Message From the President

THANK YOU
I wanted to take this opportunity to thank all the nurses who have signed up to be a volunteer in the LEAD-R system thus far. We are excited about the response. We still have a few kinks to work out operationally such as, if you’ve already renewed, AT THIS TIME, you are unable to go back on-line and volunteer. We are working on this and should have it resolved soon. The intent is to allow you to go on-line and update information as needed. Like many things that are implemented, problems arise when you test the system and we have found a few that we plan to fix. So, if you want to volunteer later, after you have renewed, you will have that opportunity when this issue is resolved.

I also want to thank everyone for their support during my tenure as President. It has been both an honor and privilege to serve in this position. I have been on the Board for eight years now and will be leaving this year. I will end my position as President at the June Board meeting. This has been one of the most professionally rewarding experiences in my life and I have learned so much.

Thank you to the other Board members. They have

Executive Director Report

There’s a new look to nursing licenses. The new license looks similar to a credit card, is harder to alter, lasts longer than a paper license and uses magnetic stripe technology.

Your license number, name, profession, and expiration date is encoded in the magnetic strip on the back of the license. Eventually employers will be able to swipe your card to get your information in order to track expiration dates of licensed professionals and it is being used to verify credentials for those that register for the Licensed Professionals Emergency and Disaster Registry (LEAD-R). The credit card type license is now standard issue for new nursing licenses and will slowly replace the old paper license through the normal renewal process.

The credit card type license is the only license you will receive. You do need to sign the back of your license card upon receipt.

You should always keep your license in a secure location and immediately report a lost or stolen card to our office in writing.

The face of the card includes a statement, A PHOTOCOPY OF THIS CARD IS NOT VALID AS PROOF OF LICENSURE. This means that an employer should never accept a COPY of the license as proof of licensure. The employer should always view the original license. Some employers are in the habit of placing a copy of the license in the nurse’s personnel file. We do not recommend this practice. The employer should view the original license and then go online at http://prmo.gov and use the LICENSE SEARCH to verify the license. You can print the license verification from the license search web site and put that in the nurse’s personnel file. You should not make a copy of the license and put it in the nurse’s personnel file.

We hope you are as proud of the new licenses as we are.

President’s Message cont. on pg. 5

LEGISLATIVE UPDATE
By the time you receive this newsletter, the legislative session will have ended. The session ended on May 13, 2005. There were a number of proposals related to nursing this year.

SB 90 would allow APRNs to prescribe schedule II-V controlled substances if so delegated in the collaborative practice agreement. On March 2, 2005, a Senate Committee Substitute was voted do pass out of the Senate Aging, Families, Mental & Public Health Committee.

HB 85 would create immunity from certain civil liabilities for health care professionals who are deployed to provide care during a state of emergency. It also requires the Department of Health and Senior Services and the Division of Professional Registration to release contact information and licensure or certification information relating to health care professionals to state, local, and private agencies to facilitate their deployment. On March 15, 2005, a house committee substitute was passed out of the House Judiciary Committee.

HB 556 would enact the Nurse Licensure Compact. On March 30, 2005 it was heard in the House Professional Registration & Licensing Committee.

HB 397 would add certified nurse practitioners to the list of health care providers authorized to issue a physician’s statement for the purpose of obtaining a disabled license plate. This bill has passed out of the house and has been referred to a Senate committee.

HB 550 would create licensing provisions for certain clinical lab workers and establish the Clinical Laboratory Emergencies in my life and I have learned so much.

Thank you to the other Board members. They have
The Nursing Newsletter is published quarterly by the Missouri State Board of Nursing of the Division of Professional Registration of the Department of Economic Development. Providers offering educational programs advertised in the Newsletter should be contacted directly and not the Missouri State Board of Nursing.

Advertising is not solicited nor endorsed by the Missouri State Board of Nursing.

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IMPORTANT TELEPHONE NUMBERS

<table>
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<tr>
<th>Department</th>
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<tr>
<td>Department of Health &amp; Senior Services</td>
<td>573-526-5686</td>
</tr>
<tr>
<td>Missouri State Association for Licensed Practical Nurses (MoSALPN)</td>
<td>573-636-5659</td>
</tr>
<tr>
<td>Missouri Nurses Association (MONA)</td>
<td>573-636-4623</td>
</tr>
<tr>
<td>Missouri League for Nursing (MLN)</td>
<td>573-635-5355</td>
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<tr>
<td>Missouri Hospital Association (MHA)</td>
<td>573-893-3700</td>
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SCHEDULE OF BOARD MEETING DATES THROUGH 2005

June 8-10, 2005       June 7-9, 2006
September 28-30, 2005 September 6-8, 2006
December 7-9, 2005    December 6-8, 2006
March 1-3, 2006

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

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

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of May 3, 2005

<table>
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<tr>
<th>Profession</th>
<th>Number</th>
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<tr>
<td>Licensed Practical Nurse</td>
<td>22,317</td>
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<tr>
<td>Registered Professional Nurse</td>
<td>77,472</td>
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<tr>
<td>Total</td>
<td>99,789</td>
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</table>

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

Christopher Holman
Mary Mackey
Robin Hynre
William Myers
Julie Smith
Melissa Smith
David Bay
Aprelle Holbrook

If anyone has knowledge of their whereabouts, please contact Cindy at 573-751-0070 or send an email to nursing@pr.mo.gov
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. Kay Thurston, RN from Dexter, Missouri was interviewed for this article.

Q – What is something that you have learned that you did not expect to as a result of your experience on the Board?
A – As a working RN, I feel a kindred spirit with my fellow professionals. The responsibility of protecting the people of Missouri and to my nursing associates required a deeper commitment than I originally anticipated.

Q – How would you describe your experience as a Board member?
A – Very time consuming, a huge commitment, but worth every minute.

Q – What would you tell someone interested in becoming a Board member?
A – You need to be open to differing ideas and have a strong commitment.

Q – How have you made a difference to the profession of nursing?
A – I think one of the greatest contributions a nurse can make is to encourage others to seek a career in nursing. Just as I was encouraged by a well-respected neighbor in the small rural town I grew up in, I would like to encourage others to seek nursing as a career. My neighbor was a wonderful role model to me and at one point in my career I even had the opportunity to work with her as my supervisor.

The majority of my career has been in the areas of Intensive Care and working in the Emergency Room. I have taken care of critically ill patients and have had close contact with both the patient and their families at the most stressful times in their lives. To be compassionate and supportive to both the patient and their families is what nursing is all about.

For the past four years my focus has been on Women’s Health issues. I work for Womancare, a mammography center. Where we teach women methods of self breast exams to detect breast cancer and the importance of not only being a care taker for others but to be diligent in taking care of their own health. We also arrange “Reach for Recovery” visits so women may ask questions concerning breast cancer from a breast cancer survivor. I also facilitate our Breast Cancer support group.

Caring for both the patients and their families, encouraging others to choose nursing as a career and teaching patients to take care of their own health are some of the ways I have made a difference to the profession of nursing.

Q – What changes have occurred during your tenure as a Board member?
A – When I began my term with the Board of Nursing, we were facing many challenges including personnel issues, a nursing shortage, increased complaints against nurses and knuer budgets. I have worked hard to assist in selecting new management, decreasing operational cost and decreasing complaints in improving investigation timeliness.

Q – What have you contributed as a member of the Board?
A – During my time as a Board member we have instituted online renewals for ease and convenience in renewing your license, implemented the use of plastic credit card type licenses and have been instrumental in developing the LEAD-R program where Nurses can sign up to be part of the volunteers needed in times of disaster or emergencies. This system, tied to our licensure database, helps ensure qualified people are serving at the disaster/emergency sites.

Q – What is something that you have learned that you did not expect to as a result of your experience on the Board?
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Caring for both the patients and their families, encouraging others to choose nursing as a career and teaching patients to take care of their own health are some of the ways I have made a difference to the profession of nursing.

A – A – Interacting with the countless number of patients and their families which I have had the opportunity to meet and provide care.
Q – Q – To provide care.
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been awesome to work with. As President, a leader is only as good as those who support you in the position and I couldn’t ask for more support from any of them than I have had. Having term limits is important so new ideas can be explored as nursing continues to evolve. Remember the Board members are working individuals who do understand the problems we all face everyday. They hold full-time jobs and volunteer their time to serve on the Board.

The Board staff deserve a standing ovation for all the hard work they do. Many times I hear “it’s their job” but I want you to know they all go above and beyond their jobs. Thanks to Lori Scheidt, our Executive Director, who is left to implement all our ideas and decisions. It’s not an easy task but she very willingly takes the challenge and forge ahead. We are very lucky to have the leadership and vision she has. It’s been refreshing to have someone who is willing to step out of the box and try new ideas. There have been things that haven’t gone so well, but if you never fail then you usually have never tried.

I want to thank my employers at Royal Oaks Hospital, Jon Bair and Al Greimann for all their support in my position on the Board. I don’t think a lot of people realize the commitment required to be an effective Board member. They have always been supportive in my need to be gone and have graciously provided coverage for my responsibilities in my many absences.

And last, but certainly not least, thank YOU for your commitment to our profession in this difficult time. You are what makes nursing the most trusted profession again this year. That is something we should all be very proud of!!

I will miss my activity and involvement on the Board, but am looking forward to some time to do some other things. My family has been very supportive and understanding when we’ve had to rearrange plans because of my responsibilities in my many absences.

We are pleased to announce that Board President, Robin Vogt, PhD, RN, FNP-C was a contributor to the 3rd edition of the textbook, Advancing Your Career: Concepts of Professional Nursing by Rose Kearney-Nunnery, RN, PhD. The textbook is designed to provide the practicing nurse with the concepts required to advance to the next level of professional practice. Dr. Vogt was the contributing author of a new chapter in the book titled, “Protecting the Populace”. The chapter includes expanded coverage on community health issues including chemical and biologic terrorism with information on the various methods and agents along with issues and protections in different bioterrorism threat situations. The book is published by F.A. Davis Company.

**Former Board Member and Longtime Health Leader ‘Pat’ Versluis Dies at 62**

It is with sadness that we report that former Board Member, Patricia ‘Pat’ Versluis, Neosho, died on March 20, 2005 after a long battle with breast cancer. As stated in her obituary in the Neosho Daily News, Pat’s “professional career of giving and caring as a registered nurse” began in 1963. She also “gave of her self unselfishly to many organizations” including the American Heart Association, the American Red Cross, as well as many other boards and committees. In 1997, Pat was especially honored to be appointed by the Governor to the Board of Nursing. Pat’s contributions to the Board during her 4 years of dedicated and selfless service were many and varied. She played a major role in seeing the Board through difficult budget and management transitions. She served as President for one year and Secretary for two years. Her contributions to the Board of Nursing and the nursing profession will not be forgotten. Our sympathies to her family and friends are heartfelt as we know she will be sorely missed.

**Board President is Contributing Author to Textbook!**

We are pleased to announce that Board President, Robin Vogt, PhD, RN, FNP-C was a contributor to the 3rd edition of the textbook, Advancing Your Career: Concepts of Professional Nursing by Rose Kearney-Nunnery, RN, PhD. The textbook is designed to provide the practicing nurse with the concepts required to advance to the next level of professional practice. Dr. Vogt was the contributing author of a new chapter in the book titled, “Protecting the Populace”. The chapter includes expanded coverage on community health issues including chemical and biologic terrorism with information on the various methods and agents along with issues and protections in different bioterrorism threat situations. The book is published by F.A. Davis Company.
Committee. HB 620 would prohibit a physician to whom a patient is referred for diagnosis by another physician from delaying the diagnosis until Monday, March 16, 2005, this bill was heard in the House Health Care Policy Committee.

HB 785 would require that a complaint against a nurse be expunged after three months if the Board of Health Nursing takes no action on the complaint. This bill has been com-

HB 802 would establish nurse-to-patient ratios for hos-

tutes disciplinary matters. Some states have verbal non-


18. Several traveling and recruiting organizations

Additional organizations have expressed interest and are in the process of granting the NLC their formal sup-

Additionally, we noted that the first responsibility of Boards of Nursing is to the public who receives nursing care. We believe that, through the nurse licensure compac-

Please do your own research on this important issue.

Visit the National Council of State Board’s. Nursing web site at www.ncsbn.org and click on Nurse Licensure Compact.

The compact does not change the fact that states have begin to simplify processes and remove government barriers to access to safe nursing care while maintaining state-based authority.

Some Final Thoughts

Eighteen states have adopted the compact and 10 are pursuing the compact in their current legislative session. For those states that have adopted the compact, the follow-

Some states have been pleased with the NLC and no seri-

whenever a law is proposed as an interstate compact,

Fact: Article II of the compact expressly states that the nurse must comply with the state practice laws in each state they practice. Article III of the compact, defines state practice laws as, “those individual party’s state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline.”

The compact establishes the procedure for handling a complaint received against a nurse. It is important to note that each state’s current disciplinary procedures remain in effect.

Specifically review, section a of Article V, “For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine approp-

Fact: Article VI outlines the procedure for handling a complaint received against a nurse. It is important to note that each state’s current disciplinary procedures remain in effect. Specifically review, section a of Article V, “For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action” and section b—“The home state may take adverse action based on the fact that a report of the remote state, so long as each state follows its own procedures for imposing such adverse action.”

MONA/ANA concerns are if you live in one state yet prac-

NURSE LICENSURE COMPACT – HB 556

The Missouri Nurses Association (MONA) has dis-

The compact as provided under standard principles of contract law.

1999, we were one of the first states to adopt this compact.

Texas has been very pleased with the NLC and no seri-

One law is proposed as an interstate compact, every state has to pass identical language or the compact doesn’t work.

Fact: Article II outlines the procedure for handling a complaint received against a nurse. It is important to note that each state’s current disciplinary procedures remain in effect. All boards of nursing are mandated by law and committed to providing fair and objective resolution of disciplinary cases. Article V states, “the home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.”

The Missouri Nurses Association (MONA) has dis-

The Texas Occupations Code, Chapter 304 contains the Nurse Licensure Compact (NLC) in 1999, we were one of the first states to adopt this compact. Stakeholders here in Texas wished to create a “Sunset” provision which would allow an evaluation period to determine the effectiveness of the Compact for our state. The Texas Occupations Code, Chapter 304 contains the Nurse Licensure Compact (http://www.bne.state.tx.us/inps/ htmlN002).

Fact: We asked Kathy Tomasz, Executive Director of the Board of Nurse Examiners for the State of Texas to comment on that rumor. This is her response, “When Texas passed the Nurse Licensure Compact (NLC) in 1999, we were one of the first states to adopt this compact. Stakeholders here in Texas wished to create a “Sunset” provision which would allow an evaluation period to determine the effectiveness of the Compact for our state. The Texas Occupations Code, Chapter 304 contains the Nurse Licensure Compact (http://www.bne.state.tx.us/inps/ htmlN002).

Texas has been very pleased with the NLC and no seri-

Whenever a law is proposed as an interstate compact, every state has to pass identical language or the compact doesn’t work.

Fact: Article III indicates that you must obtain a license in your state of residence.

Fact: Article III of the compact expressly states that the nurse must comply with the state practice laws in each state they practice. Article III of the compact, defines state practice laws as, “those individual party’s state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline.”

Precise Definitions: MONA/ANA are concerned with the precise definition of the term nurse.

Fact: Nurse is defined by each state that is in the com-

Nurse is defined by each state that is in the com-

All states have verbal non-

The compact does not change the fact that states have different types of disciplinary actions. Article V outlines the procedure for handling a complaint received against a nurse. It is important to note that each state’s current disciplinary procedures remain in effect. All boards of nursing are mandated by law and committed to providing fair and objective resolution of disciplinary cases. Article V states, “the home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.”

Fact: Article V outlines the procedure for handling a complaint received against a nurse. It is important to note that each state’s current disciplinary procedures remain in effect. For those states that have adopted the compact, the following outcomes have been accomplished.

• Articulation of the authority to practice for many nurses currently engaged in telemedical or interstate practice.

• Greater mobility for nurses.

• Improved access to licensed nurses during a disaster or other time of great need for qualified nursing services.

• Most importantly, improved access to nursing care.

Compact endorsements and those who have expressed nurse licensure compact (NLC) support to date:

1. Missouri Association of Licensed Practical Nurses (MOSALPN)

2. Missouri Correctional Nurses Association

3. Missouri Hospital Association (MHA)

4. Missouri League for Nursing (MLN)

5. Missouri Organization of Nurse Leaders (MONL)

6. Several state nurses associations (including AR, DE, IA, ID, MD, NE, NC, NJ, TX, and UT)

7. Air & Surface Transport Nurses Association (ASTNA)

8. American Nephrology Nurses’ Association’s (ANNA)

9. American Organization of Nurse Executives (AONE)

10. American Association of Occupational Health Nurses (AAOHN)

11. American Association of Poison Control Centers, Inc (AAPCC)

12. Center for Telemedicine Law

13. Citizen Advocacy Center (CAC)

14. Correctional Medical Services

15. Several state hospital associations


17. Telehealth Leadership Council

18. Several traveling and recruiting organizations

19. Additional organizations have expressed interest and are in the process of granting the NLC their formal support.

• PAGE 6 • MISSOURI STATE BOARD OF NURSING  May, June, July 2005

Director Report cont. from pg.1

A document has been distributed that indicates the Missouri State Board of Nursing is proposing a second license to regulate Advanced Practice Registered Nurses (APRNs).

Fact: The Board amended the language to clarify that the intent of the bill is not to create a second license. The new section reads, “Once an applicant is issued an APRN license, the licensee shall not be required to maintain a separate current RN license. We have also heard that some believe they would have to reapply for a RN license if they dropped their APRN status and wanted to revert back to a RN license only. This is not true, the APRN would only have to notify our office in writing to remove the APRN designation.

The compact as provided under standard principles of contract law.

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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

Scholarships Awarded
The Arthur L. Davis Publishing Agency, Inc. contributed a $1000 scholarship award for nursing education to be given in 2004. This is the third year that the publishing agency has made this contribution available to nursing students enrolled in programs in Missouri. The Missouri State Board of Nursing delegated the responsibility of selecting the recipients to the Education Committee.

The Education Committee followed the same procedure as in previous years and awarded $500 each to one professional and one practical nursing student. All approved nursing programs in the state were sent information regarding the scholarship and the criteria for nomination. Each program could nominate one qualified candidate. One of the stipulations was that the nursing student planned to work in Missouri after graduation. The Board received seven nominations for students in professional nursing programs and seven for students in practical nursing programs. The members of the Education Committee reviewed the nominations and recommended their selection to the Full Board. The selections were approved at the Board of Nursing meeting held December 8-10, 2004. The recipients are just now being recognized as the Board awaited their consent to tell their stories.

The recipients are Melinda Harmon who attends the baccalaureate in nursing program at Missouri Southern State University in Joplin and Shanna Horstmann, a practical nursing student at Washington School of Practical Nursing in Washington.

Melinda Harmon will graduate in May, 2005 with a BSN from Missouri Southern State University-Joplin. She plans to work in an acute care setting in the Joplin area. Melinda says that she knew as a child that she wanted a career in the medical field after her mother was diagnosed with systemic lupus erythematosus (SLE), a chronic, inflammatory disease. As Melinda learned more about SLE, she decided to major in biology. She states that she loved biology but also wanted to do something that involved the more individualized/personal aspect of an illness. She decided that being a nurse rather than a doctor would give her a greater impact in improving a patient’s quality of life and that providing hope was an essential component. To quote from Melinda’s essay: "It was my belief at the time that a few simple interventions could provide hope, such as a smile and a touch of the hand, paying attention to what a individual needs, instead of what others think they need; making sure they don’t feel that they are simply a room number or a disease, but they are individuals with individual needs; educating them so that they may find something they can do for themselves, instead of helplessly standing by, while doctors try to figure out what to do for them. Although I now know that the field of nursing involves a great deal more than simple interventions, I have recently seen nurses provide this type of care for my mother, and I believe she has more hope now than she has had in years and even though her disease is still there, her quality of life will improve.” One of Melinda’s nursing professors stated that Melinda strives to achieve mastery in nursing both theoretically and clinically and that Melinda is enthusiastic, caring, proactive, intelligent and well liked by patients, peers and faculty.

Shanna Horstmann is a practical nursing student at the Washington School of Practical Nursing and will graduate in August, 2005. Shanna currently works as a Certified Nursing Assistant in Owensville. She states that her relationship with her grandfather as he experienced numerous health problems inspired her to become a nurse. In 1989, Shanna was only four years old when her 41 year old grandfather was the recipient of the second heart transplant performed at the University of Missouri-Columbia but she states that she remembers that day. Over the next several years, her grandfather was in and out of the hospital numerous times for treatment for lymphoma. In 1995, he began kidney dialysis three times a week and Shanna would often sit with him for the four hour treatment. Her grandfather had a kidney transplant in 1998. However, the cancer previously treated returned and her grandfather passed away in February, 2000 at the age of 51. In her essay, she states that her grandfather told her “Shanna, I hope you find an interest someday in the medical field and become a doctor and fix me.” She states she shared with him how she wanted to become a nurse and promised him that she would pursue that dream. She states “At that time, I knew that I could not help him but I knew that I would get the opportunity someday to help others.” The acting administrator for the practical nursing program stated that Shanna is eager and motivated to seek learning opportunities, demonstrates confidence in her actions, works cooperatively with others, and shows leadership qualities. Shanna plans to continue to work in long term care after graduation.

The Education Committee members commented as to the worthiness and qualifications of all nominees so the decision was not an easy one to make. Therefore, the Board recognizes all the students nominated by listing their names and the nursing program in which each is enrolled.

Professional Nursing Student Award:
Recipient: Melinda Harmon
Missouri Southern State University-Joplin

Nominees:
Tina Bolm
Afton Common
Rebecca Corppe
Sarah Martens
Jennifer Moore
Jennifer Mudd

Recipient:
Melinda Harmon
Missouri Southern State University-Joplin

Practical Nursing Student Award:
Recipient: Shanna Horstmann
Washington School of Practical Nursing, Washington

Nominees:
Lori Dickey
Chavanna Johnson
Mavis Jackson
Madge McDonald
Patti Mihalewich
Crystal Watkins

Recipient:
Shanna Horstmann
Washington School of Practical Nursing, Washington

Minimum Standards Task Force
The Task Force assembled to review the Minimum Standards for Approved Programs of Professional and Practical Nursing has been meeting about once a month over the past year and is nearing the completion of the first phase of their work. The Minimum Standards are the Missouri State Board of Nursing rules which address all aspects of a nursing program and with which every nursing program is to comply. Proposed revisions must be published in the Missouri Register and be available for public comment and those comments must be reviewed so there is still much work to be done to complete the process. You will be kept informed as to the progress being made to accomplish this task.
Missouri State Board of Nursing Practice Committee

Members

Linda Conner BSN, RN, Chair
David Burrow, LPN
Amanda Skaggs, RNC, WHNP
Robin Vogt PhD, RN, FNP-C

I would like to introduce myself; I started on February 1, 2005 with the State Board of Nursing as the Practice Administrator. I have a BSN from Northeast Missouri State University and have practiced as a RN for over 16 years. I completed my Masters in Business Administration at William Woods University in August of 2004.

In the short time I have been employed with the Missouri State Board of Nursing (MSBN) I have met the staff and Board members that represent the MSBN and have found them to be knowledgeable and enjoyable to work with. I have also learned a tremendous amount about the licensing process in Missouri.

One of the most surprising happenings that I have observed is the misunderstanding of the renewal of the “Document of Recognition” for the Advanced Practice Registered Nurses (APRN). My impression is that the misunderstanding occurs when the APRN renews their certification with the national certifying body they assume that the information is forwarded to the MSBN by the certifying body or by their employer or that by renewing certification their “Document of Recognition” expiration date is extended. None of these assumptions are true. The APRN must take the responsibility for renewing their “Document of Recognition” themselves and send the information to the MSBN. This is completed by submitting evidence of certification to Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or fax to (573) 751-0075. Include your full name, Missouri RN license number, and a daytime telephone number. There is no fee as long as recognition with the Missouri State Board of Nursing has not lapsed.

When the APRN allows their recognition with the MSBN to lapse and they continue to practice they are then eligible to have a complaint filed against their license due to tainting, designating or representing oneself, and practicing as an APRN without Document of Recognition which can lead to disciplinary action by the Board of Nursing. Other consequences are the request by third party payers to return fees (often in the tens of thousands of dollars) received during the time of the lapse, and the necessity to stop practicing immediately upon discovery of the lapse thus losing the income that would have been generated at that time.

The Board is attempting to eliminate this problem with a current legislative proposal that includes language that would require the APRN to have one license with one expiration date instead of one license and one recognition with separate expiration dates. The license would state that the nurse can practice as a RN or APRN. We will let you know when that legislation passes so until then please be sure to send your recertification information to us.

I have also been reading a lot on the duties and definition of a Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS). The National Council of State Boards of Nursing (NCSBN) is planning a national study to identify the current activities, knowledge, skills and abilities essential for the delivery of safe and effective care by the NP and CNS. The results of this study will help the state boards in making decisions regarding the regulation of NP and CNS. The expected time frame for this study is early September 2005.

The website is http://pr.mo.gov/nursing. Some of the other links that I have explored and found to be of interest are the Frequently Asked Questions (FAQ), Advanced Practice, and Focus on Practice.

Another activity at the office is the phone calls on practice questions. The questions related to employer policies (staff ratio, absenteeism) do not fall under the Board’s regulatory scope. If the question is related to a skill that a nurse wishes to perform or has been requested to perform a wonderful place to go is the website and the Decision Making Tool. It is a step by step diagram to help you decide if you can perform a skill. The Decision Making Tool is a guideline found under the Advanced Practice or the Focus on Practice links.

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We feel it is important for you to participate in this study which will be available through the Internet. I will keep you updated as I find out more information on it.

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Investigations Corner

The Board’s Investigative Powers

I have been employed with the Board for over two years now and during that time period, I have reviewed a plethora of complaints. Some of those complaints requested the Board to look into incidents that fall outside of our jurisdiction. I think there is misconception of the Board’s investigative powers. Such as, what incidents fall under the authority of law enforcement and what incidents fall under the Board’s jurisdiction.

The Board of Nursing is not a law enforcement agency. We do not conduct criminal investigations that result in the prosecution of nurses. We have no powers of arrest and we cannot detain anyone against their will. For that reason, the initial reporting of criminal offenses should be made to law enforcement, not the Board of Nursing. After final adjudication the conviction information can be forwarded to the Board and processed as a complaint. The Board will work with law enforcement until the final disposition of the case.

Section 335.066 subsection #2 of the fifteen causes for discipline states that the Board may cause a complaint to be filed against a licensee who has been finally adjudicated and found guilty or entered into a plea of guilty of 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 profession pursuant to sections 335.011 to 335.096 for any offense and essential element that is considered fraud, dishonesty or an act of moral turpitude.

Another example of when the Board and Law Enforcement may be contacted simultaneously is when a nurse is accused of stealing controlled medications from his/her employer. The theft of controlled medications is not only a violation of the Nurse Practice Act, it is also a class D felony. Due to the fact the diversion occurs while the nurse is acting in his/her official licensed capacity, the incident falls under the Board’s jurisdiction. In some cases the employer will also contact Law Enforcement when the theft of narcotics occurs.

When the Board receives a complaint alleging the theft of narcotics, the Board will proceed independently of Law Enforcement and conduct its own investigation. After the Board has completed its investigation, the report will then be reviewed and the Board will determine if there is a violation of the Nurse Practice Act as they would in any other case. Law Enforcement will proceed with their investigation to determine if probable cause exists for a criminal case.

The final disposition of the criminal case may also be used as additional information for the Board’s investigation. However, in most cases it is not required for the Board to make their final decision.

After reading this article, I hope the above information will give the public and licensees a better understanding of what the Board’s investigative powers are.

When learning of an incident that is criminal and a nurse is involved, the initial response is to report it to the Board. That is a normal response considering that nurses are held to a high standard and the Board regulates nurses. When a nurse commits an offense against the public and she is not working as a nurse, she is a private citizen at that time. Only law enforcement has jurisdiction over private citizens. Therefore, most conduct occurring off duty falls under the jurisdiction of law enforcement. When a nurse commits an offense while he/she is working as a nurse and criminal charges are filed, the Board will work with law enforcement until the final disposition of the case.

In other words, if a nurse is charged with a crime, it is not a violation of the Nurse Practice Act until the case has been finally adjudicated and the nurse has been found guilty or entered a plea of guilty. In some extreme cases when the allegation is directly related to nursing, the Board will open a case and take whatever action deemed necessary in those rare situations to protect the public.

The Board cannot instantly suspend or revoke a license on charges of criminal behavior. Just like the justice system, administratively a nurse has the right to due process. Consequently, just reporting to the Board that a nurse was charged with a crime is not immediate grounds for removal from practice.

There are some situations when the Board and Law Enforcement should be notified.

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Licensure Corner

Missouri State Board of Nursing
Licensure Committee Members:
Kay Thurston, ADN, RN, Chair
Robin Vogt, PhD, RN, FNP-C
Charlotte York, LPN
Teni A. Murray, PhD, RN

Online Renewals Are a Success
Beginning February 1, 2005, RNs had the option to renew their license online. We mailed over 79,000 renewal notices. As of March 17, 2005, about 18% of the RNs had renewed online and about 32% have renewed by paper. Many nurses are discovering that they get a quicker turn around time if they renew online.

Note: You will not be able to renew online after April 30, 2005. To expedite your renewal you may want to visit our office at 3605 Missouri Blvd, Jefferson City MO.

Registered Professional Nurse Licenses Expired
April 30, 2005:
Registered Professional Nurse Licenses expired on April 30, 2005. If a nurse does not renew prior to April 30, 2005, the nurse must cease practicing immediately and submit the following:
• Current renewal notice with the $80.00 renewal fee by close of business on May 31, 2005.
• Effective June 1, 2005 those who do not renew will be considered lapsed. To reinstate their license, the RN will need to submit the following:
  • A RN Petition for Renewal; and
  • The current renewal fee and the $50.00 penalty fee ($130 total).
If a RN continues to practice nursing after June 30, 2005, s/he need to cease practicing immediately and provide the following in addition to the RN Petition for Renewal and appropriate fee: a notarized statement and a statement from his/her employer.

The nurse’s notarized statement must include the following information:
• How the nurse discovered that his/her license was not current;
• Date the nurse discovered his/her license was not current;
• Date the nurse notified his/her employer that s/he could not practice nursing;
• Date the nurse ceased nursing practice; and,
• Confirmation that s/he will not resume employment in a nursing position until his/her license is renewed.

Readers Needed for the NCLEX® Examinations
Since April 1, 1994, NCLEX® examinations have been administered in professional testing centers.

The Board of Nursing and Pearson Vue are developing a pool of examination readers to help candidates with documented disabilities who need reading assistance. Readers serve on an “as needed” basis.

If you are a retired nursing faculty member, past Board member, faculty or student in a graduate program, or a currently licensed nurse, you might qualify to be a NCLEX® examination reader. Being an examination reader gives you the opportunity to earn extra money, enhance your resume, and make a meaningful contribution to the nursing profession!

Readers must meet the following criteria:
• Be a licensed nurse,
• Live near Jefferson City, Kansas City, St. Louis, or Springfield.
• Have the ability to distinctly read aloud and accurately pronounce medical terminology

If you are interested in being a reader or know of another individual that meets the above criteria that may interested, please contact Kathy Tucker at the Missouri State Board of Nursing, (573) 751-0081 or email kathy.tucker@pr.mo.gov for more information. Readers are paid an honorarium by Pearson Vue.

Top Five Reasons To Request A Name and/or Address Change:
#1 – You are required to by rule 4 CSR 200-4-020 (14) (B) (1), and (2) in the Nurse Practice Act (page 50).
#2 – You will have the capability to renew online. Your address must match the address you have on your credit card billing address.
#3 – You will receive notification if your license is in danger of being suspended due to House Bill 600.
#4 – You will receive current correspondence from this office.
#5 – You will receive our quarterly newsletter.

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

House Bill 600 Suspensions FYI

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law by the Governor on July 1, 2003.

NOTE: If you are not sure you are in compliance with the Department of Revenue, contact them at 573-751-7200.

Did You Know?
1) Listed below are the top five states for which Missouri provided license verifications:
#1 Illinois 237
#2 California 65
#3 Florida 55
#4 Colorado 41
#5 Kansas 34

2) Registered Professional Nurses Licensed in Missouri from July 1, 2003 to June 30, 2004:
Endorsement 1,408
NCLEX Examination 1,934
Foreign graduates 124

3) Licensed Practical Nurses license in Missouri from July 1, 2003 to June 30, 2004:
Endorsement 269
NCLEX Examination 1,110
Foreign graduates 5

4) License Renewal for Deported 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 Army, the United States Navy, the United States Air Force, the United States Marine Corps, the United States Coast Guard or an officer of the United States Public Health Service detailed by proper authority for duty with any branch of the United States 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. 673(b) 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, 289, 317, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 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 http://pr.mo.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.
“Under Construction” –
Alternative to Discipline Program

1. “Let’s Build”

The members of the Missouri State Board of Nursing have made the decision to proceed with the development of an alternative to discipline program. The development of this program is in its infancy and will be operative when all of the necessary components are in place.

An alternative to discipline program is not a new concept. According to the National Council of State Boards of Nursing, there are already forty Boards of Nursing that have non-disciplinary programs for nurses who are chemically dependent.

I believe that the implementation of such a program will enhance the mission of the Missouri State Board of Nursing which is “to protect the public by development and enforcement of state laws governing the safe practice of nursing.”

You may ask, how an alternative to discipline program could enhance protection of the public. I believe that the enhancement comes from there being an increased number of nurses, whom either by self report or referral will voluntarily enter the program, receive treatment and enter recovery, thereby resulting in safer practitioners; if not for the existence of an alternative program, these nurses might never have the opportunity to enter recovery and be a safer practitioner.

2. “Selecting the Floor Plan”

Currently, the Board is discussing what the alternative program should “look like.” These discussions include issues such as: what are the objectives of the program; eligibility and ineligibility for entry into the program and many other pieces that are necessary to develop an alternative program while continuing to protect the public.

3. “Laying a Foundation”

In order to establish an alternative program, the Board must first pass legislation revising section 335.036 to vest in the Board the authority to create an alternative program. The program cannot go forward without statutory authority.

4. “Building the House”

Regulations and rules will be promulgated by the Board of nursing to implement the authority of the statutes. The rules and regulations will be utilized in providing the framework of the alternative program.

5. “Moving In”

A previous NCSBN Project Proposal noted that chemical dependency is a particular risk for nurses because of: “high levels of job-related stress; an emphasis placed on drugs as valuable tools of the trade; high levels of knowledge regarding drugs; the tendency to self-medicate; the tendency to assume that signs of trouble will be easily identified; and access to controlled substances.”

Additional areas of commonalities in the chemically dependent nurse that I have noted as discipline administrator are as follows:

- Initial exposure to a controlled substance may occur through being prescribed controlled substances to manage the pain from acute injuries and escalate to abuse of the drug, then to addiction
- Having ongoing chronic conditions where pain is a component and treatment success and patient compliance is not closely monitored; e.g. migraines, chronic back pain etc
- Life circumstances are chaotic (family, work, legal and interpersonal)
- Isolative behaviors that increase as the shame, guilt and fear escalate
- Positive genetic background
- Self medicating emotional or physical pain, and mood and/or mental disorders
- Naivety evidenced by thinking “it could never happen to me”

In closing, I believe that many professionals will come forward and “move in” to face their demons and enter recovery with the fear of punitive actions and public exposure being removed.

The Board welcomes your comments; just e-mail them to nurses@pr.mo.gov and in the subject area write, diversion program.

Discipline Corner

Authored by Liz Cardwell, RN, M.Ed.
Discipline Administrator
Missouri State Board of Nursing
Discipline Committee Members
Charlotte York, LPN, Chair
Linda Conner, BSN, RN
David Barrow, LPN
Cindy Suter, JD
Amanda Skaggs, RNC, WHNP

Cardwell

MISSOURI STATE BOARD OF NURSING • PAGE 11 •
Missouri Leads Efforts to Implement Online Emergency Response Registry

The Missouri State Board of Nursing is leading a national effort to create and implement state-based, online systems of qualified, licensed professionals who are willing to volunteer in the event of a disaster or other emergency situation.

The state’s Board of Nursing partnered with the Missouri Department of Health and Senior Services to develop and implement a state-based system for establishing and verifying the qualifications of licensed professionals willing to volunteer during a state of emergency. This system, funded by a federal grant from the U.S. Department of Health and Human Services, is called the Licensed-Professionals Emergency and Disaster Registry (LEAD-R).

“Missouri healthcare professionals are generally known to selflessly volunteer their time and expertise at healthcare facilities or disaster sites in an emergency situation,” said Robin Vogt, president of the Missouri State Board of Nursing. “However, the identity and licensure of these individuals must be verified before they can help.

“The new LEAD-R will provide a critically important and efficient information system that allows healthcare facilities to pre-register volunteer healthcare personnel and verify their identity and credentials in the face of an unexpected disaster.”

The LEAD-R will serve as an official registry of professionals who are willing to volunteer services whenever the governor or legislature declares a state of emergency. If an emergency situation arises, a query can be run on the new system to identify the appropriate emergency respondents by proximity and credentials.

“Only designated individuals who are responsible for activating and utilizing the system will be able to query the system and activate volunteers,” explained Lori Scheidt, executive director of the Missouri State Board of Nursing. “We are currently working with the Department of Health on the operational aspects of the activation.”

When a licensed professional is activated, he or she will be required to provide a photo ID and a new license card to check into the emergency staging area. The receiving entity will be able to simply swipe the license card to validate information with the LEAD-R system. The system’s software will also enable the incident commander to evaluate who is on-site so he or she can make assignments based on each volunteer’s area of expertise.

Each licensee will be assigned a unique PIN number corresponding with the new system. The first set of PIN numbers were issued to registered nurses with their license renewal notices, which were mailed at the beginning of the month. The number will not only allow licensees to sign up for the LEAD-R system if they choose, but it will also allow them to renew their license online and update their information at any time.

The Missouri State Board of Nursing is a board within the Department of Economic Development’s Division of Professional Registration. The Nursing Board governs and regulates the profession of licensed nurses, sets standards for the approval of nursing schools in Missouri, determines the scope of practice of licensed nurses, and defines who may use the title of registered nurse (RN), advanced practice registered nurse (APRN), licensed practical nurse (LPN) within the State of Missouri. The state has approximately 80,000 licensed RNs, 5,000 APRNs, and 22,000 LPNs functioning in a variety of health care settings.
Maryland, Maine Senators Receive National Nursing Alliance’s First-Ever Public Service Award

Chicago – The National Council of State Boards of Nursing (NCSBN) is extremely proud to be one of the many nursing organizations to honor U.S. Senator Barbara Mikulski (D-MD) and U.S. Senator Susan Collins (R-ME) with the first-ever Americans for Nursing Shortage Relief (ANSR) Public Service Award for their successful efforts to increase funding for nursing programs necessary to reverse the nursing shortage. Numerous representatives of ANSR including NCSBN presented the Awards at a reception on Capitol Hill on Tuesday, March 1, 2005. The ANSR Alliance is composed of 50 nursing organizations that collectively represent nearly all of the Nation’s 2.7 million nurses. ANSR’s goal is to work with the Congress to implement a comprehensive set of initiatives to increase the nursing workforce.

The nursing shortage is one of the most serious public health issues facing the United States today. The critical shortage of licensed nurses arises out of a multitude of variables: an aging population with extended longevity but requiring more specialized care; a nursing workforce which primarily consists of baby boomers who are quickly approaching retirement age; and a diminishing supply of nursing students to make up the disparity. The shortage also extends to nursing faculty – many nursing schools do not have enough faculty to teach young people interested in a career in nursing. Recently, President Bush requested $150 million for Nursing Workforce Development Programs in Fiscal Year 2006. That request represents a $674,000 decrease from Fiscal Year 2005. The President also proposed cutting $15 million for Advanced Nursing Education.

Senators Mikulski and Collins have been the driving force behind significant increases in the Title VIII Nursing Workforce Development Programs. Funding for Title VIII increased from $93 million in FY2003 to $151 million in FY2005, thanks to their efforts. These programs provide funds for nursing education and other programs crucial to stemming the nursing shortage.

Myra Broadway, Executive Director of the Maine State Board of Nursing and Board Member of NCSBN, remarks, “Senator Collins serves as a shining example of what a today’s advocate should be. She has worked with her fellow senators, and crossed party lines to garner support, and more importantly, to secure key votes.”

Senators Mikulski and Collins were recognized as true champions for nursing and for safeguarding the public health. They helped increase funding for nursing workforce development programs over the last three funding cycles and were instrumental in steering the Nurse Reinvestment Act through the Senate in 2002.

NCSBN President and Maryland Board of Nursing Executive Director, Donna Dorsey, noted that Senator Mikulski continues to be one of the leading supporters of nursing in Maryland and on Capitol Hill. “I am honored to recognize Senator Mikulski for this ANSR Alliance award on behalf of NCSBN,” she said.

For questions related to the ANSR Alliance, please contact Gretchen Wright at 202.371.1999.

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

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

Jointly Prepared by the Commission on Graduates of Foreign Nursing Schools (CGFNS) and the National Council of State Boards of Nursing (NCSBN)

Chicago - The final rule implementing Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996 became effective on September 23, 2003. This rule requires that Canadian nurses entering the United States to work under Trade NAFTA or applying for a temporary or permanent occupational visa must obtain a VisaScreen™ Certificate. To date, CGFNS is the only recognized entity to provide such services by the U.S. federal government. The final rule allowed for a transition period that ended on July 25, 2004 during which the Canadian nurse had to obtain the VisaScreen. However, the Department of Homeland Security has provided an extension of that deadline for health professionals working under Trade NAFTA who were employed and licensed in the U.S. prior to September 23, 2003. The new deadline for healthcare professionals who qualify is July 26, 2005.

Here are the VisaScreen requirements applicable to foreign nurses:

- If licensed by endorsement in a U.S. state or territory then general nursing school transcripts and valid and unencumbered foreign and U.S. licenses must be submitted by the foreign institution to CGFNS. Passing scores in oral and written English exams (such as IELTS or TOEIC) must also be submitted, unless the general nursing education was obtained in a professional school located in Australia, Canada (except Quebec), Ireland, New Zealand, Trinidad, Tobago (in limited circumstances), the United Kingdom, or the U.S.

- If licensed by endorsement in a U.S. state or territory without passage of the NCLEX®, examination, then the temporary foreign nurse must, in addition to the above requirements, pass either the NCLEX or the CGFNS Qualifying Exam.

Canadian nurses interested in applying for the CGFNS Qualifying Exam may do so online at http://www.cgfns.org/

NCSBN will grant qualified candidates eligibility to take the NCLEX® examination to help satisfy the VisaScreen requirements through September 30, 2005. If currently licensed by a state or territorial board of nursing, candidates may choose to apply to either NCSBN at http://www.ncsbn.org/testing/indexorvisascreen.asp or to one of the following boards of nursing: Arkansas, Connecticut, Maine, Maryland, Minnesota, North Carolina, New Hampshire or the Virgin Islands. For more information on registering with a state board of nursing to take the NCLEX examination, contact any of the above states through the link: http://www.ncsbn.org/regulation/boards/boards_of_nursing_board.asp. This is for immigration purposes only, and applicants seeking a state or territorial license should contact the board of nursing in the state they intend to work in for the jurisdiction’s specific licensure requirements.

A VisaScreen™ Certificate is issued after a complete evaluation of the nurse’s credentials to verify that he or she meets the minimum federal requirements. The International Commission on Healthcare Professions (ICHP), a division of CGFNS, administers this screening process. The VisaScreen program consists of the following parts:

- A credentials review of the nurse’s entire professional education. Federal law requires that educational documents be sent to CGFNS directly from the nursing school.
- A validation of all registration/licensure that the nurse held and currently holds. Federal law requires that license verification be sent to CGFNS directly from the licensing agency.
- Successful completion of either the CGFNS Qualifying Exam or the NCLEX-RN
- Successful completion of a group of English language proficiency examinations. Nurses educated in Canada (except Quebec) are exempt from the English language proficiency examinations if their instruction and text books were in English. If the nurse is not exempt from the English language proficiency examinations, she or he will need to successfully pass one of the following English exams: TOEFL plus TWE and TSE, or TOEIC plus TWE and TSE, or the Academic module of the IELTS. Contact the following organizations for further information on the English proficiency examinations:

TOEFL, TWE and TSE
Educational Testing Service (ETS)
PO Box 6151
Princeton, NJ 08541-6151
Tel: (609) 771-7100
Website: http://www.ets.org/

TOEIC
Educational Testing Service
Rosedale Road, MS 10-P
Princeton, NJ 08541
Tel: (609) 734-1540
Fax: (609) 734-1560
Email: toeic@ets.org
Website: http://www.toeic.com/

IELTS
IELTS, International
100 East Corson Street, Suite 200
Pasadena, CA 91103
Tel: (626) 564-2954
Email: ietls@ceii.org
Website: http://www.ielts.org/

NOTE: All English language proficiency scores are valid for up to two years from the date of administration. Licensed practical or vocational nurses should take the NCLEX-PN (http://www.ncsbn.org/) and contact the U.S. federal government about visa screening requirements.

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

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

Technical inquiries about the NCLEX examination may be directed to the NCLEX information line at 1.866.293.9600 or nclexinfo@ncsbn.org

NCSBN Web site http://www.ncsbn.org/
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<thead>
<tr>
<th>Name</th>
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<td>Welsh, Edna</td>
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</table>
Summary of Actions: March 2005 Board Meeting

Administrative Matters

Board Meeting Dates
The September Board 2005 meeting date was changed to September 28–30, 2005.

Education Matters

Student Enrollment Increases
• North Central Missouri College, Associate Degree Program #17-475 – request to increase enrollment was approved.

Curriculum Changes
• St. Johns College of Nursing and Health Sciences, ADN Program #17-418 – request for curriculum changes was approved.
• Park University/Ellen Finley Earhart Nursing Program #17-411 – request for curriculum changes was approved.
• Ozarks Technical Community College, PN Program, #17-198 – request for curriculum changes was approved.
• St. Louis University School of Nursing, BSN Program, #17-588 – request for curriculum changes was approved.

Full Approval
• Applied Technology/MET Center, PN Program #17-100, following site survey, full approval was granted.

Proposals for New Programs/Tracks
• Southeast Missouri Hospital College of Nursing and Health Sciences, ADN Program, - #17-424 – request to add an evening/weekend nursing track was approved.

On-line IV Therapy Provider
• St. Charles Community College – request to continue online program for LPN IV certification was approved.

The following items were reviewed and accepted:
• One Five-Year Site Visit Report for PN Program
• 20 BSN and 1 Diploma program Annual Reports

Discipline Matters

The Board held 4 disciplinary hearings and 12 violation hearings.
The Discipline Committee reviewed 189 RN and PN cases, 17 litigation items and 36 disciplined licensee-meeting reports.

Licensure Matters

The Licensure Committee reviewed 19 applications. Results of reviews as follows:
Applications approved – 3
Applications approved with letters of concern – 3
Applications approved with probated licenses – 6
Applications tabled for additional information – 2
Applications denied – 2
**DISCIPLINARY ACTIONS**

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

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

### INITIAL PROBATIONARY LICENSE

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

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Restricted License</th>
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<tbody>
<tr>
<td>Sherbondy, Virginia</td>
<td>RN2005001717</td>
<td>Section 335.066.1 and .2(20) RSMo 2000 On 4/17/01, Licensee pled guilty</td>
<td>01/25/2005 to 01/25/2007</td>
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<tr>
<td>Marlene</td>
<td></td>
<td>in the Iowa District Court for the crime of Serious Domestic Abuse Assault</td>
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<tr>
<td></td>
<td></td>
<td>and pled guilty on 4/28/04 to operating while intoxicated.</td>
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### CENSURED LIST

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
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<tr>
<td>Carmean, Tanna K</td>
<td>PN022358</td>
<td>Section 335.066.2(8), RSMo 2000 Licensee was disciplined in Arkansas.</td>
<td>Censure 01/28/2005</td>
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<tr>
<td>Cartherville, MO</td>
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<td>McGraw, Darlene R</td>
<td>PN042313</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 On 5/10/02, Licensee authorized</td>
<td>Censure 12/21/2004</td>
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<tr>
<td>Joplin, MO</td>
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<td>CMT under her supervision to take .25 mg of Xanax out of Resident Y's</td>
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<td></td>
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<td>medication cassette and administer it to Resident X. The above mentioned CMT took</td>
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<td></td>
<td></td>
<td>medication out of Resident's Y's medication cassette and administered the</td>
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<tr>
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<td>medication to Resident X. Resident X's MAR was filled out to indicate</td>
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<td>Resident X had taken .25 mg of Xanax. A review of Resident Y’s medication</td>
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<td>cassette revealed that there was .25 mg of Ativan missing. Licensee</td>
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<td></td>
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<td>concluded that the missing .25 mg of Ativan was that given to Resident X.</td>
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<td>On 5/10/01, Licensee filled out Resident Y’s MAR to indicate that .25 mg</td>
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<td>of Ativan had been dropped and wasted.</td>
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<td>Sanders, Pamela K</td>
<td>PN025090</td>
<td>Section 335.066.2(5), (6), and (12), RSMo 2004 From 6/1/02 to 1/6/04,</td>
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<td>New London, MO</td>
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<td>Licensee practiced on a lapsed license as a Licensed Practical Nurse.</td>
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<td>Stacy, Susan DeShay</td>
<td>PN020021029</td>
<td>Section 335.066.2(8), RSMo 2000 On 9/18/02, Licensee plead guilty to DW1</td>
<td>Censure 02/22/2005</td>
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<td>Blytheville, AR</td>
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<td>Alcohol, a “B” Misdemeanor. On 2/3/02, in the state of Arkansas, Licensee</td>
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<td>falsified her endorsement application for an Arkansas license to practice nursing by answering “NO” to the question: Have you ever been convicted of a misdemeanor or felony?</td>
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<td>Stevens, Carol S</td>
<td>RN049299</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 to 5/8/03, on multiple occasions,</td>
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<td>Licensee directed a nurse assistant to perform bolus tube feedings for a</td>
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<tr>
<td></td>
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<td>resident without supervision.</td>
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<tr>
<td>Name</td>
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<td>Akin, Ruby F</td>
<td>RN2002085701</td>
<td>Section 335.066.2(5) and (12), RSMo 2000</td>
<td>02/22/2005 to 02/22/2008</td>
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<td>Seneca, MO</td>
<td></td>
<td>On 4/2/02, Licensee documented a patient’s skin was intact when in fact there was a large necrotic wound on the coccyx. On 5/2/02, Licensee failed to administer Lanoxin as ordered and failed to document a patient’s admission orders. On 5/31/02, Licensee failed to document the administration of Durvocet and Demerol and failed to document an order to discontinue Phenergan. On 3/14/03, Licensee did not place a telemetry monitor on a patient as ordered and falsely reported the heart rhythm. On 3/10/03, 3/27/03, 10/24/03 to 10/25/03 and 11/4/03, Licensee did not accurately chart physician orders, follow physician orders and/or report significant condition changes to the physician.</td>
<td>02/22/2005 to 02/22/2008</td>
</tr>
<tr>
<td>Blake, Jacquelyn</td>
<td>PN055560</td>
<td>Section 335.066.2(5) and (12), RSMo 2000</td>
<td>01/18/2005 to 01/18/2008</td>
</tr>
<tr>
<td>Saint Louis, MO</td>
<td></td>
<td>On 8/19/02, a physical altercation ensued when Licensee grabbed a resident’s arm and attempted to physically remove that resident from the dining room. During the altercation, two of Licensee’s acrylic fingernails were broken. After the altercation, that resident approached the nurses’ desk and asked Licensee for that resident’s cans of soda. At the nurses’ desk, Licensee made verbally abusive statements to that resident. Licensee slammed one of that residents’ cans of soda on the nurses’ desk and threw the other can down the hallway. Licensee ordered that resident to retrieve the can of soda Licensee had thrown down the hallway.</td>
<td>01/18/2008</td>
</tr>
<tr>
<td>Coleman, Jennifer</td>
<td>RN2000160133</td>
<td>Section 335.066.2(5) and (12), RSMo 2000</td>
<td>03/01/2005 to 03/01/2008</td>
</tr>
<tr>
<td>Reeds Spring, MO</td>
<td></td>
<td>On 3/23/03, Licensee withdrew a total of eight Percocet at 12:44 and 13:42 and withdrew a total of six ampules of Stadol. Licensee failed to document the administrations and/or wastages of the medication. Licensee withdrew a total of 375 mg of Demerol for a patient who had an order for 75 mg every 3-4 hours as needed for pain. Licensee withdrew Demerol at intervals closer than ordered by the patient’s physician resulting in administration sooner than ordered by the physician.</td>
<td>03/01/2008</td>
</tr>
<tr>
<td>Colombo, Michelle J</td>
<td>RN151717</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>01/28/2005 to 01/28/2007</td>
</tr>
<tr>
<td>Saint Louis, MO</td>
<td></td>
<td>On 3/16/03, Licensee submitted to a drug screen which tested positive for the presence of cocaine.</td>
<td>01/28/2007</td>
</tr>
<tr>
<td>Daniels, Suzanne M</td>
<td>RN137663</td>
<td>Section 335.066.2(1) and (14), RSMo 2000</td>
<td>12/25/2004 to 12/25/2007</td>
</tr>
<tr>
<td>Saint Charles, MO</td>
<td></td>
<td>On 12/11/03, Licensee submitted to a pre-employment urine drug screen which tested positive for the presence of cocaine.</td>
<td>12/25/2007</td>
</tr>
<tr>
<td>Douglas, Juliette</td>
<td>PN0200038086</td>
<td>Section 335.066.2(2) and (15), RSMo 2000</td>
<td>02/15/2005 to 02/15/2009</td>
</tr>
<tr>
<td>Jamerio, KS</td>
<td></td>
<td>On 3/28/03, Licensee plead guilty to Class C felony stealing of a credit card. Licensee was placed on the EDL until April of 2009.</td>
<td>02/15/2009</td>
</tr>
<tr>
<td>Elliott, Cheryl L</td>
<td>PN032676</td>
<td>Section 335.066.2(5), (6), and (12), RSMo 2000</td>
<td>01/21/2005 to 01/21/2006</td>
</tr>
<tr>
<td>Columbus, MO</td>
<td></td>
<td>From 6/1/00 to 4/30/04, Licensee practiced as a Licensed Practical Nurse on a lapsed license.</td>
<td>01/21/2006</td>
</tr>
<tr>
<td>Evans, Rebecca</td>
<td>RN2003018873</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>12/16/2004 to 12/16/2007</td>
</tr>
<tr>
<td>Catherine Oliffe, KS</td>
<td></td>
<td>Licensee had been diverting injectable Demerol for her own personal use from her place of employment since September 2003. Between 2/2/04 and 2/4/04, pursuant to fraudulent orders, Licensee removed at least 20 doses of Demerol from the automated dispensing device.</td>
<td>12/16/2007</td>
</tr>
<tr>
<td>George, Melissa A</td>
<td>PN057666</td>
<td>Sections 621.110, RSMo 2000 and 335.066.2 (5), and (12) and (13), RSMo 2000</td>
<td>02/15/2005 to 02/15/2007</td>
</tr>
<tr>
<td>Columbus, MO</td>
<td></td>
<td>On 12/8/02, Licensee, while caring for a ventilator-dependent, quadriplegic patient, fell asleep around 5:30 a.m. and was awakened at 6:45 a.m. by the ventilator alarm. Licensee found patient in full arrest and called 911. Licensee failed to cover the trach tube or attach it to the ventilator while administering CPR thereby rendering the CPR ineffective.</td>
<td>02/15/2007</td>
</tr>
<tr>
<td>Harlow, Gayla R</td>
<td>RN143357</td>
<td>Section 335.066.2(5), RSMo 2000</td>
<td>01/11/2005 to 01/11/2006</td>
</tr>
<tr>
<td>Rogersville, MO</td>
<td></td>
<td>In September 2002, Licensee, in her capacity as officer manager, hired a certified nurse aide to care for Licensee’s uncle, grandparents, and to provide personal services for Licensee in which Licensee’s employer paid the CNA. When someone from the corporate office investigated Licensee’s hiring of the CNA, Licensee instructed the CNA to lie about her duties when questioned.</td>
<td>01/11/2006</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>Violation</td>
<td>Effective Date of Probation</td>
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<tr>
<td>Heinrichs, Barbara D</td>
<td>PN034457</td>
<td>Section 335.066.2(5), RSMo 2000</td>
<td>Probation 02/5/2005 to 02/5/2006</td>
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<td>Pickering MO</td>
<td></td>
<td>On 12/16/2002, Licensee did not respond to the call of a co-worker for 10 minutes that a resident had fallen; the Licensee was verbally abusive to the resident and did not assist the resident off the floor. Licensee failed to perform an adequate assessment. Licensee was placed on the EDL for one year beginning 12/22/03.</td>
<td>Probation 02/5/2005 to 02/5/2006</td>
</tr>
<tr>
<td>Horning, Vickie Lee</td>
<td>PN035103</td>
<td>Section 335.066.2(5) and (12), RSMo 2000</td>
<td>Probation 01/28/2005 to 01/28/2010</td>
</tr>
<tr>
<td>Kansas City, MO</td>
<td></td>
<td>Licensee, Director of Nursing, failed to implement a plan to monitor a resident's depression/suicidal thoughts when the resident was admitted to a RCF II facility. On 2/19/01 Licensee failed to notify the Division of Aging after the resident returned to the facility and reporting receiving treatment for rape on 5/17/01. Another resident with a diagnosis of chronic paranoid schizophrenia was missing for 4 days in April 2003. Licensee failed to notify anyone that the resident was missing until the 3rd day. Licensee failed to follow physician orders regarding the resident’s Depakote levels. A third resident did not have his Depakote levels or blood sugars monitored as ordered by the physician. Licensee failed to maintain any type of controlled drug record or other documentation that reflected the number of tablets administered or wasted for two residents.</td>
<td>Probation 01/28/2005 to 01/28/2010</td>
</tr>
<tr>
<td>Hulsey, Jayne E</td>
<td>RN155424</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>Probation 12/22/2004 to 12/22/2007</td>
</tr>
<tr>
<td>Eureka, MO</td>
<td></td>
<td>In 8/03, Licensee admitted to misappropriating Hydromorphone, Morphine and Ativan for her personal consumption for the past year and a half.</td>
<td>Probation 12/22/2004 to 12/22/2007</td>
</tr>
<tr>
<td>Jackson, Nicholas B</td>
<td>RN2003000460</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>Probation 02/18/2005 to 02/18/2008</td>
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<tr>
<td>Brian Columbia, MO</td>
<td></td>
<td>Between 10/15/03 through 12/20/03, Licensee misappropriated Demerol, Morphine, Dilaudid and Fentanyl for his personal consumption.</td>
<td>Probation 02/18/2005 to 02/18/2008</td>
</tr>
<tr>
<td>Johnson, Nicole M</td>
<td>RN20022005159</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>Probation 02/9/2005 to 02/9/2009</td>
</tr>
<tr>
<td>Marina Kansas City, MO</td>
<td></td>
<td>On multiply occasions, from 11/22/03 to 12/13/03, Licensee removed controlled substances, including Percocet, Vicodin, Morphine, Demerol, and Tylox, from the pyxis machine, based on a false representation that the controlled substances were being removed for administration to patients. Licensee diverted the medications for her own personal use.</td>
<td>Probation 02/9/2005 to 02/9/2009</td>
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<tr>
<td>Kerr, M Elaine</td>
<td>RN059284</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>Probation 12/31/2004 to 12/31/2007</td>
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<tr>
<td>Springfield, MO</td>
<td></td>
<td>On 12/13/04, Licensee removed four tablets of Oxycontin from her employer without authorization or a prescription. Licensee misappropriated the four tablets of Oxycontin for her own personal use.</td>
<td>Probation 12/31/2004 to 12/31/2007</td>
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<tr>
<td>Marling, Krystal R</td>
<td>RN2003013749</td>
<td>Section 335.066.2(5) and (12), RSMo 2000</td>
<td>Probation 01/18/2005 to 01/18/2006</td>
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<tr>
<td>Renee Unionville, MO</td>
<td></td>
<td>On 2/1/04, Licensee, while on duty at the hospital, fraudulently documented taking vital signs and conducting assessments on patients assigned to her care. To cover this failure, Licensee recorded vital signs belonging to other staff members on the patient’s medical records.</td>
<td>Probation 01/18/2005 to 01/18/2006</td>
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<tr>
<td>McCrea, Delores G</td>
<td>RN041120</td>
<td>Section 335.066.2(5) and (12), RSMo 2000</td>
<td>Probation 01/18/2005 to 01/18/2007</td>
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<tr>
<td>Saint Louis, MO</td>
<td></td>
<td>On 7/17/02, 7/24/02, and 8/8/02, Licensee falsely documented home visits to a resident when that resident was in the hospital, and falsely documented that resident’s condition in her nursing notes. Licensee recorded details about that resident’s condition from information received from the caregiver but did not verify the accuracy that information. Licensee interpreted conversations with that resident’s caregiver to form the basis of her nursing documentation; for example, on 8/8/02, when the caregiver stated that everything was ok, Licensee documented that the resident had normal vital signs, even though she had not seen the resident.</td>
<td>Probation 01/18/2005 to 01/18/2007</td>
</tr>
<tr>
<td>McReynolds, Kimberly A</td>
<td>RN140409</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</td>
<td>Probation 01/27/2005 to 01/27/2008</td>
</tr>
<tr>
<td>Silkston, MO</td>
<td></td>
<td>On 7/2/03, Licensee withdrew 10 mg. Morphine for a patient 40 minutes prior to her scheduled shift. Licensee failed to document the administration and/or wastage of the 10 mg. Morphine and the patient did not have a physician’s order for Morphine. On 10/10/03, Licensee submitted to a urine drug screen which was positive for methamphetamine.</td>
<td>Probation 01/27/2005 to 01/27/2008</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>Violation</td>
<td>Effective Date of Probation</td>
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<tr>
<td>Moore, Becky K</td>
<td>RN2001021690</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 On 12/25/03, while Licensee was assigned to work in the ICU and while the patient was in the care of Licensee, the Licensee fraudulently documented on the Critical Care Flow Sheet that she took the patient’s blood pressure at 02:00, 04:00, and 06:00. Licensee documented taking the 02:00 and 06:00 reading but did not actually take them until 06:40 and 07:04. Licensee averaged the 06:40 and the 07:04 readings and documented the average as the 04:00 reading.</td>
<td>Probation 03/5/2005 to 03/5/2006</td>
</tr>
<tr>
<td>Neal, Jessica Erin</td>
<td>RN2001026743</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000 In 5/8 Licensee misappropriated Oxycodone for her personal consumption and in the weeks that followed continued to misappropriate Oxycodone, Dilaudid and Hydrocodone, which she consumed while on duty. On 11/27/02, Licensee misappropriated and self-injected Benadryl while on duty. On 11/28/02, a syringe, needle and empty vial of Ativan was found in the restroom at the facility, Licensee used these items to self-inject Ativan while on duty. On 11/28/02, Licensee was unable to remember if dressing changes had been completed, failed to conduct blood sugar tests on an assigned patient and required reminders to chart several medications as well as patient documentation on a nursing flow sheet.</td>
<td>Probation 12/14/2004 to 12/14/2007</td>
</tr>
<tr>
<td>Norman, Dwayne L</td>
<td>PN040657</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 11/26/03, Licensee misappropriated Ativan from her employer.</td>
<td>Probation 01/26/2005 to 01/26/2008</td>
</tr>
<tr>
<td>Noonley, Lenyra D</td>
<td>PN046227</td>
<td>Section 335.066.2(1) and (14), RSMo 2000 On 2/25/03, Licensee submitted to a pre-employment drug screen which tested positive for Marijuana.</td>
<td>Probation 12/14/2004 to 12/14/2006</td>
</tr>
<tr>
<td>Shirley, Cindy Lynn</td>
<td>RN2002018352</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 On 6/30/03, Licensee was assigned to care for a resident. When Licensee attempted to get the resident’s accucheck, the resident became combative. In response, Licensee swore at the resident, struck the resident three times on the head, and pushed the resident’s head down into the mattress leaving temporary red marks but no bruising.</td>
<td>Probation 02/11/2005 to 02/11/2008</td>
</tr>
<tr>
<td>Spero, Vincetta M</td>
<td>RN140325</td>
<td>Section 335.066.2(1) and (14), RSMo 2000 On 2/11/04, Licensee submitted to a pre-employment drug screen which tested positive for cocaine.</td>
<td>Probation 03/3/2005 to 03/3/2007</td>
</tr>
<tr>
<td>Stuart, Donna Marie</td>
<td>PN025138</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 On 3/28/03, Licensee documented administering to a patient 0.5 cc’s of Ativan, when the order was for 0.25 cc’s. On 4/3/03, Licensee did not follow facility policy when signing out Ativan, a controlled substance. On 8/14/03, Licensee instructed a CMT to administer 5 mg of Valium to a patient, when the physician had ordered .05 mg of Valium. Licensee instructed the CMT to borrow Valium from another patient without authorization to do so; the controlled substance record for the patient on 8/14/03 was apparently altered. After being terminated on 9/5/03, the Licensee made verbal threats against the facility’s ADON who Licensee believed was responsible for Licensee’s termination.</td>
<td>Probation 02/24/2005 to 02/24/2006</td>
</tr>
<tr>
<td>Wheeler, Darlena K</td>
<td>PN047938</td>
<td>Section 335.066.2(1) and (14), RSMo 2000 On 10/25/03, Licensee submitted to a post-offer, pre-employment drug screen which was positive for the presence of Cocaine and Propoxyphene.</td>
<td>Probation 01/21/2005 to 01/21/2007</td>
</tr>
<tr>
<td>Wilkes, Robert L</td>
<td>PN045815</td>
<td>Section 335.066.2(1), (5) and (12), RSMo 2000 On 9/24/03, Licensee submitted to a drug screen which was positive for alcohol.</td>
<td>Probation 12/22/2004 to 12/22/2006</td>
</tr>
<tr>
<td>Wilsoncroft, Martin S</td>
<td>RN100252</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2000 From 3/9/7 to 4/02, Licensee filled out prescriptions for patients at his employment and presented them to a physician for his signature. Licensee included prescriptions for Lorcet for his personal use and consumption in the prescriptions he presented to the physician. The physician only authorized one prescription for Licensee to obtain Lorcet, which was for 60 tablets and no refills.</td>
<td>Probation 01/4/2005 to 01/4/2008</td>
</tr>
</tbody>
</table>
REVOCAITION 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>Barber, Sheila K</td>
<td>PN054801</td>
<td>Section 620.155, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
<td>Revoked 02/14/2005</td>
</tr>
<tr>
<td>Bucyrus, MO</td>
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<tr>
<td>Cancel, Connie D</td>
<td>PN055116</td>
<td>Section 620.155, RSMo 2000 Licensee violated the disciplinary agreement for the use of marijuana.</td>
<td>Revoked 02/14/2005</td>
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<tr>
<td>Mount Vernon, MO</td>
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<tr>
<td>Dawson, Frances I</td>
<td>RN110426</td>
<td>Section 621.110, RSMo 2000 and 335.066.2 (5), (8), and (12) and 3, RSMo 2000 On 2/25/02, while working at a Hospital, Licensee slayed and cursed a patient to whom she was administering personal hygiene, and she did not chart that incident.</td>
<td>Revoked 02/14/2005</td>
</tr>
<tr>
<td>Kansas City, MO</td>
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<tr>
<td>Fabulae, Cheryl L</td>
<td>RN102172</td>
<td>Section 620.155, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
<td>Revoked 02/15/2005</td>
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<tr>
<td>Kansas City, MO</td>
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<tr>
<td>Hall, Lana J</td>
<td>RN121917</td>
<td>Section 621.110, RSMo 2000 and Section 335.066.2 (1), (5), (12), and (14) and 3, RSMo 2000 On 11/37/02, Licensee misappropriated Morphine for her personal consumption, which she self-injected while on duty.</td>
<td>Revoked 02/14/2005</td>
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<td>Kansas City, MO</td>
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<tr>
<td>Hampton, Stacye L</td>
<td>PN033535</td>
<td>Section 620.155, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
<td>Revoked 02/14/2005</td>
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<td>Saint Louis, MO</td>
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<td>Hodges, Jennifer</td>
<td>RN148342</td>
<td>Section 620.155, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
<td>Revoked 02/14/2005</td>
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<tr>
<td>Ann</td>
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<td>Jason, Barbara I</td>
<td>PN044698</td>
<td>Section 620.155, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
<td>Revoked 02/14/2005</td>
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<td>Festus, MO</td>
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<tr>
<td>McCormack, Cheryl L</td>
<td>PN039235</td>
<td>Section 621.110, RSMo 2000 and Section 335.066.2 (1) and (14) and 3. RSMo 2000 On 10/4/02, Licensee possessed and smoked marijuana while on duty at the home of a client. Licensee submitted to a drug screen which tested positive for marijuana.</td>
<td>Revoked 02/14/2005</td>
</tr>
<tr>
<td>Springfield, MO</td>
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<td>Muhammad, Glorera</td>
<td>RN061877</td>
<td>Section 620.153, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
<td>Revoked 02/14/2005</td>
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<td>Perkins, Janet</td>
<td>PN010126</td>
<td>Section 620.153, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
<td>Revoked 02/14/2005</td>
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<td>Cameron, MO</td>
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<td>Ridpath, Tracy D</td>
<td>RN140447</td>
<td>Section 620.153, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
<td>Revoked 02/14/2005</td>
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<td>Hollister, MO</td>
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<td>Spence, Terrie Lynn</td>
<td>PN041599</td>
<td>Section 620.153, RSMo 2000 Licensee violated the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 02/14/2005</td>
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<td>Baxter Springs, KS</td>
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<td>Sullivan, Jackie L</td>
<td>RN123767</td>
<td>Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000 On 1/23/02 around 11:40pm, While on duty at the Hospital on 1/22/02, Licensee was videotaped withdrawing meperidine 75 mg/ml (Demerol) from the pyxis machine for a patient using another employee's security access code. Licensee did this without anyone's permission. The hospital's review of Pyxis activity reports and patient charts identified 7 additional instances on 1/17, 1/19, and 1/22/02 in which Licensee withdrew meperidine using the security access code of another employee's and acting without anyone's permission. Licensee obtained the meperidine on 1/17, 1/19, 1/20, 1/21, and 1/22/02 for her own consumption, but without having a valid prescription for meperidine.</td>
<td>Revoked 02/14/2005</td>
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<td>Orlando, FL</td>
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<tr>
<td>Wilson, Aleita C</td>
<td>PN053717</td>
<td>Section 620.153, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
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<td>Wright, Teresa E</td>
<td>RN131132</td>
<td>Section 620.153, RSMo 2000 Licensee violated the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.</td>
<td>Revoked 02/15/2005</td>
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<td>Raymond, MO</td>
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<tr>
<td>Zeller, Debra S</td>
<td>PN037851</td>
<td>Section 620.153, RSMo 2000 Licensee violated the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 02/14/2005</td>
</tr>
<tr>
<td>Jefferson City, MO</td>
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</table>

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

VOLUNTARY SURRENDER*

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Effective Date of Voluntary Surrender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henderson, Karen J</td>
<td>RN339212</td>
<td>3/3/2005</td>
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<tr>
<td>Cameron, MO</td>
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<tr>
<td>Pergun, Lisa A</td>
<td>RN999582</td>
<td>2/22/2005</td>
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<td>St. Louis, MO</td>
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<tr>
<td>Perry, Andrew D</td>
<td>RN108892</td>
<td>1/1/2005</td>
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<tr>
<td>Springfield, MO</td>
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</tbody>
</table>

*Blackout text
### NAME AND ADDRESS CHANGE NOTICE

1. Is this an address change? [ ] YES [ ] NO
2. Is this a name change? [ ] YES [ ] NO

**Missouri License Number**

**RN**  [ ] **LPN**  [ ]

**OLD INFORMATION (please print):**
- **First Name**
- **Last Name**
- **Address:**
  - City
  - State
  - Zip Code

**NEW INFORMATION (please print):**
- **First Name**
- **Last Name**
- **Address:** *(if your address is a PO Box, you must also provide a street address)*
  - City
  - State
  - Zip Code
  - Telephone Number

Please provide signature:

---

**Duplicate License Instructions:**

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

**Is Your License Lost or Has It Been Stolen?**

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

**For name or address changes a written, signed request is required. Please send your request by:**

- Fax: 573-751-8748 or 573-751-0075 or
- Mail: Missouri State Board of Nursing, P.O. Box 656, Jefferson City MO 65102