to the unlicensed assistant personnel.

Pursuant to the Missouri State Board of Nursing rule, 4 CSR 200-5.5-010 Definitions, proper supervision is defined:
Proper supervision means the general overseeing and the authorizing to do in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluations.

Regardless of appropriate training and competency verification of assistive personnel and reasonable and prudent delegative decisions, there is no guarantee of flawless performance by a delegator. Patient care cannot be merely assigned or simply "turned over" as if the patient's care is now an independent activity of the delegator. Once the appropriate delegation is made, registered professional nurses must adequately monitor and supervise the activities delegated to licensed practice nurses and unlicensed assistive personnel and evaluate their performance on the basis of whether quality patient outcomes, including accurate and complete documentation, have been achieved. Though the particular type of supervision to utilize must be based on a case by case analysis of pertinent variables.

Understanding Your Risks
Liability and professional responsibility risks may occur in several areas that are related to delegation and supervision:
1. Delegation to an individual lacking sufficient education or experience to perform the nursing task
2. Delegation of nursing tasks and responsibilities contrary to the state nurse practice act
3. Delegation that poses substantial risk or harm to the patient or result in patient injury
4. Inadequate supervision of the individual to whom the nursing task has been delegated

The reality of risk does not mean a licensed nurse should not delegate. In fact, not delegating when it may be timely and appropriate to do so can obviously constitute a list of risks. Knowledge and understanding of the rules associated with delegation and supervision dictates that licensed nurses should develop reasonable, prudent, and defensible professional boundaries within which appropriate and effective delegative decisions are made and proper supervision is implemented.

Frequently Asked Questions
Please refer to the disclaimer at the beginning of PRACTICE CORNER.

Advanced Practice Nurses
Q: How long does recognition take for an advanced practice nurse coming from another state and without a Missouri registered professional nurse license?
A: Because applicants must hold a current license to practice in Missouri as registered professional nurses pursuant to the rule, 4 CSR 200-4.100 Advanced practice nurses, the approximate time involved to obtain a current license, not temporary permit, is at least eight (8) weeks.

Q: The Board recognizes me as an advanced practice nurse; I have been told that if I am an employee working in a hospital with only inpatients, I do not need a written collaborative practice arrangement. Is this true?
A: If your advanced practice is going to include certain delegated medical acts such as, making medical diagnosis, ordering diagnostic lab work, writing prescriptions—then yes, you will need a written collaborative practice arrangement. The statute, 334.104.3, RSMo., sometimes misread, indicates that the rulemaking authority shall not extend to collaborative practice arrangements of hospital employees providing direct care within hospitals as defined pursuant to Section 167, RSMo. In other words, if your practice meets these elements (hospital employee, direct care, within hospital), then your statutory-required written collaborative practice arrangement is not bound to the specifics of the rule, 4 CSR 200-4.100 Collaborative Practice.

Q: According to the rule, 4 CSR 200-4.250 Collaborative Practice, subsection (2), I am to work with my collaborating physician for "at least one (1) calendar month" at the same location before I work at a location where the collaborating physician is not present. Do I sign the written agreement before or after this one (1) calendar month?
A: In order to perform the delegated medical activities that may be exercised by an advanced practice nurse pursuant to a collaborative practice arrangement, the written agreement must be signed not later than the end of the one (1) calendar month following the date all required signatures are on the written agreement document.

Q: I realize that Board-recognized advanced practice nurses in collaborative practice
Continued to page 13
PRACTICE CORNER
(Continued from page 3)
arrangements cannot prescribe controlled substances. Are there any resources available to guide me in administering and dispensing controlled substances?
A: The Missouri Task Force on Misuse and Abuse of Prescription Drugs has made available its “Guide to Prescribing, Administering and Disposing of Controlled Substances in Missouri” (1998) at the website address: http://www.health.state.mo.us/ Publication/Infobase/MD. If you are dealing with questions or concerns, contact Bert McClary, R.Ph., Assistant Administrator, Bureau of Narcotics & Dangerous Drugs, at 379-7621.

Licensed Nurses
Q: I am a school nurse and am finding children coming in to school with nonprescription herbs or drugs. Sometimes these nonprescription herbs or drugs are not in what I believe is a properly labeled container. What can I do?
A: Pursuant to the statute, 334.095, RSMo., the labeling of prescriptions filled by a pharmacist is specified, which provides guidance to what a licensed nurse can accept regarding prescription drugs brought to school. There are also general requirements for labels on nonprescription drugs. The Pharmacy Law Digest (11th ed.) states, Drugs that may legally be sold over the counter must bear a label indicating:
1. The name of the product;
2. The name and address of the manufacturer, packer or distributor;
3. The net contents of the package;
4. The established name of all active ingredients and the quantity of other ingredients whether active or not;
5. The name of any habit-forming drug contained in the preparation;
6. Cautions and warnings that are needed for the protection of the user;
7. Adequate directions for safe and effective use.
The 1996 Fair Packaging and Labeling Act gave the FDA authority to issue regulations on drug labeling that enable consumers to know the net contents of self-medication drug products. Pharmacists who engage in repackaging and labeling of an OTC drug from bulk supply must be familiar with all the FDA labeling regulations that are applicable to labeling OTC drugs. An improper container or improperly labeled container, with either prescription or nonprescription contents, is a sufficient reason to not administer whatever is in the container.
Q: Can licensed nurses administer such things as tuberculosis skin tests and influenza injections without a physician’s order?
A: No, a physician’s order is required. Furthermore, the licensed nurse must perform appropriate assessment activities and maintain records documenting doses received and care provided to specific individuals.
Q: If registered professional nurses are nationally certified in such areas as infant assistant, diabetes educator, critical care, case manager, wound care, and so forth, can they be recognized as advanced practice nurses by the Board on the basis of such certifications?
A: These certifications generally fall under “advanced not advanced” nursing practice. The national certifying bodies recognized by the Missouri State Board of Nursing are the following: American Academy of Nurse Practitioners; American College of Nurse Midwives Certification Council; American Nurses Credentialing Center; Council on Certification of Nurse Anesthetists; National Certification Board of Pediatric Nurse Practitioners and Nurses; and Oncology Nursing Certification Corporation. The advanced practice nurse role categories are nurse anesthetist, nurse midwife, clinical nurse specialist, and nurse practitioner.

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- Support of children and families in the PICU
- Support of patients and families in hospital, home and community settings

The Principles of Nursing
- Prevention is better than cure
- Support of parents and families during pregnancy, labor and postnatal
- Support of mothers and infants in the NICU
- Support of children and families in the PICU
- Support of patients and families in hospital, home and community settings

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Licensure Corner

Lori A. Schieffelt, AA, Licensure Supervisor

Missouri State Board of Nursing Licensure Committee Members
Ian Davis, LPN, Chair
Arthur Bonne, RN, CRNA
Paul Lindsey, RN
Patricia Porterfield, RN, MSN
Charlotte York, LPN

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

Graduate Nurse Practice

The Rule

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

Missouri does not issue a graduate temporary permit, however, if the individual qualified to practice as a graduate nurse under 4 CSR 200-4.020 (3), the graduate must complete practice as soon as possible after 90 days after graduation, whichever first occurs.

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

After the Examination

Graduates applying for an original license by examination in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate's results will be sent via the examination administration service. A "pass" letter authorizing the person to practice must be provided to the candidate. A "pass" letter authorizing the person to practice license in Missouri after the graduate has received his/her results.

Graduates applying for endorsement to Missouri should begin the Missouri Licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to us in our office so we can issue an endorsement license to him/her.

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 participating under a contract as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under the State Regulation 4 CSR 200-4.020 (3).

Proper Supervision

According to 4 CSR 200-5.110 (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 guidelines and periodic inspection and evaluation."

Authorization to Release Confidential Information

(Prin/ed Legibly in Black Ink)

I, ____________, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, data exams taken, whether or not I took the exam and exam results.

A copy of this authorization will be considered as effective and valid as the original.

Date
Applicant's Signature
Applicant's Printed Name
Applicant's Social Security Number
Fax to the Missouri State Board of Nursing at (573) 751-0745

Psychiatric Nurse Practitioner

Provides development and coordination of inpatient psychiatric services at Norton Sound Regional Hospital. Provides direct treatment services to inpatient clients as assigned and perform clinical and non-clinical duties as required. Acts as a team leader and functions as an active member of the interdisciplinary treatment team. Master's in Nursing with emphasis on psychiatric nursing and completion of a Nurse Practitioner program. Postgraduate psychiatric nursing experience preferred. Must collaborate with others. 12-month license eligible, salary $40,000 - $50,000 D.O.E.

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Norton Sound Regional Hospital

Human Resources, 2000 Nome, AK 99701
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Passing Rate Change for the NCLEX-RN® Examination an Expected Outcome

Every three years, the National Council's Board of Directors is charged with the task of evaluating the level of competence that is required to pass the NCLEX-RN® and NCLEX-PN® examinations. The passing standard is the minimum level of competence that candidates must demonstrate in order to pass the NCLEX examination. The Board of Directors utilizes multiple sources of information to guide the evaluation of the passing standard, such as (1) results of the standard-setting methods conducted by the Panel of Judges, (2) outcomes from the annual Standard Setting Survey (which solicits the opinions of employers and educators about the competence of the current cohort of entry-level RNs), and (3) information provided by ACT results detailing the educational readiness of high-school graduates who expressed an interest in nursing. After careful consideration of the data, the Board of Directors determined at its November 3-5, 1997 meeting that the current NCLEX-RN examination passing standard was not reflective of the increased competence level needed for safe and effective entry-level RN practice. The Board of Directors determined that the passing standard for the NCLEX-RN examination would be raised from 0.42 logits to -0.35 logits. This change in the passing standard was scheduled to coincide with the implementation of the 1998 Test Plan for the NCLEX Examination for Registered Nurses and was announced to interested parties through a November 14, 1997 press release and in an article in Volume 10, #4 of Issues.

One of the most visible and expected outcomes of a change in the passing standard is its effect on the passing rate. In general, when a passing standard is lowered, more candidates pass an examination. Conversely, when a passing standard is raised, fewer candidates pass an examination. Based on projections for the 1998 testing year (April 1, 1998–March 31, 1999), it was anticipated (taking into account that all other factors remained constant) that the national passing rate for first-time, U.S.-educated candidates would drop approximately 3 to 5 percent. To verify the accuracy of this prediction, a comparison of the passing rates for first-time, U.S.-educated candidates for the years 1997 and 1998 can be made. The passing rate for 1997 was 87.9 percent, while the passing rate for 1998 was 84.2 percent. This 3.7 percent decrease in the passing rate for first-time U.S.-educated candidates is consistent with the predicted percent decrease in passing rate.

While the effects of the passing standard change on the passing rate are generally well understood for the nursing population-at-large, passing rates for individual programs of nursing may vary widely from the projected national average. This variation may be due in part to candidate volume (numbers, graduating and registering for the NCLEX examination) and/or the distribution of student ability within an individual nursing program. Nursing education programs need to stay informed about changes in either the NCLEX test plan and passing standard for the NCLEX examination. Moreover, educators may need to take a wholistic

view of factors that may influence changes in passing rates when reviewing or evaluating course curricula.

Information regarding changes in the NCLEX-RN examination, NCLEX-RN examination passing standards and national pass rates for the NCLEX-RN examination can be accessed at the National Council's Web site under NCLEX® Examination at http://www.ncn.org. You may also access the National Council Web site for information about ordering copies of the Test Plan for the NCLEX Examination for Registered Nurses or other National Council publications. If you do not have access to the Web and wish to order publications, call Yvonne Brown at 312.787.8555, Ext. 163.

Registered Nurses

PCRM is looking for motivated nurses who are interested in an exciting nursing career. PCRM has several RN positions, all shifts available. Call Paul at 314-564-8885 or extension 6235 to find out more. PCRM is the largest health care provider in St. Louis Missouri and is located in Rolla, named one of the top 100 small towns in America. This university community offers blue ribbon public education, just the right blend of cultural, social and recreational activities to suit any taste, and the timeless beauty of the Ozarks.

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For those devastated by the rising floodwaters, it's a long road ahead.

The American Red Cross will be there, helping families and saving lives of those affected by the Hurricane and the severe flooding that has followed. You can help the families of this and other disasters by contributing to the American Red Cross Disaster Relief Fund. At least $25 Million is needed to restore and rebuild lives. We rely on your financial contributions when help can't wait.

Call 1-800-HELP NOW or www.redcross.org or mail your donation using the coupon below.
Education Corner

Calvin Thomas, PhD, RN
Assistant Director for Education and Licensure
Missouri State Board of Nursing Education

One of the duties of the Education Committee is to do site surveys. Minimum Standards (4 CSR 200-2.010(2)(H) and 4 CSR 200-2.010(2)(B)) require that each nursing program be surveyed every five years to renew their accreditation with the State Board of Nursing. An on-site survey or a paper survey may be conducted. If the nursing program is accredited by a nationally recognized nursing accrediting agency and one other accrediting agency the program may have a paper survey.

Program's surveyed and re-accredited during 1998-99:

PRACTICAL NURSING PROGRAMS

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>LAST SURVEY</th>
<th>NEXT SURVEY</th>
<th>ACCREDITING BODIES</th>
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<td>2003</td>
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<tr>
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<td>Kirksville</td>
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</table>

ANNOUNCEMENTS: New CMP (Certification Maintenance Program) policies for CPNs begin in the year 2000. All CPNs certified through the NCBP/NPN who have not received this new information should call 1-888-641-CNPNP

The National Certification Board of Pediatric Nurse Practitioners & Nurses

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Fax - 314/919-8865
or
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RECOGNITION TO CURRENT NURSING EDUCATION PROGRAMS WITH 100% PASS RATE IN FY 1998-99

PRACTICAL NURSING PROGRAMS

Hillyard Technical Center Practical Nursing Program #17-139 St. Joseph
Kirksville Area Vocational Technical Center Practical Nursing Program #17-132 Kirksville
Mineral Area College Practical Nursing Program #17-132 Park Hills
Mobley Area Community College/Mexico Practical Nursing Program #17-131 Mexico
Northwest Technical School Practical Nursing Program #17-170 Maryville
Pike/Lincoln Technical Center Practical Nursing Program #17-181 Bolivar
Washington School of Practical Nursing Practical Nursing Program #17-176 Washington
ASSOCIATE DEGREE PROGRAMS
Hannibal LaGrange College Associate Degree Program #17-472 Hannibal
Southeast Missouri Hospital College of Nursing Associate Degree Program #17-474 Cape Girardeau

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Chair, CRNA Program, CRNA, MPA
BUSH, Department of Nurse Anesthetics
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Olathe, KS 66061
Tel: 913-883-4800
Fax: 913-883-4801
E-mail: crna@ku.edu

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For more information please contact Carrie Ann at 816-270-4171, or fax 816-270-3971 or by email cfeeman@healthmidwest.org
PRACTICAL NURSING PROGRAMS continued

<table>
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<th>SCHOOL</th>
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<th>ACCREDITING BODIES</th>
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<td>North Central MO College</td>
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<td>2003</td>
<td>MBE</td>
<td>On-site Survey</td>
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<td>Poplar Bluff School District</td>
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<td>CBHE</td>
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<td>Sikston Public Schools</td>
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<td>Paper Survey</td>
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ASSOCIATE DEGREE PROGRAMS

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<td>Lincoln University (FT. Leonardwood)</td>
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<td>NLN/NC/CCHE</td>
<td>Paper Survey</td>
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<td>North Central MO College</td>
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<td>2004</td>
<td>NC/CCHE</td>
<td>On-site Survey</td>
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<td>Park College</td>
<td>1999</td>
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<td>Paper Survey</td>
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<td>State Fair Community College</td>
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<td>2004</td>
<td>NC/CCHE</td>
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<td>Three Rivers Conn College</td>
<td>1998</td>
<td>2003</td>
<td>NLN/NC/CCHE</td>
<td>Paper Survey</td>
</tr>
</tbody>
</table>

Abbreviations for Accreditng Bodies:
- NLN: National League for Nursing
- NC: North Central Association for Schools & Colleges
- CCHE: Council for Higher Education
- AICCS: Accrediting Commission for Independent Colleges & Schools
- MBE: Missouri Board of Education
- MBN: Missouri Board of Nursing

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Email: kimberly_kappie@mmsc.net
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For further information, contact (605) 688-6580 or email: Rebecca_Grant@sdstate.edu

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Hannah K. Olson, Ph.D., R.N., Dean
College of Nursing
Box 2721
South Dakota State University
Brookings, SD 57007-2721

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AVTS, Human Resources
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An Equal Opportunity Employer
## Missouri Accredited Practical Nursing Programs - Year Pass Rates

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Number of Classes Per Year</th>
<th>Approved Number of Students Per Class</th>
<th>06/00</th>
<th>06/01</th>
<th>06/02</th>
<th>06/03</th>
<th>06/04</th>
<th>06/05</th>
<th>06/06</th>
<th># Students Tested on Fiscal Report 06-09</th>
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</thead>
<tbody>
<tr>
<td>Applied Technology Services/West Chesterfield</td>
<td>3</td>
<td>24</td>
<td>95.45%</td>
<td>94.44%</td>
<td>100.00%</td>
<td>92.7%</td>
<td>95.7%</td>
<td>85.7%</td>
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<tr>
<td>Boonville Area Vocational Technical School</td>
<td>1</td>
<td>24</td>
<td>94.95%</td>
<td>90.00%</td>
<td>89.00%</td>
<td>82.4%</td>
<td>86.6%</td>
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<td>Columbia Public Schools 17-100</td>
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<td>Hannibal Public School 17-103</td>
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RNs/LPNs

Most places in all areas want you. If you have no previous experience, complete flexibility and have room to grow. We treat you with respect.

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RN's Earn Your Bachelor Degree

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- * Med Surg*
- * Pediatrics*
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Oisten Health Services

01/31/09
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<th>NAME OF PROGRAM</th>
<th>Number of Classes Per Year</th>
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</table>

The Principles of Chronic Wound Management
A 3-Day Workshop
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www.smsu.edu/nu
SMSU is an AARC Institution.
## MISSOURI ACCREDITED ASSOCIATE DEGREE PROGRAMS-FIVE YEAR PASS RATES

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<th>Approved Number of Students Per Class</th>
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<th>07/96-08/97</th>
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<td>90.00%</td>
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<td>81.7%</td>
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<td>76%</td>
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<td>95.7%</td>
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<td>91.7%</td>
<td>79.3%</td>
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<td>72.0%</td>
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<td>75.00%</td>
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<td>88.6%</td>
<td>61.4%</td>
<td>36%</td>
</tr>
<tr>
<td>Penn Valley Community College 17-465 Kansas City, Mo.</td>
<td>2</td>
<td></td>
<td>89.84%</td>
<td>91.73%</td>
<td>67.46%</td>
<td>79.3%</td>
<td>78.9%</td>
<td>91%</td>
</tr>
</tbody>
</table>

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**MEET YOU IN MONTANA**

MISSOURI SIDE OF MONTANA: MONTANA MEDICAL ACADEMY IN SIOUX FALLS, SD WAS JUST ANNOUNCED AS AN OFFICIAL MEDICAL SCHOOL ADDITION TO THE MISSOURI MEDICAL PROGRAMS. FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE AT MONTANA-MEDICAL.COM OR CALL 1-800-MY-MEDICAL.

---

**JEFFERSON MEMORIAL HOSPITAL**

Jefferson Memorial Hospital is a 100-bed hospital located in the heart of downtown Jefferson City, Missouri. We are seeking experienced RNs for our busy medical/surgical unit. We offer competitive benefits, including health insurance, dental insurance, paid time off, and professional development opportunities. For more information, please visit our website at jeffmemorialhospital.com or call 1-800-JEFF-MED.

---

**GREAT PEOPLE CARING FOR GREAT KIDS**

Children's Mercy Hospital is one of the largest and most respected pediatric hospitals in the United States. We offer world-class care for children of all ages, from newborns to adults. Our team of dedicated professionals includes specialists in every field, from surgery to pediatrics. We are committed to providing the best possible care for our patients and their families. For more information, please visit our website at childrensmemorial.org or call 1-800-KIDS-200.

---

**JEFFERSON MEMORIAL HOSPITAL**, 1001 W. 5TH ST, JEFFERSON CITY, MO 65101, PHONE: (573) 635-1240, FAX: (573) 635-1241, WWW.JEFFMEMHOSPITAL.COM.
### MISSOURI ACCREDITED ASSOCIATE DEGREE PROGRAMS-FIVE YEAR PASS RATES

<table>
<thead>
<tr>
<th>NAME OF PROGRAM</th>
<th>Number of Classes Per year</th>
<th>Approved Number of Students Per Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanford Brown Community/</td>
<td>2</td>
<td>49 04.12%</td>
</tr>
<tr>
<td>Due Fears St. Louis, 17-422</td>
<td></td>
<td>66.89%</td>
</tr>
<tr>
<td>St. Louis, Mo.</td>
<td></td>
<td>68.16%</td>
</tr>
<tr>
<td>Sanford Brown College/</td>
<td>2</td>
<td>48 79.83%</td>
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<tr>
<td>Kansas City 17-423</td>
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<tr>
<td>North Kansas City, Mo.</td>
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<td>71.25%</td>
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<tr>
<td>Sanford Brown College/</td>
<td>2</td>
<td>48 78.57%</td>
</tr>
<tr>
<td>St. Charles 17-421</td>
<td></td>
<td>74.72%</td>
</tr>
<tr>
<td>St. Charles, Mo.</td>
<td></td>
<td>68.15%</td>
</tr>
<tr>
<td>Southeast Missouri Hospital</td>
<td>1</td>
<td>35 NA</td>
</tr>
<tr>
<td>College of Nursing 17-424</td>
<td></td>
<td>104.21%</td>
</tr>
<tr>
<td>Cape Girardeau, Mo.</td>
<td></td>
<td>83.33%</td>
</tr>
<tr>
<td>Southeast Missouri State University</td>
<td>1</td>
<td>40 99.67%</td>
</tr>
<tr>
<td>University 17-470</td>
<td></td>
<td>94.74%</td>
</tr>
<tr>
<td>Cape Girardeau, Mo.</td>
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<td>69.61%</td>
</tr>
<tr>
<td>Southwest Missouri State University</td>
<td>1</td>
<td>35 84.44%</td>
</tr>
<tr>
<td>University 17-460</td>
<td></td>
<td>92.8%</td>
</tr>
<tr>
<td>West Plains, Mo.</td>
<td></td>
<td>87.66%</td>
</tr>
<tr>
<td>St. Charles County Community College</td>
<td>1</td>
<td>120 100.00%</td>
</tr>
<tr>
<td>17-458 St. Peters, Mo.</td>
<td></td>
<td>94.6%</td>
</tr>
<tr>
<td>St. John's School of Nursing/</td>
<td>2</td>
<td>250 NA</td>
</tr>
<tr>
<td>SIU 17-419 Springfield, Mo.</td>
<td></td>
<td>Opened FY90</td>
</tr>
<tr>
<td>St. Louis Community College</td>
<td>2</td>
<td>40 80.00%</td>
</tr>
<tr>
<td>Flor Valley 17-464</td>
<td></td>
<td>95.00%</td>
</tr>
<tr>
<td>St. Louis, Mo.</td>
<td></td>
<td>89.09%</td>
</tr>
<tr>
<td>St. Louis Community College</td>
<td>3</td>
<td>55 90.51%</td>
</tr>
<tr>
<td>Forest Park 17-476</td>
<td></td>
<td>79.72%</td>
</tr>
<tr>
<td>St. Louis, Mo.</td>
<td></td>
<td>90.97%</td>
</tr>
<tr>
<td>St. Louis Community College</td>
<td>2</td>
<td>60 99.05%</td>
</tr>
<tr>
<td>Measame 17-477 St. Louis, Mo.</td>
<td></td>
<td>98.67%</td>
</tr>
<tr>
<td>St. Louis Community College</td>
<td>2</td>
<td>60 99.35%</td>
</tr>
<tr>
<td>State Fair Community College</td>
<td></td>
<td>97.35%</td>
</tr>
<tr>
<td>17-109, Sedalia, Mo.</td>
<td></td>
<td>89.64%</td>
</tr>
<tr>
<td>St. Louis Community College</td>
<td>1</td>
<td>30 100.00%</td>
</tr>
<tr>
<td>Three Rivers Community College</td>
<td></td>
<td>90.91%</td>
</tr>
<tr>
<td>17-403 Poplar Bluff, Mo.</td>
<td></td>
<td>69.91%</td>
</tr>
<tr>
<td>Three Rivers Community College</td>
<td>1</td>
<td>28 N/A</td>
</tr>
<tr>
<td>17-437 Elkton, Mo.</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

# Students tested on HCAL Report 98-99

- Sanford Brown Community: 57
- Sanford Brown College: 67
- Sanford Brown College: 55
- Southeast Missouri Hospital: 34
- Southeast Missouri State University: 31
- Southwest Missouri State University: 34
- St. Charles County Community College: 45
- St. John's School of Nursing: 58
- St. Louis Community College: 43
- St. Louis Community College: 30
- St. Louis Community College: 20
- State Fair Community College: 27
- Three Rivers Community College: 25

---

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- Major Medical Insurance Coverage
- Immediate Start

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Could be the muscle known as your heart. Fact is, pain in your arm, especially with shortness of breath and light-headedness may signal a heart attack. Instead of making excuses, make a call to 911.

Learn more at www.americanheart.org or call 1-800-4AHRA (42741).
### MISSOURI ACCREDITED DIPLOMA PROGRAMS - FIVE YEAR PASS RATES

<table>
<thead>
<tr>
<th>NAME OF PROGRAM</th>
<th>Number of Classes Per year</th>
<th>Approved Number of Students Per Class</th>
<th>07/04-08/05</th>
<th>07/05-08/06</th>
<th>07/06-08/07</th>
<th>07/07-08/08</th>
<th>07/08-08/09</th>
<th># Students tested on Fiscal Report 95-99*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutheran Medical Center, 17-392,</td>
<td>1, 2</td>
<td>125</td>
<td>98.4%</td>
<td>83.3%</td>
<td>93.5%</td>
<td>65.7%</td>
<td>75.9%</td>
<td>53</td>
</tr>
<tr>
<td>St. Louis, Mo.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missouri Baptist Medical</td>
<td>1, 2</td>
<td>120</td>
<td>98.5%</td>
<td>95.5%</td>
<td>90.4%</td>
<td>63.0%</td>
<td>90.3%</td>
<td>62</td>
</tr>
<tr>
<td>Center 17-391, St. Louis, Mo.</td>
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<td></td>
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### MISSOURI ACCREDITED BACCALAUREATE DEGREE NURSING PROGRAMS - FIVE YEAR PASS RATES

<table>
<thead>
<tr>
<th>NAME OF PROGRAM</th>
<th>Number of Classes Per year</th>
<th>Approved Number of Students Per Class</th>
<th>07/04-08/05</th>
<th>07/05-08/06</th>
<th>07/06-08/07</th>
<th>07/07-08/08</th>
<th>07/08-08/09</th>
<th># Students tested or Fiscal Report 95-99*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aria College, 17-554, Kansas City,</td>
<td>1, 2</td>
<td>10</td>
<td>94.2%</td>
<td>76.1%</td>
<td>69.2%</td>
<td>95.6%</td>
<td>50.0%</td>
<td>30</td>
</tr>
<tr>
<td>Mo.</td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Barns College of Nursing,</td>
<td>1, 2</td>
<td>150</td>
<td>85.4%</td>
<td>87.8%</td>
<td>77.9%</td>
<td>78.9%</td>
<td>71.4%</td>
<td>109</td>
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<tr>
<td>UNMC 17-005, St. Louis, Mo.</td>
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<tr>
<td>Blessing Missouri College,</td>
<td>1, 2</td>
<td>15</td>
<td>71.4%</td>
<td>80.4%</td>
<td>72.7%</td>
<td>80.0%</td>
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<tr>
<td>Quincy, Il.</td>
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<tr>
<td>Central Methodist College, 17-596,</td>
<td>1, 2</td>
<td>50</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>66.7%</td>
<td>87.3%</td>
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<tr>
<td>Payette, Mo.</td>
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</tr>
<tr>
<td>Central Missouri State University,</td>
<td>1, 2</td>
<td>10</td>
<td>91.1%</td>
<td>91.5%</td>
<td>92.8%</td>
<td>85.0%</td>
<td>86.9%</td>
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<tr>
<td>Danzessa College of Nursing,</td>
<td>1, 2</td>
<td>100</td>
<td>98.15%</td>
<td>93.2%</td>
<td>88.6%</td>
<td>91.8%</td>
<td>91.5%</td>
<td>30</td>
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<tr>
<td>17-500, St. Louis, Mo.</td>
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</tr>
<tr>
<td>Getzall College of Nursing,</td>
<td>1, 2</td>
<td>10</td>
<td>92.3%</td>
<td>85.2%</td>
<td>78.3%</td>
<td>82.0%</td>
<td>86.4%</td>
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<td>Maryville University,</td>
<td>1, 2</td>
<td>120</td>
<td>88.00%</td>
<td>92.0%</td>
<td>81.25%</td>
<td>82.0%</td>
<td>83.0%</td>
<td>22</td>
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<tr>
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<td></td>
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<tr>
<td>Missouri Southern State College, 17</td>
<td>1, 2</td>
<td>40</td>
<td>NA</td>
<td>NA</td>
<td>100.00%</td>
<td>100.00%</td>
<td>78.0%</td>
<td>26</td>
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<td>510, Joplin, Mo.</td>
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<tr>
<td>Missouri Western State College, 17</td>
<td>1, 2</td>
<td>50</td>
<td>91.80%</td>
<td>88.7%</td>
<td>86.7%</td>
<td>88.4%</td>
<td>88.9%</td>
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<tr>
<td>502, St. Joseph, Mo.</td>
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<tr>
<td>Research College of Nursing, 17-569</td>
<td>1, 2</td>
<td>120</td>
<td>91.8%</td>
<td>88.8%</td>
<td>76.4%</td>
<td>81.1%</td>
<td>84.8%</td>
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<tr>
<td>Sinclair School of Nursing,</td>
<td>1, 2</td>
<td>60</td>
<td>91.14%</td>
<td>83.9%</td>
<td>90.01%</td>
<td>94.13%</td>
<td>86.2%</td>
<td>87</td>
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<td>UMC 17-582, Columbia, Mo.</td>
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<tr>
<td>Southeast Missouri State University</td>
<td>1, 2</td>
<td>60</td>
<td>88.64%</td>
<td>90.48%</td>
<td>81.62%</td>
<td>72.1%</td>
<td>73.2%</td>
<td>41</td>
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<td>17-583, Cape Girardeau, Mo.</td>
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<tr>
<td>St. Louis University, 17-568</td>
<td>1, 2</td>
<td>120</td>
<td>92.60%</td>
<td>90.11%</td>
<td>83.45%</td>
<td>88.8%</td>
<td>88.5%</td>
<td>95</td>
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<tr>
<td>St. Luke's College of Nursing,</td>
<td>1, 2</td>
<td>60</td>
<td>95.05%</td>
<td>98.00%</td>
<td>94.87%</td>
<td>98.5%</td>
<td>96.7%</td>
<td>30</td>
</tr>
<tr>
<td>17-565, Kansas City, Mo.</td>
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<tr>
<td>Truman State University, 17-572,</td>
<td>1, 2</td>
<td>60</td>
<td>97.4%</td>
<td>85.13%</td>
<td>92.59%</td>
<td>92.9%</td>
<td>84.0%</td>
<td>25</td>
</tr>
<tr>
<td>Kirkville, Mo.</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>William Jewell College, 17-460,</td>
<td>1, 2</td>
<td>60</td>
<td>94.44%</td>
<td>100.00%</td>
<td>87.10%</td>
<td>83.9%</td>
<td>90.8%</td>
<td>25</td>
</tr>
<tr>
<td>Liberty, Mo.</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Fiscal Year = July 1 to June 30
Complete the National Council's puzzle!

The National Council is seeking individuals to serve on an NCLEX examination item development panel. The National Council needs individuals who work directly with the following:

- Staff nurses
- Charge nurses
- Clinical nurse specialists
- Clinical nurse managers
- Preceptors
- Faculty

NCLEX examination item writers write items (questions) that are used for the NCLEX examination with the assistance of the National Council's test service. Item reviewers check items for currency, accuracy, job-relatedness, and appropriateness for the entry-level nurse.

Benefits include:

- over 50 contact hours
- networking opportunity with colleagues from across the country
- excellent addition to your resume
- all expenses paid

To access the item development panel application online:

2. Choose "NCLEX Examination" from the scroll down menu on the National Council's home page
3. Click the Section Contents link labeled "Developing the NCLEX Examination"
4. Click the link labeled "Item Development Application"

If you do not have access to the Web or if you have any questions, please call the National Council's Item Development Hotline at 312/747-6655, Ext. 496, and leave a message with your name, address, and phone number.

For detailed information contact the Missouri League for Nursing
573-655-5925
Fax 573-655-5908
E-Mail: mln@sockets.net
www.moleague.org

The National Council is looking for nurses to serve on an NCLEX examination item development panel. The National Council needs individuals who work directly with the following:

- Staff nurses
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- Clinical nurse specialists
- Clinical nurse managers
- Preceptors
- Faculty

Benefits include:

- over 50 contact hours
- networking opportunity with colleagues from across the country
- excellent addition to your resume
- all expenses paid

Thanksgiving is the time for reflection and being thankful. This holiday season, thousands are thankful for the gift of life. Choose organ and tissue donation and tell your family. Get the facts, call LifeSource toll-free at 1-888-5-DONATE.
Summary of Actions from September 1999 Board Meeting

ADMINISTRATIVE MATTERS

- A draft of proposed Bylaws was reviewed and adopted.
- Legislative proposals were reviewed and approved for the 2000 legislative session.

EDUCATION MATTERS

The Board met with the following schools to discuss the following matters:
- St. Louis College of Health Careers-Metro Campus' update on the progress in relation to low performance on the NCLEX.
- St. Louis College of Health Careers-Butler Hill Campus' update on the completion of closure process.
- St. Louis College of Health Careers-Butler Hill Campus' proposal to start a practical nursing program. Decision: Table request until the next full Board meeting in December 1999 due to the Initial incomplete proposal.
- Texas County Technical Institute's proposal to start a practical nursing program. Decision: Table until the next full Board meeting in December to allow time to complete the total proposal and address the issues discussed.
- Sanford Brown College-Kansas City. LPN program's response to two consecutive years of a NCLEX pass rate below 80%.
- Sanford Brown College-Denver. Associate Degree Program's response to two consecutive years of a NCLEX pass rate below 80%.

PRACTICE MATTERS

The Board considered the recommendation from the Practice Committee regarding the request by the Missouri State Medical Association and the Missouri Society of Anesthesiologists to withdraw or re-rate or correct, respectively, the Practice Statement, "Board of Nursing Recognized Nonsurgical Anesthesiato Scope of Practice". Decision: Table this until the first conference call after the September Board meeting and fax any proposed language to those represented prior to that conference call with request for their opinions before that conference call.

DISCIPLINE MATTERS

The Board held six violation and five disciplinary hearings.

NURSING FACULTY

CENTRAL MISSOURI STATE UNIVERSITY

Tenure track position in new masters program at an NNL accredited Nursing Program in public comprehensive university beginning August 2000, at Warrensburg campus. R.N. holding a Master's degree in nursing, doctoral student status, and certified PNP or certification eligible required. Earned doctorate desired (nursing preferred). Previous teaching experience and clinical supervision of students desired. Compensation and rank determined by experience. Submit application and resume to Martha Shimer, Chair of Search Committee, Department of Nursing, Central Missouri State University, University Health Center, Room 102, Warrensburg, MO 64093. Review begins January 31, 2000 and continues until filled.

CARDIAC NURSING

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CARDINAL HEALTH

Initiatives

Central Kansas Medical Center

St. Rose Campus, Great Bend, KS
O.R. Recovery Med-Surg/Pediatrics
ICU - Days 7 a.m. to 7 p.m.
St. Joseph Campus, Lansing, KS
Long-Term Care Unit
Acute Care / Emergency

Regional West Medical Center

Serving Kansas City

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REGIONAL WEST MEDICAL CENTER!

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24 Hours - 7 days a week

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Enjoy competitive salaries and benefits.

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MISSOURI CODE OF STATE REGULATIONS
MISSOURI STATE BOARD OF NURSING

CHAPTER 3 - PRACTICAL NURSING
4 CSR 200-2.001 Definitions

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

(1) When used in 4 CSR 200-3, the following terms mean:
(A) Accredited—Recognized by board as meeting or maintaining minimum standards for educational preparation of practical nurses;
(B) Administrator—Registered professional nurse with authority and responsibility for administration of the program;
(C) Annual Report—Report submitted annually by the administrator of the program that updates information on files with the board and validates continuing compliance with minimum standards;
(D) Board—Missouri State Board of Nursing;
(E) Campus—A separate geographic location with a separate student body and coordinator;
(F) Certificate of accreditation—Document issued by the board to schools of nursing which have met minimum standards;
(G) Clinical experience—Facility 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 an individual, group, or community;
(H) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;
(I) 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 and within a time period set by the board;
(J) Coordinator—Registered professional nurse with authority and responsibility for administration of the campus nursing program as delegated by the administrator of the nursing program;
(K) Curriculum—Planned studies and learning activities designed to lead students to graduation and eligibility for application of license;
(L) Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;
(M) Distance learning site—A location separate from primary campus, where the offering of studies is delivered;
(N) Enforcement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory or country;
(O) Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation, and evaluation of philosophy, objectives, and curriculum of nursing program;
(P) Full-time faculty—Those individuals deemed by sponsoring institution to meet definition for full-time employment;
(Q) General—Initial educational program in nursing leading to entry-level licensure;
(R) Governing board—Body authorized to establish, monitor policies and assume responsibility for the educational programs;
(S) Graduate competency—Individual graduate behaviors;
(T) Initial accreditation—Status of a newly established school or program that has not graduated its first class and has not received other approval status;
(U) Minimum standards—Criteria which nursing programs shall meet in order to be accredited by the board;
(V) NCLEX-PN® examination—National Council Licensure Examination for Practical Nurses;
(W) Observational experiences—Facility planned learning experiences designed to assist students to meet course objectives by the observation of patient care;
(X) 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, collection of data and assistance with activities of daily living where a registered nurse or licensed practical 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 faculty member or preceptor;
(Y) Part-time faculty—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;
(Z) Philosophy—A composite of the beliefs that the facility accepts as valid and is directly related to curriculum practices which may be noted in mission or goals of the program.

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(4) Disciplinary Process.
(A) Removal of Accreditation. A program's accreditation may be removed pursuant to section 335.071.3, RSMo, for noncompliance with minimum standards.
(B) Should circumstances warrant, the board will notify the program administrator

(5) Program Reopening. The procedure for reopening a program of practical nursing is the same as for initial accreditation in a 4 CSR 200-3.301(1).
4 CSR 200-3-010 Change in Sponsorship

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

(1) An institution requiring the sponsoring of an accredited program of practical nursing shall notify the board in writing within ten (10) working days after 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 of form.

(3) Any proposed changes that affect the criteria included in 4 CSR 200-3-010(4)(a) 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...

4 CSR 200-3-020 Multiple Campuses

PURPOSE: This rule defines the procedures for multiple campuses.

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

(2) Each campus is required to submit a separate annual report, five (5)-year surveys, annual registration and annual registration fee.

(3) The program must submit a proposal as indicated in 4 CSR 200-3-020 and receive approval from the Board of Nursing before opening 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 because, however, there must be one full-time faculty person designated as the coordinator of each campus.

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

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

4 CSR 200-3-030 Formal Approval


4 CSR 200-3-040 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;
(B) Length of program;
(C) Clinical duties;
(D) Increase number of students by admission or transfer, by more than the (2) exceed the limit set by the Board of Nursing;
(E) File program project;
(F) Relocation of the program or any of its components;
(G) Appointment of new faculty or program administrator (see 4 CSR 200-3-020).

(2) Curriculum changes that require board approval include:

(A) Alteration of the program philosophy, purpose(s) and/or objectives which influence or affect the integration of materials into the curriculum; and

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

1. Narrative description of the change(s) proposed and the current curriculum;
2. Rationale for proposed change(s);
3.具体 presentation of the proposed change(s) with the current curriculum, i.e., a side-by-side model, in order to contrast the proposed curriculum with the current curriculum;
4. Timeline for implementation of changes;
5. Narrative of impact on the curriculum including: philosophy, graduate competencies, and curriculum sequence;
6. Explanation of the anticipated effect on current and prospective students, rate 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(s).

(3) The request shall be submitted to the board no later than thirty (30) days after the date the request is filed. (A) Name of program(s); and

(B) Mailing address;

4 CSR 200-3-050 Administrative Faculty

PURPOSE: This rule defines the categories, qualifications, and responsibilities, minimum employment, personnel policies, responsibilities and reports for faculty members.

(1) Responsibilities:

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

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(1) Office Space and Equipment
(A) The institution shall provide space and equipment to facilitate the purpose of the program.
(B) The administrator of the program shall have a private office.
(C) The coordinating and faculty shall have office space sufficient to carry out responsibilities of their position.
(D) Private areas shall be provided for faculty/staff conferences.
(E) Fire-resistant storage space for student records (refer to 4 CSR 200-3-110Q(D)).

(4) Library
(A) Each program and each campus of each program shall have library resources with the following:
   1. Quiet area designated for study,
   2. Current resources to meet the educational needs of the students to meet the informational and scholarly needs of the faculty,
   3. Budgetary plan for acquisition of printed and multimedia material,
   4. System for readily identifying or deleting outdated resources,
   5. Policies and procedures governing the administration and the use of the library shall be in writing and available to students; and
   6. Library resources shall be available and accessible to meet the needs of the students.
(B) Classrooms and Clinical Skills Laboratory
(A) Classrooms shall be of size, number and type for the number of students and teaching methodology.
(B) Classrooms shall have climate control, ventilation and lighting conducive to teaching.
(C) Classrooms shall have seating, furnishings and equipment conducive to learning.
(D) Storage space shall be available for equipment and supplies.
(E) Each program and each campus of each program shall have a clinical skills laboratory available to the students.


4 CSR 200-3-000 Clinical Sites

PURPOSE: This rule defines approval for and required clinical learning experiences in clinical facilities used by the educational unit.

(1) Clinical sites shall be selected which will provide learning experiences to meet the objectives of the course.
(2) Clinical sites used for direct care and participatory observation shall be approved by the board prior to utilization for student learning experience.
(3) Clinical sites used for observation do not require board approval prior to utilization.
(4) Observational and participatory observation experiences should provide learning experiences to meet the program outcomes and should not exceed forty percent (40%) of the total clinical program hours. Orientation to the facility does not contribute to the forty percent (40%).
(5) Clinical sites for each course or clinical experience shall be listed in the annual report and include the following:
(A) Site number;
(B) Name and address of the clinical site;
(C) Purpose (area used);
(D) Type of experience, i.e., direct-care observation, participatory observation;
(E) Number of students in clinical group;
(F) Number of preceptors;
(G) Total clinical check 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.
(6) Clinical sites 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 experiences.
(7) Programs sharing the same clinical sites shall maintain evidence of cooperative planning with each other for the scheduling of clinical experiences. Confirmation should exist that agreements have been made with other programs who use the clinical sites.
(8) Each program shall have a written agreement with each clinical site. These written agreements shall be reviewed annually.
(9) Clinical agreements shall provide a termination clause.
(10) Where there shall be a written orientation plan for students for each clinical site.


4 CSR 200-3-085 Preceptors

PURPOSE: This rule defines the utilization of preceptors.

(1) Preceptors may be used as role models, mentors, and supervisors of students in practical 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 rather assist faculty 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 CSR 200-3-0002(2)(D)).
(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 when using preceptors shall have written policies for the use of preceptors which includes 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 student, the school, and the preceptor.
(6) The preceptor shall be currently licensed as a practical nurse or 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 concert 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

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4 CSR 200-3.090 Students

PURPOSE: This rule defines the admission, readmission, and transfer, non-English speaking student and student services for students in programs of practical nursing.

1. Admission, Readmission, and Transfer
(A) The educational program shall comply with the state and federal laws regarding discrimination in the selection and admission of students.
(B) Policies for admission, selection, readmission, transfer, and advanced placement shall be written, implemented, and evaluated by the faculty.
(C) Admission criteria shall reflect consideration of the potential to:
   1. Complete the program;
   2. Possess necessary functional abilities; and
   3. Meet the standards to apply for licensure (see section 335.940.2, RSMo).
(D) Students who are readmitted or transferred shall comply with the same requirements for graduation as other members of the class to which they are admitted.
(E) The board shall approve the maximum number of students enrolled in each program. The criteria for approval of the maximum number will be based on:
   1. Availability of qualified faculty;
   2. Available clinical experiences;
   3. Educational facility’s ability to accommodate students; and
   4. Patient safety.
(F) Late admissions. No student shall be admitted later than five (5) school days after the established entrance date of the program.
(G) Non-English Speaking Students
   (A) Non-English speaking students shall meet the same general admission requirements as other students.
   (B) An applicant for whom English is a second language shall pass an English proficiency examination.

3. Student Services
(A) Housing. If the school provides housing for the students, the school shall be written policies governing the facilities.
(B) Health. If the school provides health services for the students, there shall be written policies governing these services. If no health services are provided, a plan for emergency care shall be in writing.
(C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students.
(D) Grievance Procedure. Policies and procedures which afford students due process shall be available for managing academic and nonacademic grievances. Due process for student grievances shall include the provision of written notice of all decisions affecting an individual student, an opportunity for the student to contest those decisions either in writing or in person, the opportunity to contest facts serving as the basis for the decisions, and the opportunity to appeal the decisions to a level higher than the original decision maker.


4 CSR 208-3.100 Educational Program

PURPOSE: This rule defines the general purposes, curriculum organization, and development, minimum curriculum plan and curriculum requirements for programs of practical nursing in Missouri.

1. General Purpose
   (A) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and graduate competencies of the program.
   (B) Graduate competencies of the curriculum shall be based on the philosophy of the program and shall be stated in terms of the competencies expected of the graduate.
   (C) The amount of theory and clinical practice shall be based on the philosophy and graduate competencies of the program, the length of the program, and the course content.

2. Curriculum Organization and Development
   (A) Curriculum development shall be the responsibility of the professional nursing faculty.
   (B) The sequence of courses shall be logical, show progression, and shall be based upon the graduate competencies of the program.
   (C) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory and clinical hours/credits/units 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) The curriculum shall reflect how theory and...
practice in practical nursing education encompasses the education, promotion, and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle.

(3) Curriculum Plan:

(A) The length of the program shall be no less than (18) months of instruction.

(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: There shall be a general written plan for the total curriculum for each class of students which will show the courses taught, sequence, correlation and integration of classroom and clinical instruction. Courses may be developed separately as a part of the curriculum 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. Content from these sciences shall include:

1. Anatomy and Physiology;
2. Nutrition; and
3. Pharmacology.

(B) Social and Behavioral Sciences. Content from these sciences shall include concepts of:

1. Communication;
2. Interpersonal Relations;
3. Cultural Diversity; and
4. Growth and Development/Life Span.

(C) Nursing Science. Theory and clinical instruction in nursing shall be based on the nursing process and shall include collecting data, planning, implementing, and evaluating nursing care. Content shall enable the student to develop competency in each of the following areas:

1. Fundamentals of Nursing;
2. Nursing of Adults;
3. Nursing of Children;
4. Nursing of the Elderly;
5. Maternity and Newborn Nursing;
6. Mental Health Concepts;
7. Administration of Medications;
8. IV Therapy; and

(D) Personal and Vocational Concepts. This course shall exist as a discrete entity in the curriculum and shall be titled as Personal and Vocational Concepts. Content in this course shall include:

1. Ethics;
2. Nursing History and Trends;
3. Vocational Relationships, including the role of the practical and professional nurse; and
4. Legal Aspects of Nursing and

(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.

AUTHORITY: section 355.038, RSMO, 1997

3. Records shall be kept by each school as a part of the record and shall include:

(A) Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently.

(B) The final transcript shall identify the following:

1. Date of admission, date of separation from the program and hours/credits/faults earned and the diploma/certificate awarded; and
2. Transferred credits, including course titles, credits earned, and the name and location of the credit-granting institution.

(C) Seal of the school and signature of the current administrator or registrar shall be affixed to all official transcripts.

(D) School Records:

1. Student records shall be stored in an area which is theft resistant and where confidentiality can be assured.
2. Transcripts including microfiche and computer files shall be stored in documented fire-resistant files/cabinet areas.

(E) The nursing program shall maintain records as required for accreditation.

AUTHORITY: section 355.038, RSMO, 1997

4. Records

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

1. Publications shall be current, dated and internally consistent.
2. Non-discrimination policy shall appear in publications specific to the nursing program.

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