Message From the President

Authored by Robin S. Vogt, PhD, RN, FNP-C
Board President

I want to take this opportunity to share with you some of the progress made on the bioterrorism volunteer system and what you can expect with the online renewal process.

As you know we have been diligently working on implementing online renewal. As in the past, everyone will receive a renewal notice. This year the renewal notice will include a PIN (Personal Identification Number). To renew online, you will need to access the Division of Professional Registration’s (PR’s) web site at http://pr.mo.gov and click the link for online renewal. You will be asked for your PIN number and your License (Registration) number. You will be guided step by step through the online process. Other boards have piloted the new online renewal system, so many of the snags have been worked through. Online renewals will accept credit cards and e-checks. You will be able to print a receipt at the time, but the actual license will not be issued until the credit card transfers the funds, usually 48-72 hours. There will also be a link on the web site where you can register to be a volunteer in case of disasters.

Currently, we are continuing to work on what type of license to issue and what information it should include. Hopefully by the time of publication and your reading of this article, those issues will be worked out. There are regulations that impact some of these things as well. Thank you for the many responses to the last issue of the newsletter regarding the volunteer bioterrorism registration effort. It’s great to see so much enthusiasm and concern for our great state and country. There were some good thoughts. Some of you like the idea of pictures on the license. We, too, like the idea but operationalizing it is difficult. It’s not as simple as having it done like the driver’s license. There will also be a link on the web site where you can register to be a volunteer in case of disasters.

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Online Renewals are Coming in February!
A PIN NUMBER WILL BE REQUIRED FOR ONLINE RENEWAL/UPDATES
PIN Numbers will be mailed to your home address with your Renewal Notice
The PIN number cannot be given over the phone

Important!
YOUR ADDRESS MUST BE CURRENT

Send address changes with your signature via mail or fax
Missouri, PO Box 656, Jefferson City, MO 65102-0656
or by fax: 573-751-0681 Main Line
573-751-0075 Fax
Web site: http://pr.mo.gov
E-mail: nursing@pr.mo.gov

Government of Missouri
The Honorable Bob Holden

DEPARTMENT OF ECONOMIC DEVELOPMENT
Kelvin L. Simmons, Director

DIVISION OF PROFESSIONAL REGISTRATION
Marilyn Williams, Director

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Cynthia A Suter, BS, JD, Public Member
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Lori Scheidt, BS

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licensure examination of nurses, and takes disciplinary action when a licensee violates the law. These activities help to assure that only qualified individuals provide care to the public:

- Associations bring practitioners together to develop professional standards and practices, codes of ethics, and to promote and protect the economic and professional welfare of nurses. These activities also enhance patient safety by helping to improve the quality of the nursing care provided. Associations provide service to their members and represent the individuals who are part of that profession.

Enforcing the law:

- When regulatory boards enforce the law, they impose penalties on individual licensees for failure to practice in accordance with that law. Those penalties may include a censure (reprimand), a practice restriction (probation), a suspension from practice, or a permanent revocation of the privilege to practice. The severity of the action taken depends upon the violation as well as aggravating and mitigating circumstances. It is important to note that the Board of Nursing enforces the laws and rules regulating the practice of nursing as the laws currently are stated, not how individuals may think the laws to be the Board only has the authority to take disciplinary action against those who are regulated by the Board. Those who are regulated by the Board are RNs, LPNs and APRNs. The Board may investigate allegations of involvement of non-licensees without the assistance of county prosecutors willing to prosecute the unauthorized practice of nursing. The Board can gather all the evidence proving unauthorized practice but must depend upon the county prosecutor to actually bring charges against the individual.

- The Board does not have authority over the employers of nurses. Mandatory overtime, double shifts and other similar employment issues are outside of the Board’s authority. But if an employer is directing nurses to act in ways that are not consistent with standards of safe care, as those are set forth in the law, the Board may be notified and a complaint may be filed so an investigation can proceed.

- While nursing associations do not enforce the laws, this is an area that they may choose to influence by sponsoring and/or supporting legislation.

How do I apply to be a Board Member?

State statute 335.021, RSMO, delineates how a board member may be appointed. You may apply by contacting the Director of the Division of Professional Registration or go to the Governor’s web site at http://go.mo.gov/boards.htm and follow the directions on the site. You must be a citizen of the United States and a Missouri resident for at least one year. All but the public member must be a licensed nurse and actively engaged in nursing for at least 3 years immediately prior to the appointment. Membership on the Board must include representatives with expertise in each level of educational programs; practical, diploma, associate degree and baccalaureate.

Past and current Board members have indicated that serving as a board member is one of their most challenging and rewarding assignments. While appointment or election to a board is an honor, board members have important legal and fiduciary responsibilities that require a commitment of time, skill, and resources.

During the Board member interview process, the expectations are explained. Board members are all volunteers who still have full time jobs. The Board meets at least four times a year for Board meetings, one time a year for a strategic planning meeting and has various committees that meet by conference call about 45 times a year. A good rule of thumb is to expect to spend about 3 days a month devoted to Board business. In addition, some members are on national committees, which is additional time away from their regular jobs. Being a Board member does require a good deal of commitment from both the individual and that individual’s employer to be able to make a useful contribution.

Fiscal Year 2004 Statistics

The Missouri State Board of Nursing made significant progress during the second half of the fiscal year, which resulted in being awarded the Governor’s Award for Quality and Productivity.

The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. If the Board decides that disciplinary action is appropriate, the Board may impose censure, probation, suspension, and/or revocation. During FY2004, the Board closed 666 complaints.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee’s file.
- Probation—places terms and conditions on the licensee’s license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately lose his/her license and may no longer practice nursing in Missouri.

The following chart shows the category of complaint of the 666 complaints that were closed this past fiscal year.

Closed Complaints FY2004 by Source

The next chart shows the actions taken by the Board for those complaints.

Licensure Applications

During FY2004, the Board received 1,362 applications for a license by exam, endorsement or reinstatement that had some type of criminal or discipline history. Applicants are required to report any convictions, guilty and/or nolo contendere pleas, except for minor traffic violations not related to the use of drugs or alcohol. Reportable offenses include misdemeanors, felonies, “driving while intoxicated (DWI)” and “driving under the influence (DUI)”. Crimes must be reported even if they are a of suspended imposition of sentence (SIS). Applicants are also required to report any prior or current disciplinary action against another professional license, whether it occurred in Missouri or in another state or territory.
Each application is evaluated on a case by case basis. The Board of Nursing considers the nature, severity, and recency of offenses, as well as rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation. This chart shows the action taken by the Board.

Applications Final Outcome

Licensure staff answered 48,632 licensure related telephone calls during the fiscal year.

**Licensure Database Information**
- Average Age of RNs = 45
- Average Age of LPNs = 44

The following two maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license as of July 1, 2004.

**NY2004 Age Histogram**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number in Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-24</td>
<td>20-29</td>
</tr>
<tr>
<td>25-31</td>
<td>32-38</td>
</tr>
<tr>
<td>39-45</td>
<td>46-52</td>
</tr>
<tr>
<td>53-59</td>
<td>60-66</td>
</tr>
<tr>
<td>67-73</td>
<td>74-80</td>
</tr>
<tr>
<td>Over 80</td>
<td>≈10000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number in Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
</tr>
<tr>
<td>1305</td>
</tr>
<tr>
<td>10988</td>
</tr>
<tr>
<td>18829</td>
</tr>
<tr>
<td>5577</td>
</tr>
<tr>
<td>421</td>
</tr>
</tbody>
</table>

Numbers and Average Age of RN's by County

**Numbers and Average Age of LPN's by County**

**Average Age**
- RN: Approx. 45.5
- LPN: Approx. 44.3

Total Number of RN's: 58,853
Total Number of LPN's: 19,494
### SCHEDULE OF BOARD MEETING DATES THROUGH 2005

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>8-10, 2004</td>
<td>Harry S Truman State Office Building, Jefferson City, Missouri</td>
</tr>
<tr>
<td>June</td>
<td>8-10, 2005</td>
<td>Harry S Truman State Office Building, Jefferson City, Missouri</td>
</tr>
<tr>
<td>March</td>
<td>9-11, 2005</td>
<td>Harry S Truman State Office Building, Jefferson City, Missouri</td>
</tr>
<tr>
<td>September</td>
<td>7-9, 2005</td>
<td>Harry S Truman State Office Building, Jefferson City, Missouri</td>
</tr>
<tr>
<td>December</td>
<td>8-10, 2005</td>
<td>Harry S Truman State Office Building, Jefferson City, Missouri</td>
</tr>
<tr>
<td>March</td>
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<td>Harry S Truman State Office Building, Jefferson City, Missouri</td>
</tr>
<tr>
<td>September</td>
<td>7-9, 2005</td>
<td>Harry S Truman State Office Building, Jefferson City, Missouri</td>
</tr>
</tbody>
</table>

All meetings will be held at the Harry S Truman State Office Building, 301 West High Street in Jefferson City, Missouri.

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

Dates, times and locations are subject to change. Please contact the Board office for current information.

Note: Committee Meeting Notices are posted on our Web site at [http://pr.mo.gov](http://pr.mo.gov)

### NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

#### As of November 4, 2004

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>21,731</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>78,523</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100,254</strong></td>
</tr>
</tbody>
</table>
Making a Difference, One Life at a Time

Edited by Becki Hamilton
Executive Assistant

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

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

This series will focus on each of the Board members and their contributions to the profession of nursing. Charlotte York, LPN from Sikeston, Missouri is the focus of this article.

Q – How long have you been a nurse?
A – I graduated from LPN school in 1969

Q – What kinds of nursing care have you provided?
A – For the majority of my nursing career I worked in geriatrics. I spent about one year working in ER.

Q – Describe something that made you glad you chose to be a nurse.
A – I always knew I wanted to take care of the elderly. My Father opened the first nursing home in Southeast Missouri in 1957 and I grew up with that as a big part of my life. In 1970 I moved back to Sikeston to help with the family business. A 40-bed facility in Bertrand became available and my husband and I decided to purchase it. At that time you did not need an Administrator’s license, so I basically ran the place. In 1972, a law was passed that required administrator’s to be licensed. We were allowed to be “grandfathered” if we took 57 hours of classes at the MU campus. Later it was determined that you could not both be the Administrator and the nurse at the same facility, so I made the choice to remain the administrator. We ended with a total of eleven nursing homes (including my Father’s three) which we purchased between 1970 and 1999.

Q – What are some of the challenges you faced as a nurse?
A – There were a lot of challenges as an administrator and nurse. I did a lot of hands on work with my patients. It was important to make sure that if someone did not come in, the shift was covered. I built my facility from a 40-bed unit to a 60-bed unit. I took care of my patients and built a good reputation.

Q – How did you become a board member?
A – We had always supported the PN program in Sikeston, and I served on the advisory board. We “home-grew” our people by sending individuals to the school and later to the Park College bridge program. They then returned and worked for us. The administrator of the PN program called and asked if I would be interested in becoming a member of the Board. I said OK so she submitted my name to the Division Director, Randy Singer, who then contacted me.

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

Q – What did you want to accomplish?
A – I really did not know what to expect. Basically I came to learn.

Q – What changes have occurred during your tenure as a board member?
A – There have been many legislative changes. I was instrumental in lobbying for subpoena authority for the Board. The Executive Director no longer is required to be a nurse. The investigations process has been totally revamped. When we first looked at the process it was 6 years behind and was extremely costly. We formed a committee to look at the process, instituted some changes and have greatly improved the process. Complaints are now completed in 6 months to 1 year and the cost has been reduced by 63%.

Q – What have you contributed as a member of the Board?
A –
• I have met nurses from across the state and have gained a lot of knowledge from them. When I started on the Board, I was the only PN on the Board. I feel that I was able to bridge the gap somewhat between PNs and RNs by increasing mutual respect.
• I was amazed to learn the extent of problems that the nursing profession can get involved in. I was unaware of the number of cases of diversion.
• I learned a lot about the practice of nursing.
• By participating in the nursing program surveys, I found out what it takes to be a program of training for nurses.
• I learned how State Government works.

Q – How would you describe your experience as a board member?
A – It has been a wonderful experience. I am going to miss it badly. I am pleased that I was able to have done something for nursing.

Q – What would you tell someone interested in becoming a board member?
A –
• They need to know the time commitment required and be able to give that time to the work of the Board.
• They need to be versatile and willing to learn about any subject that may come up.
• They cannot have their own agenda – it slows down the process of the Board.
• They must be willing to work hard.
• It is an awesome learning experience. I have yet to go to a Board meeting without learning something I did not know. It has been beneficial in many ways.

Q – How would you make a difference to the profession of nursing?
A – I hope in my career that I have touched the lives of the elderly and by that touch made their lives better.

Charlotte York, LPN
Board of Nursing Receives Governor’s Award for Quality and Productivity

The Missouri State Board of Nursing was recognized by Gov. Bob Holden with the prestigious Governor’s Award for Quality and Productivity (GAQP) for saving money and time and by increasing efficiencies in business processes, goods and service delivery to Missouri citizens. The award was established in 1988 by the Governor’s Advisory Council on Quality and Productivity to identify and recognize service excellence, encourage efficiency, reward innovation, and reinforce pride in service to Missouri state government.

In the awards ceremony on September 1, 2004, Holden told the audience that the recipients represent the tremendous quality of Missouri state government. “Producing savings and a quality product and services does not happen by accident,” Holden said. “You demonstrate a desire to provide our citizens with the best value for the resources they have entrusted to us.”

The award winning team consisted of Lori Pierson Scheidt, Executive Director, Quinn Lewis, Investigation Administrator, Robin Vogt, President, Charlotte York, Vice-President, and Gloria Andrews, Division of Professional Registration Strategic Planner. The Missouri State Board of Nursing is charged with protecting the public by developing and enforcing state laws that govern the safe practice of nursing. One of the board’s responsibilities is the investigation of complaints against licensed nurses. However over the years, there has been frustration over how long the investigative process would take to complete and the cost of investigations. So the Board established a team to address the issue. The team focused on an initiative to redirect funds toward research, analysis, and education that promotes patient safety without raising fees. In one year, the team reduced the number of investigations sent to contract investigators from 53% to 5%; reduced the time each investigation remained open from 74 to 57 days; and decreased the investigations cost by 65%.

The new process enables the Board’s focus to be placed on those complaints that present the most danger to the citizens of Missouri. This process has enabled the Missouri Board of Nursing to be a national leader in process improvement. The Board continues to be heavily involved on a national level, two of the team members, Lori Scheidt and Robin Vogt are on national committees and the Missouri State Board of Nursing is a pilot Board for a national research project aimed at identifying root causes for practice complaints focusing their goal on education in order to prevent errors.

Scheidt stated that approaching, let alone changing the investigation process was a huge undertaking, but worth the risk for the sake of public protection and the nursing profession in Missouri. She believes JFK said it best with, “There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.”
Education Corner

Missouri State Board of Nursing Education Committee Members:
• Teri A. Murray, Ph.D., RN, Chair
• Linda Conner, BSN, RN
• Cynthia Suter, BS, JD
• Kay Thurston, ADN, RN

It’s time again to report the NCLEX® pass rates for all approved programs of nursing in Missouri that lead to an initial nursing license. The testing period involved is July 1, 2003 through June 30, 2004 and the pass rates are calculated on candidates taking the licensing examination for the first time.

How does Missouri rank nationally? The pass rates for Missouri first time candidates were again above the national pass rate for both the professional (RN) and practical (PN) nursing NCLEX® examinations. The national pass rates include the 50 states plus the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands.

The national pass rate on the NCLEX-RN® for the 2003-2004 time period was 86.62%. Graduates of Missouri baccalaureate, associate degree and diploma nursing programs achieved an 88.47% pass rate. This ranks the performance of Missouri first time candidates within the upper third nationally. Nationally, there was a slight decline in the RN examination pass rate from the previous test period—87.29% in 2002-2003 to the current 86.62%. One factor that may have contributed to this slight decline is the implementation of a revised test plan which took effect April 1, 2004. Historically, there has been a corresponding decrease in pass rates when the NCLEX-RN® test plan is changed. In Missouri, RN examination pass rates slipped from 89.92% for 2002-2003 to the current 88.47% which mirrors the national picture.

For the NCLEX-PN® examination, the national pass rate is 88.69%. First time candidates of Missouri practical nursing programs achieved a 91.95% pass rate which ranks Missouri in the upper fifty percent nationally. Nationally, there was an increase in the PN examination pass rate from the previous test period—87.14% in 2002-2003 to the current 88.69%. The pass rate for Missouri first time candidates also increased from 89.78% in 2002-2003 to the current 91.95%. A revision in the NCLEX-PN® test plan will take effect April 1, 2005 so it will be interesting to see what impact that will have for the 2004-2005 reporting period. Historically, the PN licensure pass rates have been greater than the RN pass rates on both the state and national level.

When compared with our neighboring states of Kansas, Nebraska, Iowa, Illinois, Arkansas, and Oklahoma, the rankings have changed a bit from last year. For the NCLEX-RN® examination Missouri has the highest pass rate with a 88.47% and Nebraska is in second place at 87.66%. This is a reversal of last year. The pass rates on the RN exam ranged from 87-46% to 82.66% for the other five states. If Kentucky and Tennessee are considered then Missouri ranks third as the RN pass rates for those two states were 91.78% and 90.55% respectfully. For the NCLEX-PN® examination, Iowa again had the highest pass rate of the seven states with a 94%. Missouri moved from fourth to third in the ranking with a pass rate of 91.95%. Illinois ranked second with a pass rate of 92.42%. The other four states had pass rates ranging from 90.53% to 91.69%. Adding Kentucky and Tennessee to the mix did not alter Missouri’s ranking on the PN exam. Three of the neighboring states had RN exam pass rates below the national level and one state was below the national level on the PN exam. All neighboring states had pass rates above 82.5% on the RN exam and 88% on the PN exam so the nursing programs in the Midwest are doing well in preparing nurses.

Fifteen nursing programs in Missouri had pass rates of 100% for the 2003-2004 testing period—one Baccalaureate, one Associate Degree and 13 Practical Nursing. You will find these programs listed elsewhere in this Newsletter. Two practical nursing programs have now had five consecutive years of 100% pass rates—Cape Girardeau Career and Technology Center and Kennett Area Vocational and Technical School. Two practical nursing programs have had three consecutive years of 100% pass rates. Six practical programs and one associate degree program have achieved 100% pass rate for two consecutive years.

Another interesting note is that there were more first time candidates in Missouri taking both the NCLEX-RN® and NCLEX-PN® examinations for the 2003-2004 reporting period than for the 2002-2003 reporting period. There were 1,743 first time candidates taking the RN exam compared with 1,615 in the 2002-2003 period. That is an increase of 128. There was an increase of 208 first time candidates for the PN examination—1,106 in 2003-2004 compared with 998 for the previous reporting period. Within the past year, the Board of Nursing has approved an increase in enrollment for two practical and seven professional nursing programs. The increase in the number of students per program ranged from 5 to 15 for a total of 82 students. Additionally, evening/weekend educational tracks were approved for one associate degree and one practical nursing program. One practical nursing program will soon be graduating its first class. Some programs that had not previously enrolled the number of students for which they are approved are experiencing an increase in applications and admissions. Please keep in mind that there is a shortage of qualified nursing faculty and increased competition for use of clinical sites to provide appropriate learning experiences for students. It is recognized that the nursing education community is responding to the shortage issue.
**FIVE YEAR PASS RATES**

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Name Of Classes Per Year</th>
<th>Approved Number of Students Per Class</th>
<th>1999-00</th>
<th>2000-01</th>
<th>2001-02</th>
<th>2002-03</th>
<th>2003-04</th>
<th>#Students tested on Fiscal Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Technology Services/West 17-154 Chesterfield, MO</td>
<td>24</td>
<td>N/A</td>
<td>76.19%</td>
<td>99.00%</td>
<td>97.75%</td>
<td>100.00%</td>
<td>30</td>
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<tr>
<td>Applied Technology Services/MT 17-180 Mildura, MO</td>
<td>24</td>
<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
<td>94.70%</td>
<td>95.00%</td>
<td>95.40%</td>
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<td>N/A</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
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<td></td>
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<tr>
<td>Cape Girardeau Career and Technology 17-129 Hannibal, MO</td>
<td>32</td>
<td>76.50%</td>
<td>92.40%</td>
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<td>95.40%</td>
<td>95.40%</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Columbia Public Schools 17-189 Columbia, Mo</td>
<td>32</td>
<td>85.10%</td>
<td>82.90%</td>
<td>71.40%</td>
<td>82.60%</td>
<td>82.93%</td>
<td>41</td>
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<tr>
<td>Concord Career Institute 71-194 Kansas City, MO</td>
<td>30</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>90.00%</td>
<td>20</td>
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<tr>
<td>Deaconess College of Nursing/On-Line 17-110 St. Louis, MO</td>
<td>100</td>
<td>N/A</td>
<td>N/A</td>
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<td>4</td>
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<tr>
<td>Dillon Career Center 17-118 Eldon, MO</td>
<td>25</td>
<td>95.00%</td>
<td>100.00%</td>
<td>95.00%</td>
<td>94.12%</td>
<td>95.67%</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Franklin Technology Center 17-189 Joplin, MO</td>
<td>32</td>
<td>100.00%</td>
<td>85.70%</td>
<td>90.00%</td>
<td>86.36%</td>
<td>82.99%</td>
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<tr>
<td>Gibson Area Vocational Technical School 17-104 Brook, Spring, MO</td>
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<td>N/A</td>
<td>92.80%</td>
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<td>100.00%</td>
<td>11</td>
<td></td>
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<tr>
<td>Hannibal Public School 17-103 Hannibal, MO</td>
<td>30</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
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<tr>
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<tr>
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*Five Year Pass Rates cont. on pg. 9*
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<td>100.00%</td>
<td>94.12%</td>
</tr>
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<tr>
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<td>72.75%</td>
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<tr>
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<td>93.33%</td>
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<td>100.00%</td>
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<tr>
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<td>75.00%</td>
<td>77.76%</td>
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<td>72.75%</td>
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<tr>
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**Five Year Pass Rates cont. on pg. 10**
### Five Year Pass Rates cont. from pg. 9

<table>
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<th>Name of Program</th>
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<th>Approved Number of Students Per Class</th>
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<th>Yr. 2001-2002</th>
<th>Yr. 2002-2003</th>
<th>Yr. 2003-2004</th>
<th>#Students tested on Fiscal Report</th>
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<td>88.25%</td>
<td>88.00%</td>
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<td>90.18%</td>
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<td>91.80%</td>
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### Associate Degree Nursing Programs

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<th>Yr. 2001-2002</th>
<th>Yr. 2002-2003</th>
<th>Yr. 2003-2004</th>
<th>#Students tested on Fiscal Report</th>
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<tbody>
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<td>100.00%</td>
<td>85.00%</td>
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<td>84.12%</td>
</tr>
<tr>
<td>Crowder College 17-410 - Neosho, MO</td>
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<td>80</td>
<td>83.80%</td>
<td>93.50%</td>
<td>90.00%</td>
<td>87.50%</td>
<td>83.30%</td>
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<tr>
<td>Deaconess College of Nursing (17-415, 17-430 - St. Louis, MO</td>
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<td>20</td>
<td>100.00%</td>
<td>92.60%</td>
<td>75.00%</td>
<td>73.33%</td>
<td>80.19%</td>
</tr>
<tr>
<td>Deaconess College of Nursing (On Line) 17-430 - St. Louis, MO</td>
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<td>N/A</td>
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<tr>
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<td>1</td>
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<td>100.00%</td>
<td>93.60%</td>
<td>73.75%</td>
<td>62.50%</td>
<td>80.00%</td>
</tr>
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<td>25</td>
<td>76.00%</td>
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<td>87.75%</td>
<td>38.00%</td>
<td>82.86%</td>
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<td>80.00%</td>
<td>100.00%</td>
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<td>Jefferson College 17-460 - Hillsboro, MO</td>
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<td>94.00%</td>
<td>100.00%</td>
<td>80.00%</td>
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<td>84.29%</td>
<td>86.52%</td>
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<td>93.50%</td>
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<td>83.50%</td>
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<tr>
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<td>82.60%</td>
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<td>82.60%</td>
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**Five Year Pass Rates cont. on pg. 11**
### Associate Degree Nursing Programs

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<th>State of Classes</th>
<th>Approved Number of Students Per Class</th>
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<th>7/03-06/04</th>
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<td>North Central Missouri</td>
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<td>John Valley Community College</td>
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<td>Saint Louis campus</td>
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<td>87.50%</td>
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<tr>
<td>Southwest Missouri Hospital College of Nursing and Health Sciences</td>
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<tr>
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<td>150 degrees in nursing and health sciences</td>
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<tr>
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<td>Three Rivers Community College</td>
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### Approved Baccalaureate Degree Programs

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<th>Minimum tested per Fiscal Report 2003-2004</th>
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### ONLINE RENEWALS ARE COMING IN FEBRUARY!

A PIN NUMBER WILL BE REQUIRED FOR ONLINE RENEWAL/UPDATES
PIN Numbers will be mailed to your home address with your Renewal Notice
The PIN number cannot be given over the phone

**IMPORTANT!** YOUR ADDRESS MUST BE CURRENT

SEND ADDRESS CHANGES WITH YOUR SIGNATURE VIA MAIL OR FAX
MSBN, PO BOX 656, Jefferson City, MO 65102 or by fax: 573-751-6745 or 573-751-0075
Changes via telephone/email will no longer be accepted.
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<th>Name of College/University</th>
<th>Approved Number of Students Tested</th>
<th>Approved Number of Students Per Class on Fiscal Report</th>
<th>Passed Based on Fiscal Report</th>
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</thead>
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<tr>
<td>Blessing-Rieman College of Nursing</td>
<td>Blessing-Rieman College of Nursing/Quincy IL</td>
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<td>95%</td>
<td>81.10%</td>
</tr>
<tr>
<td>Central Methodist University</td>
<td>Central Methodist University</td>
<td>1</td>
<td>90%</td>
<td>92.10%</td>
</tr>
<tr>
<td>Central Missouri University</td>
<td>Central Missouri University</td>
<td>2</td>
<td>80%</td>
<td>92.00%</td>
</tr>
<tr>
<td>Deaconess College of Nursing</td>
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<td>90%</td>
<td>92.80%</td>
</tr>
<tr>
<td>Graceland University</td>
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<td>92.80%</td>
</tr>
<tr>
<td>Lester L. Cox College of Nursing</td>
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<td>90%</td>
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</tr>
<tr>
<td>Research College of Nursing</td>
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**Approved Diploma Degree Program**

- Lutheran School of Nursing/17-342
- St. Louis University

<table>
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<th>Name of Program</th>
<th>Name of College/University</th>
<th>Approved Number of Students Tested</th>
<th>Approved Number of Students Per Class on Fiscal Report</th>
<th>Passed Based on Fiscal Report</th>
</tr>
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<tbody>
<tr>
<td>Blessing-Rieman College of Nursing</td>
<td>Blessing-Rieman College of Nursing/Quincy IL</td>
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<td>95%</td>
<td>81.10%</td>
</tr>
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<td>Central Methodist University</td>
<td>Central Methodist University</td>
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<td>90%</td>
<td>92.10%</td>
</tr>
<tr>
<td>Central Missouri University</td>
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<td>80%</td>
<td>92.00%</td>
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<tr>
<td>Deaconess College of Nursing</td>
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<td>1</td>
<td>90%</td>
<td>92.80%</td>
</tr>
<tr>
<td>Graceland University</td>
<td>Graceland University</td>
<td>1</td>
<td>90%</td>
<td>92.80%</td>
</tr>
<tr>
<td>Lester L. Cox College of Nursing</td>
<td>Lester L. Cox College of Nursing</td>
<td>1</td>
<td>90%</td>
<td>92.80%</td>
</tr>
<tr>
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The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities.

The parameters of the practice scopes are defined by basic licensure preparation and advanced education. Within this scope of practice, all nurses should remain current and increase their expertise and skill in a variety of ways, e.g., practice experience, in-service education, and continuing education. Practice responsibility, accountability, and relative levels of independence are also expanded in this way.

The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the role and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important that the nurse makes decisions regarding his/her own scope of practice.

The following tool was developed by the Arkansas State Board of Nursing to help nurses in their profession. The model would be helpful to you in your profession. We would be interested to know if adopting this tool might be helpful to Missouri nurses. Please give us your feedback on this model by sending an e-mail to nurs-ing@pr.mo.gov with the subject line Scope of Practice Decision Making Model.

It is not within the scope of practice for an RN or LPN to routinely artificially rupture membranes (AROM). The Missouri State Board of Nursing recognizes there are instances where AROM is in the best interest of the patient’s and fetus’ well-being. AROM may be performed by the RN in the event of an emergency or for special situations if there is risk to the mother or fetus as described in hospital policy if the RN has documented education and training to perform AROM.

Prescriptions Must Indicate Both Collaborating Physician and APRN

As stated in 4CSR200-4.200 (3)(I)7, "All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating advanced practice nurse".

Scope of Practice Decision Making Model

The following tool was developed by the Arkansas State Board of Nursing. The Missouri State Board of Nursing is publishing this tool with their permission. We thought this tool might be helpful to Missouri nurses. Please give us your feedback on this model by sending an e-mail to nurs-ing@pr.mo.gov with the subject line Scope of Practice Tool. We would be interested to know if adopting this model would be helpful to you in your profession.
Decision Making Process

1. Define the Activity/Task:
   - Clearly state what the problem or need is.
   - Identify who is involved in the decision.
   - Identify what the decision is to be made and (where setting or organization) will it take place.
   - Determine why the question being raised now has it been discussed previously?

2. Is the activity permitted by Missouri Nurse Practice Act?
   - Yes – Go to Question #5 – Special education needed?
   - No – Stop. Defer the activity/task to a professional qualified to do the activity/task.

3. Is activity/task precluded under any other law, rule or policy?
   - Yes – Go to Question #4 – Consistent with…. No – Stop. Defer the activity/task to a professional qualified to do the activity/task.

4. Is the activity consistent with:
   - Pre-licensure/post-basic education program
   - National Nursing Standards
   - Nursing Literature/Research
   - Institutional policies and procedures
   - Agency Accreditation Standards
   - Board Position Statements
   - Community Standards?
   - Yes – Go to Question #5 – Special education needs?
   - No – Stop. Defer the activity/task to a professional qualified to do the activity/task.

5. Has the nurse completed special education if needed?
   - Yes – Go to Question #6 – Possess appropriate knowledge?
   - No – Stop. Defer the activity/task to a professional qualified to do the activity/task.

6. Does nurse possess appropriate knowledge?
   - Yes – Go to Question #7 – Documented competency?
   - No – Stop. Defer the activity/task to a professional qualified to do the activity/task.

7. Is there documented evidence of competency & skill?
   - Yes – Go to Question #8 – Reasonable & prudent nurse? No – Stop. Defer the activity/task to a professional qualified to do the activity/task.

8. Would a reasonable & prudent nurse perform the act?
   - Yes – Go to Question #9 – Prepared to accept consequences? No – Stop. Defer the activity/task to a professional qualified to do the activity/task.

9. Is nurse prepared to accept the consequences of action?
   - Yes – Nurse may perform the activity/task according to the plans established by the employer for your education, skills practice and evaluation.
   - No – Stop. Defer the activity/task to a professional qualified to do the activity/task.

Identify Options:
- What are possible solutions?
- What are the characteristics of an ideal solution?
- Is it feasible?
- What are the risks?
- What are the costs?
- Are they feasible?
- What are the implications of your decision?
- How serious are the consequences?

Point of Decision:
- What is the best decision?
- When should it be done?
- By whom?
- What are the implications or consequences of your decision?
- How will you judge the effectiveness of your decision?

Assess:
- What are your resources?
- What are your strengths?
- What skills and knowledge are required?
- What or who is available to assist you?

Application of Guidelines for Decision Making

Clarify what it is you are being asked to do:
- Gather facts that may influence the decision.
- Are there written policies and procedures available to describe how and under what conditions you will perform this task?
- Does the new responsibility require professional judgement or simply the acquisition of a new skill?
- Is this a new expectation for all RNs? LPNs? APRNs?
- Has this been done before by others in your unit or health care agency?
- Is it new to you?
- What about the other facilities in your community or region?
- What are the nurse manager’s expectations about you or other RNs, LPNs, APRNs, becoming responsible for this procedure?
- What is the legal status?
- Will there be an opportunity to help you attain the needed clinical competency?
- Who will be responsible for the initial supervision and evaluation of this newly performed task?
- Will you be given additional time to learn the skill if you need it?

Guidelines for Decision Making

The nurse is constantly involved in the decision-making and problem solving process, whether as a staff nurse or a manager, regardless of the practice setting. Although their perspectives are different the process is the same. The following steps are basic to the process.

Clarify:
- What is the problem or need?
- Who are the people involved in the decision?
- What is the decision to be made and (where setting or organization) will it take place?
- Why is the question being raised now?
- Has it been discussed previously?

Identify Options:
- What are possible solutions?
- What are the characteristics of an ideal solution?
- Is it feasible?
- What are the risks?
- What are the costs?
- Are they feasible?
- What are the implications of your decision?
- How serious are the consequences?

Point of Decision:
- What is the best decision?
- When should it be done?
- By whom?
- What are the implications or consequences of your decision?
- How will you judge the effectiveness of your decision?

Assess:
- Are you clinically competent to perform this procedure?
- Do you currently have the knowledge and skills to perform the procedure?
- Have you had experience in previous jobs with this procedure?
- Who is available to assist you who has that skill and knowledge?
- Is that person accessible to you?
- Do you believe you will be able to learn the new skill in the allotted time?
- How can you determine that you are practicing within your scope of nursing?
- What is the potential outcome for the patient if you do or do not perform the procedure?
- Identify options and implications of your decision. The options include:
  - The responsibility/task is not prohibited by the Nurse Practice Act.
  - If you believe that you can provide safe patient care based upon your current knowledge base, or with additional education and skill practice, you are ready to accept this new responsibility.
  - You will then be ethically and legally responsible for performing this new procedure at an acceptable level of competency.
  - If you believe you will be unable to perform the new task competently, then further discussion with the nurse manager is necessary.
  - At this point you may also ask to consult with the next level of management or nurse executive so that you can talk about the various perspectives of this issue.

It is important that you continue to assess whether this is an isolated situation just affecting you, or whether there are broader implications. In other words, is this procedure new to you, but nurses in other units or health care facilities with similar patient populations already are performing? To what do you relate your reluctance to accept this new responsibility? Is it a work load issue or is it a competency issue?

At this point, it is important for you to be aware of the legal rights of your employer. Even though you may have legitimate concerns for patient safety and your own legal accountability in providing competent care, your employer has the legal right to initiate employee disciplinary action, including termination, if you refuse to accept an assigned task. Therefore, it is important to continue to explore options in a positive manner, recognizing that both you and your employer share the responsibility for safe patient care. Be open to alternatives.

In addition, consider resources which you can use for additional information and support. These include your professional organization, both state and national, and various publications. The American Nurses Association Code for Nurses, standards on practice, and your employer’s policies and procedures manuals are valuable resources. The Nurse Practice Act serves as your guide for the legal definition of nursing and the parameters that indicate deviation from or violation of the law.

Point of decision: Implications.
- Your decision may be:
  - Accept the newly assigned task. You have now made an agreement with your employer to incorporate this new responsibility, under the conditions outlined in the procedure manual.
  - You are now legally accountable for its performance.
  - Agree to learn the new procedure according to the plans established by the employer for your education, skills practice and evaluation.
  - You will be responsible for letting your nurse manager know when you feel competent to perform this skill. Make sure that documentation is in your personnel file validating this additional education. If you do not believe you are competent enough to proceed after the initial inservice, then it is your responsibility to let the educator and nurse manager know you need more time. Together you can develop an action plan for gaining competency.
  - Refuse to accept the newly assigned task. You will need to document your concerns for patient safety as well as the process you use to inform your employer of your decisions. Keep a personal copy of this documentation and send a copy to the nurse executive. Courtesy requires you also send a copy to your nurse manager. When you refuse to accept the assigned task, be prepared to offer options such as transfer to another unit (if this new role is just for your unit) or perhaps a change in work assigned tasks with your colleagues. Keep in mind though, when you refuse an assignment you may face disciplinary action, so it is important that you be familiar with your employer’s grievance procedure.

For additional information on the Nurse Practice Act, Rules and Regulations, and Position Statements see the MSBN web page: http://pr.mo.gov/nursing.asp
Registered Nurse VI – Practice Administrator
Missouri Department of Economic Development
An Equal Opportunity Employer

CAREER OPPORTUNITY
Professional Registration – State Board of Nursing, Jefferson City
PAY RANGE: A30 $41,676 - $46,356

Responsibilities:
• Responds to inquiries about practice.
• Coordinates and administers research studies/activities.
• Monitors trends and issues that impact nursing practice.
• Drafts initial or revises practice-related position statements for review by the Board.
• Plans agenda, coordinates meetings, and staffs Board’s Practice Committee.
• Approves advanced practice registered nurse applications pursuant to statutes, rules and policies.
• Educates nurses and public about issues involving nursing practice.
• Reviews proposed legislation.

Qualifications:
• Three years of professional nursing experience and possession of a Master's Degree in Nursing from an accredited college or university.
  OR
• Four years of professional nursing experience and graduation from an accredited four-year college or university with a Bachelor's Degree in Nursing.
  OR
• One year of experience as a Registered Nurse V under the State of Missouri’s Uniform Classification and Pay System.
• Must have a current license to practice as a Registered Nurse in the State of Missouri at the time of appointment.

For a complete job description go to http://www.ded.mo.gov/cgi-bin/dedjobs.pl and select “Registered Nurse VI”

Send cover letter and resume to:
Missouri State Board of Nursing
Attn: Lori Scheldt
P.O. Box 656
Jefferson City, MO 65102
Fax: (573) 751-0075
EOE/F/M/V/D
Position open until filled
Discipline Corner

Missouri State Board of Nursing Discipline Committee Members

Charlotte York, LPN, Chairperson
Linda Conner, REN, RN
David Barrow, LPN
Cindy Suter, JD
Amanda Skagg, RNC, WHNP

Our office frequently receives questions from nurses and nurse employers inquiring as to what conduct may result in a violation of the Nursing Practice Act, Chapter 335, RSMo. As you know, the Nursing Practice Act sets forth various grounds for discipline, which are delineated into fifteen separate subsections in section 335.066.2 of the Nursing Practice Act. In order for you to develop a better understanding of what conduct constitutes a violation of the Nursing Practice Act, my next two articles will look at each subsection and explore what behaviors may fit into each provision.

The following format is what you see in our quarterly Newsletter: (name) Ima Nurse; (license number) mnpup00000; (violation) Section 335.066.2 (1), (2) and so on through (15) subsections; (effective date of probation) 0/0/0000 to 0/0/0000. My plan to focus on (1) through (6) of the 15 subsections in this article. After reading this article, you will have a better understanding of the grounds for discipline for a disciplined licensee. After having developed an increased understanding of each of the subsection numbers, you will be better able to understand the description of the violation, in particular the section that was violated.

Before discussing the fifteen grounds for discipline, it is important to have an understanding of the actual law, which is as follows:

The beginning paragraph, 335.066.1, indicates that the Board may refuse to issue a new approval, registration or authority, permit or license required pursuant to sections 335.011 to 335.096, any one or any combination of the following causes:"

(1) "Use or unlawful possession of any controlled substance, as defined in chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a licensee's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096.

As you can see, subsection (1) consists of three types of prohibited conduct that includes: (a) use of a controlled substance to the extent that such use impairs a licensee's ability to safely and competently practice as a nurse; (b) use of alcohol to the extent that such use impairs a licensee's ability to safely and competently practice as a nurse; and (c) unlawful possession of a controlled substance.

Below I have listed examples of conduct that would likely fall within the aforementioned category:

- Reporting to work after consuming your prescription medication that impairs your ability to perform your nursing activities.
- Consuming alcohol prior to or while on duty resulting in your ability to perform your nursing duties being impaired.
- Misappropriating medication from your employer or patient.
- Reporting to work after consuming a controlled substance for which you do not have a valid prescription (i.e., a friend or relative's prescription medication) that impairs your ability to perform your nursing duties.

Possessing a controlled substance without a valid prescription.

Consuming or possessing illegal street drug such as marijuana or cocaine.

Please note that when a licensee violates subsection (1), the licensee's conduct is also usually in violation of subsection (5)(12) and/or (14). To begin with, reporting to work in an impaired condition or misappropriating controlled substances is generally considered incompetency and may reach the level of misconduct or gross negligence depending on the seriousness of the conduct. In addition, being impaired while on duty is considered a violation of professional trust and confidence because licensees are expected by their employer, colleagues and patients to be safe and competent practitioners. Finally, any time a licensee unlawfully possesses a controlled substance, which also includes street drugs, without a valid prescription, the licensee's conduct is in violation of the drug laws that are set forth in Chapter 195, RSMo.

(2) "The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;"

Subsection (2) allows the Board to pursue discipline against a licensee who is found guilty, pleads guilty or pleads no contest to a crime that falls within one of the categories listed. First, crimes related to the functions, duties or qualifications of a nurse. Next, any crime such as murder or drugging creditors that includes fraud, dishonesty or violence as an essential element, regardless of whether the crime related to nursing practice is included in subsection (2). Finally, any crime that involves moral turpitude, again regardless of whether the crime relates to nursing practice, is covered by this subsection; moral turpitude is conduct that is contrary to the accepted rights and rules that people owe each other. Examples of a violation of (2) are as follows:

- patient abuse
- unlawful possession of a controlled substance
- murder, assault, stealing
- driving while intoxicated

(3) "Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to 335.096;"

Subsection (3) is violated if an applicant or a licensee provides false information on a licensure or renewal application. As a result, if the Board becomes aware that a licensee failed to disclose information such as discipline in another state, or has criminal convictions, the Board may pursue discipline.

(4) "Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;"

(5) "Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by sections 335.011 to 335.096;"

As you can see, subsection (5) consists of six types of conduct that are prohibited if the conduct occurs in the performance of the functions and duties of a nurse. Because each of the terms listed in subsection (5) has specific legal meaning, each term is set forth below. The examples listed, "

Discipline Corner cont. on pg. 17
Subsection (6) allows for discipline if a licensee violates any part of the Nursing Practice Act or the rules governing the practice of nursing. A violation of (6) usually occurs when a nurse practices on a lapsed license because an individual cannot practice or title as a nurse in Missouri without a license. The requirement for licensure is included in sections 335.016(6) and (10), 335.036, 335.076.3 and 335.086(3), RSMo.

Examples of violations of (6) are as follows:

• As a Supervisor, allowing a nurse to work with a lapsed license.
• Practicing beyond the 90 day exemption period.
• An LPN providing intravenous fluid treatment without proper certification in violation of 4 CSR 200-6.010.

I recommend that you become familiar with the Nursing Practice Act for the protection of the public and your license. My next article will address the remaining nine grounds for denial or discipline of a license.
Licensure Corner

Licensure Committee Members:
Kay Thurston, RN, Chair
Robin Vogt, PhD, RN, FNP-C
Charlotte York, LPN
Ten A Murray, PhD, RN

ON-LINE RENEWAL
Effective with the upcoming RN renewal phase you will be able to renew your RN license on-line. Renewal notices will be mailed February, 2005. Instructions on how to renew on-line will be provided with your renewal notice.

NAME AND ADDRESS CHANGES
To assure that your receive your renewal notice or other communications, please notify our office of any name and/or address changes prior to December 1, 2004. Name and address changes now require your signature to safeguard your pin number which will be needed for online renewal.

Methods of contacting our office are as follows:
• Fax: 573-571-6745 or 0075
• Mail: Completing the form provided in the Board’s newsletter or sending a written request.

WEB-SITE UPDATE
Our web-site has been updated to include discipline information when verifying a license via the web-site at http://or.mo.gov/nursing.asp.

LICENSE RENEW FOR DEPLOYED MILITARY PERSONNEL
State statute 41.950 states:
“1. Any resident of this state who is a member of the national guard or of any reserve component of the armed forces of the United States or who is a member of the United States Navy, the United States Air Force, the United States or who is a member of the United States Army, the United States Marine Corps, the United States Coast Guard or of any reserve component of the armed forces described in this section and who is engaged in the performance of active duty in the military service of the United States in a military conflict in which reserve components have been called to active duty under the authority of 10 U.S.C. 672(e) or 10 U.S.C. 673b or any such subsequent call or order by the President or Congress for any period of thirty days or more shall be relieved from certain provisions of state law, as follows:

(4) Any person enrolled by the supreme court of Missouri or licensed, registered or certified under chapter 168, 256, 293, 317, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 375, 640 or 644, RSMo, whose license, registration or certification expires while performing such military service, may renew such license, registration or certification within sixty days of completing such military service without penalty;”

A nurse is licensed under chapter 335. If a nurse does not renew his/her license due to deployment, the nurse may renew his/her license without penalty if the license is renewed within sixty days of completing military service. When the nurse returns from military service, we ask that the nurse provide evidence of their service (including dates) for verification that they meet this exemption.

VERIFY LICENSES AND CURRENT DISCIPLINE ONLINE
You can verify a nursing license at prmo.gov. Click on LICENSEE SEARCH. You can search by name or license number. The search results will show the licensee’s name, city, state, original issue date, expiration date and whether there is any discipline currently on the license.

WHAT IS PUBLIC INFORMATION?
In accordance with Section 620.010.14(7), RSMo, the only information regarding an applicant/licensee that is public includes:
• Name (including maiden name and previous names);
• Address;
• License type, license number, dates of issuance and expiration date;
• License status (i.e. current, inactive, lapsed, surrendered or no license issued);
• License certifications and dates (e.g. IV Certified); and
• Disciplinary action taken against a license (i.e. censure, probation, suspension, revocation).

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

Confidential information in an applicant/licensee’s file may only be released under the following circumstances:
• With the written authorization of the applicant/licensee;
• Through the course of voluntary interstate exchange of information with other boards of nursing;
• Pursuant to a court order; or
• To other administrative or law enforcement agencies acting within the scope of their statutory authority.

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

MISSOURI NURSING PRACTICE ACT available online
You may view the Missouri Nursing Practice Act (Statutes) from our website at prmo.gov or submit a request to purchase a bound copy for $5.00. The order form is available on our website.

COMMONLY ASKED Licensure QUESTIONS
Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?
Contact the Division of Aging at (573) 526-5866.
Where do I call to verify an Emergency Medical Technician (EMT)?
Contact the Bureau of Emergency Medical Services at (573) 731-6356.

What is the process for the Board to endorse my license to another state?
You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at http://www.ncsbn.org/public/regulation/boards_of_nursing.htm. At the time you apply for licensure in another state, that Board will give you a Nursys verification or you can

Licensure Corner cont. on pg. 20
Licensure Corner cont. from pg. 19

Graduate Nurse Practice

THE RULE
State Regulation 4 CSR 200-4.020 (3) reads: “A graduate of a nursing program may practice as a graduate nurse until s/he 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 qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

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

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

AFTER THE EXAMINATION
Graduates applying for an original license by exam 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 will be sent the results and a “pass” letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received 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 our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

ABOUT ORIENTATION
Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

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

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Date) [Print 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, date exam was taken, whether or not I took the exam and my exam results.

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

Applicant’s Signature ____________________________
Applicant’s Printed Name ____________________________
Applicant’s Social Security Number ____________________________

Fax to the Missouri State Board of Nursing at (573) 751-6745
How to Submit a Diversion Complaint

The Board receives numerous complaints each year pertaining to the theft and misappropriation of controlled medications. Unfortunately, theft of controlled medications and drug use is a major problem in the healthcare field. Illegal drug use and stealing medications pose a significant threat to public safety. Whether it’s for personal consumption or resale, this is a serious problem.

Due to the shortage of nurses, administrators are faced with the difficult task of maintaining adequate staff while ensuring patient safety by removing those nurses found to be diverting or using drugs while on duty. When diversion is detected and there is sufficient evidence of such, it is important to report it to the Board. Please note “sufficient evidence” is key.

To expound on what is meant by “sufficient evidence”, note that an investigation is a serious event and should only be opened appropriately and responsibly. Sufficient probable cause is required before the Board opens an investigation. The time that it takes for an investigation to be completed and the final decision rendered can be a stressful time for the nurse. To require adequate documentation and facts to justify opening an investigation is fair and responsible. When submitting any type of complaint against a licensee the complainant should be as detailed as possible. All cases are not created equal, meaning some are more serious than others. Therefore, details are very important.

Obtaining a controlled substance through fraud, deceit, misrepresentation, or subterfuge is a class D felony. If you have knowledge of someone diverting drugs and it falls under the above-mentioned criteria, notify your local police department of this crime.

The following information will give you an idea of what the Board needs for a well-prepared diversion complaint:

- Red Flags?
  - Describe to the Board what triggered a red flag to you. When diversion is suspected there should be something that grabs your attention and leads you to believe that this person is diverting drugs. The following are just a few examples of red flags.
  - The nurse makes numerous mistakes that are uncommon for someone with their experience.
  - There are excessive documentation errors involving controlled medications.
  - The nurse is withdrawing a disproportionate amount of controlled medications compared to other nurses assigned to the same patients.
  - The nurse is withdrawing medication for patients not assigned to him/her.
  - Patients are complaining of not receiving their controlled medications on this nurse’s shift.

- How was the Diversion Detected?
  - Whether it’s one of the items mentioned above or something different, please explain how the diversion was detected.
  - Documentation?
    - Include documentation that tracks the medication, such as the Pyxis printout, narcotics sheets and medication administration records. The Board realizes there is a concern as to what information can be released due to stringent HIPPA Laws. HIPPA allows covered entities to disclose protected health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations. HIPPA also allows covered entities to release de-identified information. De-identified means that all identifiers have been removed from the protected health information that could provide the identity of the patient.
  - Drug Screens?
    - Was there a urine drug screen performed? If so, please include the results of the drug screen when you submit your complaint.
  - Witnesses?
    - Did anyone witness the alleged diversion? If so, please submit the witness name and contact information.
  - Patient Harm?
    - Also, include if there was any patient harm involved. If so, please describe the event in detail.

There is one more thing to address pertaining to submitting a diversion complaint. On occasion we receive complaints from medical facilities that detected diversion by a nurse and initially decided to work with the nurse in lieu of termination. The facility will put systems in place to allow the nurse to continue to practice safely. Many times the nurse does not abide by these systems and they violate their agreement with the facility. The facility will then terminate the nurse and submit a complaint to the Board. This is required in most cases due to the mandatory reporting rule. This delayed reporting creates problems with our investigation.

It should be noted that when a facility reports a nurse for final disciplinary action, the report would probably result in an investigation. The point being is that we ask the facility to submit the documentation that outlines the initial conduct. Just sending in a vague blurb that says nurse Jane Doe was terminated for violation of the hospital’s return to work agreement is not sufficient. We will need to know the initial conduct, the circumstances that led up to the nurse’s detection and eventual termination. It is appropriate to include an internal investigation report completed by the facility with the complaint.

Including the information outlined above would enable the Board to process and expedite the completion of diversion complaints. The Board appreciates your cooperation in this matter.
Robin Vogt, PhD, RN, FNP-C, President of the Missouri State Board of Nursing has been re-appointed to the Practice, Regulation and Education (PRE) Committee. This charge of this committee is to:

• Continue to identify evidence-based indicators of nursing education programs, collaborating across professions and using the IOM guidelines for health professions education
• Conduct the Second Patient Safety Summit to be held in conjunction with the Citizens Advocacy Center
• Develop criteria for boards to use when approving nursing education programs, broadly looking across professions and incorporating the evidence-based indicators of nursing education programs that will be identified

Vogt, Murray and Scheidt Appointed to National Committees

Robin Vogt, PhD, RN, FNP-C, President of the Missouri State Board of Nursing has been re-appointed to the Practice, Regulation and Education (PRE) Committee. This charge of this committee is to:

• Develop a study to measure the outcomes of programs that transition nurses from education to practice, based on the effective transition models that were developed by PR&E Committee members in FY2003
• Review the actions and decisions at the Annual Meeting to determine if there are content implications for the models, and make recommendations to the Board of Directors
• Overseer the work of three subcommittees: Models Revision, International Nurse, and Delegation and Assistive Personnel

Teri Murray, PhD, RN, Secretary of the Missouri State Board of Nursing has been re-appointed to National Council of State Boards of Nursing’s Item Review Subcommittee. Her appointment is for a two-year term ending September 30, 2006.

The subcommittee will:
• evaluate all RN and PN pretest questions as well as all operational items;
• evaluate actual candidate examinations in relation to a variety of criteria;
• provide written reports to the Examination Committee at each business meeting; and
• may assist the Examination Committee by providing committee representation at item development meetings.

Lori Scheidt, Executive Director, as appointed to the Commitment to Ongoing Regulatory Excellence Advisory Panel (CORE). The committee will:
• Provide oversight of the performance measurement system;
• Refine performance measures;
• Modify and develop data collection tools; and
• Identify best practices.

The National Council of State Boards of Nursing, Inc., (National Council) is a not-for-profit organization whose membership is comprised of the boards of nursing in the 50 states, the District of Columbia, and five United States territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands.

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

The purpose of the National Council is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. The major functions of the National Council include developing the NCLEX-RN® and NCLEX-PN® examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to the licensure of nurses, conducting research pertinent to the National Council’s purpose, and serving as a forum for information exchange for National Council members.
Summary of Actions

September 2004 Board Meeting

Education Matters

Student Enrollment Increases
- Sanford Brown College, ADN Program, St. Charles, #17-421 – request to admit 90 students one year and 60 students the following year was approved.
- Maryville University of St. Louis, BSN Program, #17-501 – request to increase enrollment from 120 to 140 students per academic year was approved.
- Three Rivers Community College, ADN Program, #17-462 – request to increase enrollment from 30 per class to 60 per class was approved.

Proposals for New Programs/Tracks
- Penn Valley Community College, ADN Program – request to offer an evening-generic ADN track was approved.

Curricular Approvals
- Three Rivers Community College, ADN #17-462 – request to continue to teach an asynchronous course on the prelicensure RN program was approved.
- Programs

BSNs: Grant Funding Assistance to Become a Psych/Mental Health APN

Now Accepting Applications for January Classes!

The Workforce Development Board of Western Missouri, Inc. was awarded an H1B grant from the Department of Labor in October 2003. The grant is composed of four initiatives designed to alleviate the shortage of mental health professions in rural, west central Missouri. Serving as administrator and fiscal agent of the grant is the Workforce Development Board of Sedalia, Missouri. Local partners in the grant include: Royal Oaks Hospital & Clinics, Pathways Community Behavioral Health Services, Inc.; MU Behavioral Health Services; and educational institutions: Forest Institute of Professional Psychology, MU School of Medicine, Dept. of Psychiatry, and MU Sinclair School of Nursing.

Initiative number two is designed to provide the required education and clinical training to nurses with a Bachelors of Science in Nursing (BSN) that would permit them to obtain a Master’s degree as an Advanced Practice Nurse in Psych/Mental Health.

A limited number of nurses with a BSN will be educated to become Psych/Mental Health APNs to work in collaboration with psychiatrists to diagnose and prescribe medication to mental health patients. The UMC Sinclair School of Nursing will provide on-line training for those with a BSN to become eligible to sit for the Psych/Mental Health certification exam and be recognized as an APN in Missouri.

Participants will receive 42-45 online semester credits, 106 hours through the UMC Sinclair School of Nursing, as well as 500 hours of supervised clinical practicum. Participants must meet the requirements of Sinclair School of Nursing and successfully be chosen from the applicant and interview process relative to the grant.

The funds from the H1B grant and the matching contributions from the partners will defray the tuition fees of the selected applicants. All BSNs are eligible to apply. Applicants from the following 13 counties will have priority on acceptance: Pettis, Saline, St. Clair, Vernon, Bates, Chariton, Carroll, Lafayette, Johnson, Henry, Benton, Hickory, and Cedar. If you currently have your BSN and are interested in obtaining a Master’s degree through this grant, please notify Molly Bradley, H1B Grant Coordinator, at the Workforce Development Office by phone at 1-888-448-3722, or by email at mbradley@aidland.net.

Did You Change Your Name?

DID YOU CHANGE YOUR ADDRESS?

NAME AND ADDRESS CHANGE NOTICE

1. Is this a name change?  □ YES  □ NO
2. Is this a new address?  □ YES  □ NO

Missouri License Number

DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

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1. First and most importantly, ask yourself: Am I serious about earning my degree? Am I self-motivated? Independent study is not for everyone. You have to be serious about earning your degree. Am I self-motivated? Then independent study seems to have become so popular is the flexibility factor. A nurse’s work schedule can vary, and study-from-home options for academic support, such as an on staff nurse to answer the phone. They should also have trained nursing staff available to answer any questions. In addition, she continues to be active with the American Nurses Association. She has served on the North Carolina Board of Nursing. Ms. Johnson recently served on the Commission on the Crisis in Nursing.

2. Almost as important, ask for a list of contact information, keep shopping until you find one who will. This includes textbooks, workbooks, study guides and anything else that will help you study. The business of independent study for nursing, sometimes referred to as distance learning or home study, has exploded! This is due in part to the nursing shortage and the shortage of faculty to teach nursing, which has resulted in long waiting lists at nursing schools. Another reason independent study seems to have become so popular is the flexibility factor. A nurse’s work schedule can vary, and studying from home, without time restraints, can be an easier fit, especially for those who have families or other commitments.

Fully-accredited institutions set the academic standards for independent study for nursing. There are many institutions that advertise independent study degrees. There are also companies which offer materials that prepare you to pass the CLEP, DANTES and EC Exams. As with all resources, some companies are better than others. If you are an LPN who is considering earning your RN by studying independently, do your homework before you start studying. Ask the following questions to help you decide which company might be the best fit for you.

Editorial comment: Be aware that if the program has no official relationship to the institution, the materials may be of lower quality. Ask if the materials are of a higher standard and the company itself operates with reliability and integrity this can be verified by endorsements. Call the NFLPN and ask. You may reach them at 1-800-948-2511 or go to www.nflpn.org. Also, if you’re not already a member, consider joining the NFLPN or your state LPN association. These nursing associations are dedicated to supporting you...the nurse.

3. How is the company endorsed by the National Federation of LPNs or other LPN Associations? If the company’s study materials are a product of a higher standard and the company itself operates with reliability and integrity this can be verified by endorsements. Call the NFLPN and ask. You may reach them at 1-800-948-2511 or go to www.nflpn.org. Also, if you’re not already a member, consider joining the NFLPN or your state LPN association. These nursing associations are dedicated to supporting you...the nurse.

4. How are their study materials/workbooks produced and for which are they formatted: memorization or learning? Your study materials should be written and produced by nursing educators! This is crucial. You can’t learn nursing from a professional writer. The material format is important because while memorization is a significant component to passing tests, it’s not enough. It is more important that you learn and understand. In nursing, it is especially vital to not only know the answers…but also to know why the answers are correct, or more importantly...incorrect. Look for a company that offers more than just test preparation.

5. What information should I study and how much research is involved? There should be focus and direction in your study materials. You don’t want to waste your time with things you already know or information that is not required. You also don’t want to spend precious hours researching textbook after textbook, trying to determine what is required information. Study the appropriate content, as well as direction to exactly where to find it is vital. This can save you a substantial amount of time while maintaining accuracy and integrity of the knowledge acquired. The materials should direct you to precisely what to study and specifically where to find it.

6. How many practice questions are supplied and in what format? There are generally between 150 to 200 multiple choice questions on every exam. The practice questions offered should be similar in both quantity and format.

7. What kind of guidance and support does the company offer? The company should provide you with step by step information on what to do and when to do it, preferably in writing. They should offer various options for academic support, such as an on staff nurse educator or consulting professor, not just anyone who happens to answer the phone. They should also have trained professionals to offer assistance, guidance and encouragement.

8. Ask for the exact amount you will be investing in your degree. This should include all fees for: study materials, college enrollment, testing fees, clinical evaluation fees and graduation fees. Even ask about shipping costs. If the company cannot give you an exact amount, to the penny, shop around until you find one who will. *Keep in mind that no company can control a change in the college’s fees.

9. Know in advance if all study materials needed to successfully prepare for and pass your exams are supplied. This includes textbooks, workbooks, study guides and videos. There should be no surprise “recommended resources” which can drastically alter the price you’ve been quoted.

10. Do they offer a money back guarantee? This one is simple. If the company doesn’t believe in their product...how can you?

The nursing shortage affects everyone, just as education benefits everyone. Independent study is a viable and convenient educational option for the busy, hardworking nurse. Research the companies first and when you find one that successfully answers all of these questions...Get started!
Moberly Area Community College Receives Grant for Rural Disadvantaged Nursing Students

Moberly Area Community College in Moberly, MO has received a $376,161.00 grant entitled Culture for Nursing Success: a Model for Disadvantaged Students from the U.S. Department of Health and Human Services, Health Resources and Services Administration.

The grant, which began in July of 2004, will be distributed to MACC over a three-year period.

MACC Director of Allied Health Ruth Jones says that this is an exciting time not only for MACC, but also for Moberly Regional Medical Center in Moberly, Audrain Medical Center in Mexico, and Loch Haven Nursing Home in Macon. “These institutions will serve as Health Care Partners in this project. This unique project links a rural college associate degree nursing program with a professional nursing organization to increase the diversity and cultural sensitivity of nurses in rural Missouri.”

Three area high schools will each link with registered nurses from a local health care institution and nursing students from MACC to form support cohorts that encourage successful nursing careers. Activities include a Nursing Career Club with a Culture of Success theme and a summer Nursing Careers Academy.

The registered nurses and nursing students receive mentor and leadership training, including preparation for working with rural disadvantaged and/or minority students through the Missouri Leadership Council for Nursing Students (a project of the Missouri League for Nursing). Projects related to this training will occur at three partnering high schools: Moberly, Regional Medical Center in Moberly, Audrain Medical Center in Mexico, and Loch Haven Nursing Home in Macon. “These institutions will serve as Health Care Partners in this project.”

This unique project links a rural college associate degree nursing program with a professional nursing organization to increase the diversity and cultural sensitivity of nurses in rural Missouri.

MACC will provide student tutors for the rural disadvantaged and/or minority nursing students and continued support while in nursing school.

The grant also provides the opportunity for professional nurses and nursing students from MACC to form support cohorts that encourage successful nursing careers. Activities include a Nursing Career Club with a Culture of Success theme and a summer Nursing Careers Academy.

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DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.099 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

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

INITIAL PROBATIONARY LICENSE

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

Name | License Number | Violation | Effective Date of Censured License
--- | --- | --- | ---
Tracy Lee Divoviddle | RN20040426161 | Section 335.066.1 and .2(2), RSMo 2000 On 2/8/00, Licensee pled guilty to stealing. On 11/1/00, Licensee pled guilty to assault. On 11/6/00, Licensee pled guilty to two counts of passing a bad check. | 8/9/2004 to 8/9/2007
Cherish J Patterson | PN1999135116 | Section 335.066.1 and .2(2), RSMo 2000 On 3/1/03, Licensee pled guilty to stealing and hindering prosecution. | 6/21/2004 to 6/21/2007
Donald Duane Wheeler | RN20040426162 | Section 335.066.1 and .2(1), (5), (8), (12), and (14), RSMo 2000 On 7/10/00, licensee’s Missouri registered professional nursing license was revoked by the Board. Cause for discipline was predicated on the following facts: In September 1997, an investigation was conducted by the Director of Nursing, which indicated that licensee was responsible for withdrawal of excessive amounts of Morphine, a Schedule I controlled substance. Licensee admitted to the misappropriation of Morphine for his personal consumption and agreed to enter a treatment program for addiction. In April of 1998, Licensee relapsed on Morphine which he misappropriated from the facility for his personal consumption. | 8/10/2004 to 8/10/2008

CENSURED LIST

Name | License Number | Violation | Effective Date of Censured License
--- | --- | --- | ---
Janice A Baier | RN1360395 | Section 335.066.2(5), (12), and (14), RSMo 2000 On 1/31/03, Licensee failed to conduct a patient's accucheck as required and fraudulently documented performing the accucheck and recorded the level at 148. | Censure 7/10/2004
Kari A Gray | RN20020223768 | Section 335.066.2(5) and (12), RSMo 2000 On 12/1/01, Licensee assessed the resident but failed to document findings and notified the resident’s physician regarding the changed condition of the resident’s hip. | Censure 7/10/2004
Robin Patrice Harper | PN2001026719 | Section 335.066.2(5) and (12), RSMo 2000 On 12/1/01, Licensee assessed the resident but failed to document findings and notified the resident’s physician regarding the changed condition of the resident’s hip. | Censure 7/10/2004
Amelia H Holmes | RN1312392 | Section 335.066.2(5), (6), (12), and (14), RSMo 2000 On 8/30/03, Licensee wrote a prescription for Ambien 5mg on a prescription form belonging to the clinic. Ambien is a schedule IV controlled substance. | Censure 8/11/2004
Jessica A. Kirk | PN054573 | Section 335.066.2(5), (6), and (12), RSMo 2000 From 6/1/02 to 6/12/03, Licensee practiced as a licensed practical nurse on a lapsed license. | Censure 7/10/2004
Melissa R Mitchell | PN035480 | Section 335.066.2(5) and (12), RSMo 2000 On 5/21/02, Licensee was working in the dining room when a male patient, who is developmentally and mentally disabled, became agitated and began exposing himself to the female staff and acting aggressively toward another resident. Licensee, in order to re-direct the patient’s behavior, banded a belt at the patient. | Censure 6/17/2004
Catherine Renee Noler | RN073191 | Section 335.066.2(5), (6), and (12), RSMo 2000 From 7/1/02 through 1/7/04, Licensee practiced as an advanced practice nurse without recognition from the Missouri State Board of Nursing. | Censure 9/14/2004

New NCLEX-PN® Test Plan Effective April 2005

Chicago, IL. The National Council of State Boards of Nursing (NCSBN) met at its August 2004 Delegate Assembly and adopted changes to the NCLEX-PN® Test Plan. This plan is used to construct each administration of the NCLEX-PN® examination, and is reviewed by NCSBN’s Examination Committee on a triennial basis. The revised test plan and was presented to the member boards of nursing at this Delegate Assembly for adoption. The Examination Committee determines changes in the test plan, after reviewing the 2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice (Smith & Crawford, 2003). The committee recommended changes in the structure and content distribution for the NCLEX-PN® Test Plan, and incorporated enhancements to improve readability and clarity to the NCLEX-PN® Test Plan document. Other sources used included empirical evidence from job incumbents, professional judgment of the committee, NCSBN legal counsel review, feedback from the 60 member boards of nursing, as well as other stakeholder comments. This feedback also supports the adoption of the 2005 NCLEX-PN® Test Plan recommendations. The revisions to the test plan will be effective beginning April 2005. Test plans will be available for purchase from NCSBN and may be accessed for no charge from the NCSBN web site this fall at www.ncsbn.org. For specific information regarding the test plan, please contact Anne Wendt, Associate Director, Testing-Content Management at 312-525-3616 or awendt@ncsbn.org.
**PROBATION LIST**

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<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Probation</th>
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<tbody>
<tr>
<td>Deana P Adams</td>
<td>RN142884</td>
<td>Section 335.066.2(1) and (14), RSMo 2000 On 1/15/03, Licensee submitted to a urine drug screen which tested positive for methamphetamines.</td>
<td>Probation 8/11/2004 to 8/11/2007</td>
</tr>
<tr>
<td>David G Bay</td>
<td>PN045459</td>
<td>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 On 11/19/01, Licensee pled guilty to two counts of stealing a controlled substance, a Class C felony; On 10/23/02, Licensee pled guilty to possession of a controlled substance, a Class C felony; possession of drug paraphernalia, a Class A misdemeanor; and DWI, a Class B misdemeanor. On 10/23/02, Licensee pled guilty to two counts of possession of a controlled substance, a felony.</td>
<td>Probation 7/26/2004 to 7/26/2007</td>
</tr>
<tr>
<td>Cheryl Jean Buser</td>
<td>RN200120077901</td>
<td>Sections 335.066.2(1) and (14), RSMo 2000 On 9/30/03, Licensee submitted to a pre-employment urine drug screen which was positive for the presence of Marijuana.</td>
<td>Probation 8/10/2004 to 8/10/2005</td>
</tr>
<tr>
<td>Ellen Kay Carpenter</td>
<td>RN096705</td>
<td>Section 335.066.2(5), (6), (12), and (14), RSMo 2000 On 8/1/02, Licensee wrote a prescription for Risperdal, 300mg, on a prescription form belonging to her employer.</td>
<td>Probation 8/10/2004 to 9/11/2004</td>
</tr>
<tr>
<td>Susan L Crayton</td>
<td>RN114582</td>
<td>Section 62.153, RSMo 2000 Mendelson v. State Bd. of Registration for the Healing Arts, 3 S.W.2d 783 (Mo. banc 1999). Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.</td>
<td>Probation 7/26/2004 to 7/26/2007</td>
</tr>
<tr>
<td>Cynthia Lynn Dowell</td>
<td>PN2000149770</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 On 8/1/02, Licensee pled guilty to three counts of supplying intoxicating liquor to a minor. On 4/26/02, Licensee pled guilty to assault in the third degree.</td>
<td>Probation 8/26/2004 to 8/26/2005</td>
</tr>
<tr>
<td>Juanita V Etter</td>
<td>PN030956</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 On 8/1/02, Licensee was notified of a medical emergency on the ball field. Specifically, inmate N.R. suffered a displaced fracture of his left leg. Licensee failed to assess N.R.’s medical emergency.</td>
<td>Probation 7/16/2004 to 7/16/2005</td>
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Probation List continued on page 28
### Probation List continued from page 27

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<tbody>
<tr>
<td>Lorna A Ford</td>
<td>PN035631</td>
<td>Section 355.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>Probation 6/17/2004 to 6/17/2007</td>
</tr>
<tr>
<td>Christina M Glavender</td>
<td>RN149706</td>
<td>Section 355.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>Probation 7/1/2004 to 7/1/2006</td>
</tr>
<tr>
<td>Shawn Glass</td>
<td>PN2000169778</td>
<td>Section 355.066.2(1) and (14), RSMo 2000</td>
<td>Probation 7/10/2004 to 7/10/2005</td>
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<tr>
<td>George M Loubinski</td>
<td>RN2000130703</td>
<td>Section 355.066.2(5) and (12), RSMo 2000</td>
<td>Probation 9/10/2006 to 9/10/2006</td>
</tr>
<tr>
<td>Connie L Long</td>
<td>RN1232345</td>
<td>Section 355.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>Probation 7/16/2004 to 7/16/2009</td>
</tr>
<tr>
<td>Adrianne L Miller</td>
<td>RN139326</td>
<td>Section 355.066.2(5) and (12), RSMo 2000</td>
<td>Probation 9/2/2004 to 9/2/2005</td>
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<tr>
<td>Bobbi L Mulkins</td>
<td>RN140703</td>
<td>Section 355.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>Probation 6/17/2004 to 6/17/2007</td>
</tr>
<tr>
<td>Kimberly D Schrader</td>
<td>PN037249</td>
<td>Section 355.066.2(2), RSMo</td>
<td>Probation 7/3/2004 to 7/3/2005</td>
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</table>

### Nurse Regulators Meet for 2004 NCSBN Annual Meeting

Chicago, IL. The National Council of State Boards of Nursing (NCSBN) met August 3-6, in Kansas City, Missouri, to consider pertinent association business with its member boards of nursing. Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing, presided at the meeting.

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

- Election of new NCSBN officers and directors-at-large to the Board of Directors.
- Adoption of the new NCLEX-PN test plan for licensed practical and vocational nurses.
- Adoption of the revised NCSBN Model Nursing Practice Act and Model Administrative Rules for use by member boards of nursing.
- Resolution that NCSBN and its member boards support the necessity for inclusion of planned, structured, and supervised clinical instruction as an essential to nursing education for nurses at all points in their careers. The concept of clinical competence will be referred to NCSBN’s Practice, Regulation and Education standing committee for the development of a formal position statement.
- Adoption of the NCSBN publication entitled “Minimal Data Set for the Evaluation of International Nurses,” for use by regulators and organizations who evaluate the credentials of internationally-educated nurses for purposes of meeting state and national regulations for initial licensure and endorsement.

Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing thanked the participants for a very successful meeting and commented that the board of directors looks forward to working with member boards and external groups throughout the year on these and other matters of mutual concern. "I am continually amazed at the quality of work the boards of nursing complete for NCSBN and the citizens of their respective jurisdictions,” she noted. "I look forward to the 2005 NCSBN Delegate Assembly, where we hope to host all 60 of the member boards of nursing in Washington, D.C. to continue the work of NCSBN.”

NCSBN will meet again August 2-5, 2005, in Washington, D.C. for its annual Delegate Assembly.

### Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.
### Probation List continued from page 28

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin Sue Aumiller</td>
<td>RN096255</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 On 4/19/04 at 9 p.m., Licensee</td>
<td>Probation 6/19/2004 to 6/19/2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>examined inmate W.F. in the medical unit with complaints of belching, chest</td>
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<td>pain, and abdominal discomfort. Licensee determined that W.F. was</td>
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<td></td>
<td></td>
<td>suffering from indigestion and treated him according to department</td>
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<td>protocol. On 4/19/04, Licensee did not respond to a declared medical</td>
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<td>emergency of an inmate after being notified on 2 occasions at 12:15 a.m.</td>
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<td></td>
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<td>and 12:30 a.m. by the corrections officer that the patient was</td>
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<td></td>
<td></td>
<td>experiencing chest and arm pain. At 6 a.m., W.F. was found in</td>
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<td></td>
<td></td>
<td>cardiopulmonary arrest.</td>
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</tr>
<tr>
<td>Catherine Ann Stephenson</td>
<td>RN100044</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 On 7/26/03, Licensee</td>
<td>Probation 8/24/2004 to 8/24/2005</td>
</tr>
<tr>
<td></td>
<td></td>
<td>administered Stadol and Phenergan to an O.B patient without consultation</td>
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<td></td>
<td></td>
<td>or authorization from a physician.</td>
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<tr>
<td></td>
<td></td>
<td>Section 335.066.2(8), RSMo 2000 On 4/16/03, Kansas State Board of Nursing</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>entered a Default Order revoking Licensee's license for acts of professional</td>
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<tr>
<td></td>
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<td>incompetence. On 7/30/03, as a result of the disciplinary action taken by</td>
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<tr>
<td></td>
<td></td>
<td>the Kansas State Board of Nursing, Oklahoma Board of Nursing issued an</td>
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<td></td>
<td></td>
<td>Order revoking Licensee's license for one year.</td>
<td></td>
</tr>
<tr>
<td>Connie I Williams</td>
<td>RN096355</td>
<td>Section 335.066.2(1), (5), (12), and (14) RSMo 2000 From 11/2/01 through</td>
<td>Probation 7/31/2004 to 7/31/2008</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/2/2002, Licensee misappropriated Demerol for her personal consumption.</td>
<td></td>
</tr>
</tbody>
</table>

### Suspension/Probation List

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Suspension/Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin Sue Aumiller</td>
<td>RN127542</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On numerous occasions</td>
<td>Suspension 9/4/2004 to 9/4/2005</td>
</tr>
<tr>
<td></td>
<td></td>
<td>in July 2003, while on duty Licensee misappropriated Demerol for her</td>
<td>Probation 9/5/2005 to 9/5/2005</td>
</tr>
<tr>
<td></td>
<td></td>
<td>personal consumption.</td>
<td></td>
</tr>
<tr>
<td>Jeannie M Crase</td>
<td>RN122091</td>
<td>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 5/31/02 and 6/19/02,</td>
<td>Suspension 7/26/2004 to 7/26/2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Licensee failed to chart the administration and/or wastage of 20 doses</td>
<td>Probation 7/27/2007 to 7/27/2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of Morphine, 28 doses of Demerol, and 25 doses of Ativan. Licensee</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>misappropriated the controlled substances for her personal consumption.</td>
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<td></td>
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<td>and consumed cocaine resulting in a positive drug screen, which also</td>
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<td></td>
<td></td>
<td>violated the terms of her disciplinary agreement.</td>
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<tr>
<td></td>
<td></td>
<td>after turning the ventriculostomy stopcock to closed to read the intra-</td>
<td>Probation 7/27/2006 to 7/27/2009</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cranial pressure, failed to open it again for drainage. The line became</td>
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<td></td>
<td></td>
<td>clogged which Licensee failed to respond to and document. Licensee also</td>
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<td></td>
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<td>administered 25,000 units of heparin in 250 mls of 150W instead of the</td>
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<tr>
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<td>1000 units of heparin in 500 cc of normal saline as ordered. On 11/26/01,</td>
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<tr>
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<td>when a resident would not swallow medication, Licensee forcibly held</td>
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<td></td>
<td></td>
<td>the resident’s nostrils shut and poured water in his mouth until the</td>
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<tr>
<td></td>
<td></td>
<td>resident had to swallow it.</td>
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</tr>
</tbody>
</table>
### REVOCATION LIST

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Revocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janetta Ruth Austin</td>
<td>RN2000160125</td>
<td>Section 620.153, RSMo 2000. Mendellsohn v. State Bd. of Registration for the Healing Arts, 3 S. W. 3d 783 (Mo. banc 1999). Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.</td>
<td>Revoked 7/26/2004</td>
</tr>
<tr>
<td>Margaret E Caruthers</td>
<td>PN052408</td>
<td>Section 620.153, RSMo 2000. Mendellsohn v. State Bd. of Registration for the Healing Arts, 3 S. W. 3d 783 (Mo. banc 1999). Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.</td>
<td>Revoked 7/28/2004</td>
</tr>
<tr>
<td>Crouts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeanine M Crader</td>
<td>RN128330</td>
<td>Section 335.066.2(1) and (14), RSMo 2000 On 6/23/03, Licensee submitted to a drug screen which tested positive for the presence of cocaine; which also violated the terms of her disciplinary agreement.</td>
<td>Revoked 7/28/2004</td>
</tr>
<tr>
<td>St Peters, MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beverly A Morrison</td>
<td>RN040439</td>
<td>Revoked due to 324.010, RSMo If such licensee is delinquent on any state taxes or has failed to file state income tax returns in the last three years, the director shall then send notice to each such entity and licensee. In the case of such delinquency or failure to file, the licensee's license shall be revoked within ninety days after notice of such delinquency or failure to file.</td>
<td>Revoked 6/29/2004</td>
</tr>
<tr>
<td>Daillyn L Pavia</td>
<td>RN128073</td>
<td>Section 335.066.2 On 12/1/03, Licensee pled guilty to voluntary manslaughter.</td>
<td>Revoked 7/29/2004</td>
</tr>
<tr>
<td>Troy, MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeffrey Michael</td>
<td>PN1999137676</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of his disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.</td>
<td>Revoked 7/28/2004</td>
</tr>
<tr>
<td>Starvon</td>
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</tr>
</tbody>
</table>

### VOLUNTARY SURRENDER*

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Effective Date of Voluntary Surrender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madeline R Webb-Bahn</td>
<td>PN053317</td>
<td>6/25/2004</td>
</tr>
<tr>
<td>Saint Peters, MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christopher T Campbell</td>
<td>RN116321</td>
<td>6/25/2004</td>
</tr>
<tr>
<td>Kansas City, MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connie D Canoed</td>
<td>PN055116</td>
<td>9/7/2004</td>
</tr>
<tr>
<td>Mount Vernon, MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gregory E Frost</td>
<td>RN1353217</td>
<td>9/7/2004</td>
</tr>
<tr>
<td>Lake Mary, FL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carla M Gamble</td>
<td>RN095596</td>
<td>9/7/2004</td>
</tr>
<tr>
<td>Independence, MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denise L Graves</td>
<td>RN124599</td>
<td>6/24/2004</td>
</tr>
<tr>
<td>Macon, MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary E Kieffer</td>
<td>RN055394</td>
<td>9/7/2004</td>
</tr>
<tr>
<td>Columbia, MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judith L Kobel</td>
<td>PN023747</td>
<td>6/19/2004</td>
</tr>
<tr>
<td>Kansas City, MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeffrey L Richardson</td>
<td>RN106582</td>
<td>9/8/2004</td>
</tr>
<tr>
<td>Lees Summit, MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sonja R Stacer</td>
<td>PN0343268</td>
<td>9/7/2004</td>
</tr>
<tr>
<td>Toneyville, MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheri L Wood</td>
<td>RN138774</td>
<td>9/7/2004</td>
</tr>
<tr>
<td>Kansas City, MO</td>
<td></td>
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<tr>
<td>*Surrender is not considered a disciplinary action under current statutes.</td>
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</tr>
</tbody>
</table>