Salute to Nurses

Charlotte York, LPN, President

We were fortunate to be involved in the News-Leader’s Salute to Nurses Event. Salute to Nurses was launched in May during the annual Nurses Week celebration by the News-Leader in Springfield, Missouri. Health care workers, patients and the general public were encouraged to submit online nominations through early July. The Missouri State Board of Nursing reviewed more than 200 nominations for 151 nurses from southwest Missouri before selecting all the finalists.

An Awards Luncheon was held September 1, 2009 in Springfield in honor of the recipients. Nurses honored at the luncheon event received gift baskets and each attendee received a gift bag.

“We are thrilled to join forces with many of the area health care providers and nursing education programs to bring to Springfield this outstanding recognition event,” said News-Leader President and Publisher Tom Bookstaver.

“Not only are we able to honor the dedication and commitment of this community’s nursing professionals, we partnered with the Missouri State Board of Nursing to provide an award process that brings credibility and professionalism with each decision.”

“There has been tremendous support from the business community for this event,” Bookstaver stated. The organizations that partnered with the News Leader for the Salute to Nurses Event were CoxHealth, St. John’s Hospital, Dickerson Park Zoo, Springfield Symphony Orchestra, Missouri State Athletics, Firehouse Pottery, Andy’s Frozen Custard, and Dickerson Park Zoo. We applaud the Springfield News-Leader and their sponsors for celebrating some very special people who walk this earth: our nurses. I am sure the award recipients have been reflecting on how rewarding their career can be and they are sharing their passion for nursing with others. For the rest of us, it is a time to recognize nurses and allow them to take pride in their accomplishments in a way that they’ll inspire others to choose this challenging and fulfilling profession.

Thank you so much for everything you do to care for patients all year long.

Award Winners

Salute to Nurses—Nurse of the Year

Cynthia B. Teas, BSN, RN Camp Barnabas

Cynthia “Cyndy” Teas’ passion for medicine is the result of her battle with a chronic illness as a teenager. During her illness, Teas discovered how important nurses were, and was inspired to become a nurse. Teas pursued her dream and graduated from the University of Texas in 1978 with a Bachelor of Science in Nursing. After graduating, Teas explored many of the diverse careers paths available to nurses before co-founding Camp Barnabas in 1994 with her husband. Those paths included: Pediatric Home Health, Hospice, and participating in Medical Missions in Romania, Mexico, and within the United States. Through her work with children suffering from disabilities and chronic diseases, Teas was constantly reminded that “special needs” children were often left out of their peers’ activities. For the rest of us, it is a time to recognize nurses and allow them to take pride in their accomplishments in a way that they’ll inspire others to choose this challenging and fulfilling profession.

Thank you so much for everything you do to care for patients all year long.

100 Years and Counting!

by Becki Hamilton, Executive Assistant

This year marks the 100th anniversary of regulation of nursing in the State of Missouri. In 1906, three years prior to the establishment of the Board of Examination for State Registration, the Missouri State Nurses’ Association was formed. During the first three years, the association focused on a compulsory registration bill and investigation of the conditions in and management of Missouri’s almshouses. Senate Bill 157 for Registration of Nurses was passed in 1909 by the 45th General Assembly. Its provision indicated: “An act to provide for the examination, regulation and registration of nurses, and providing for the appointment of a board of examiners to examine applicants for registration as nurses, and to provide for the punishment of offenders against the act.”

During the third annual meeting of the Missouri State Board of Nursing was presented with a plaque celebrating 100 years of service from National Council of State Boards of Nursing (NCSBN) at the annual meeting in Philadelphia. Ann Shelton, left, Lori Scheidt, center and Laura Skidmore Rhodes, President of NCSBN, right.

GOVERNOR
The Honorable Jeremiah W. (Jay) Nixon

DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS and PROFESSIONAL REGISTRATION
John M. Huff, Director

DIVISION OF PROFESSIONAL REGISTRATION
Jane A. Rackers, Director

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EXECUTIVE DIRECTOR
Lori Scheidt, BS

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Jefferson City, MO 65102-0656
573-751-0681 Main Line
573-751-0075 Fax

Web site: http://pr.mo.gov
E-mail: nursing@pr.mo.gov

100 Years continued on page 8
**Important Telephone Numbers**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone Number</th>
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</thead>
<tbody>
<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>
</tr>
<tr>
<td>Missouri Hospital Association (MHA)</td>
<td>573-893-3700</td>
</tr>
</tbody>
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**Number of Nurses Currently Licensed in the State of Missouri**

*As of October 27, 2009*

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
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<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>25,593</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>89,448</td>
</tr>
<tr>
<td>Total</td>
<td>115,041</td>
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**Schedule of Board Meeting Dates Through 2010**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
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<tbody>
<tr>
<td>December 2-4, 2009</td>
<td></td>
</tr>
<tr>
<td>March 3-5, 2010</td>
<td></td>
</tr>
<tr>
<td>June 2-4, 2010</td>
<td></td>
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<tr>
<td>September 8-10, 2010</td>
<td></td>
</tr>
<tr>
<td>December 1-3, 2010</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Note: Committee Meeting Notices are posted on our web site at [http://pr.mo.gov](http://pr.mo.gov).
Fiscal Year 2009 Statistics

The 2009 fiscal year for Missouri State government began July 1, 2008 and ended June 30, 2009.

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

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

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

The following chart shows the category of complaint and application reviews that were closed this past fiscal year. There were 1657 Board decisions made in fiscal year 2009.

![FY2009 Closed Categories of Complaints](image)
This chart shows the actions taken by the Board for those complaints and application reviews.

This chart shows the closed complaints by source.

### Licenses Issued in Fiscal Year 2009

<table>
<thead>
<tr>
<th>Licensure by Examination (includes nurses not educated in Missouri)</th>
<th>Registered Nurse</th>
<th>Licensed Practical Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3537</td>
<td>1297</td>
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<tr>
<td>Licensure by Endorsement</td>
<td>2160</td>
<td>352</td>
</tr>
<tr>
<td>Licensure by Renewal of a Lapsed or Inactive License</td>
<td>1141</td>
<td>682</td>
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<tr>
<td>Number of Nurses holding a current nursing license in Missouri as of 6/30/2009</td>
<td>86,476</td>
<td>24,432</td>
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</table>

### Licensure Database Information

The average age of nurses continues to stay about the same. This is based on all nurses licensed in Missouri, regardless of where they reside.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>46.12</td>
<td>46.28</td>
<td>46.35</td>
<td>46.62</td>
<td>46.60</td>
</tr>
<tr>
<td>LPN</td>
<td>45.13</td>
<td>45.36</td>
<td>45.00</td>
<td>45.32</td>
<td>45.00</td>
</tr>
</tbody>
</table>

The following three maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license and Missouri address as of September 14, 2009.
of normal childhood experiences, and were sometimes even shunned. This prompted Teas and her “very supportive and innovative husband” to found Camp Barnabas, which has already shown more than 10,000 children the honor and dignity they deserve.

Outside of the children at Camp Barnabas, Teas was busy raising her own children for many years, “raising my children in a Christian home in today’s world was a wonderful adventure.” Next to being a mother, Teas feels serving the Lord through the creation of Camp Barnabas has been her best life experience. “Having a career that allows you to serve others, share your faith, and make an excellent salary is rare,” Teas said. “Being a registered nurse is truly the best career ever.”

EXCERPTS FROM HER NOMINATION(S)

“In 1994, her compassion for children with special needs, led her and her husband to start Camp Barnabas, a summer residential camping program for children with disabilities, diseases and terminal illnesses located in southwest Missouri. In addition to overseeing the granddonor activities, she recruits and coordinates the volunteer medical staff of 2 doctors and 8 nurses needed for each of the 9 camping terms to provide superior medical care for the campers, 24/7, ensuring they receive their treatments and medications without interruption to their daily routines at home.”

“A Maintaining the campers’ dignity and self-worth is of utmost importance and Cindy imparts this to all who work with the children. Her expertise in pediatrics and her loving caring spirit has taken the special needs camp to a level unsurpassed by other camps.”

“Cindy has enriched the lives of so many children, their families and the volunteers, it’s impossible to number. Many say she is truly a saint disguised as a nurse. I say she is a nurse just doing what others would never attempt in order to enrich the lives of God’s special children in this world.”

Salute to Nurses–Community Outreach

Sharon Peacock, BSN, RN, NCSN Springfield Public Schools R12

When she was three years old, Sharon Peacock decided she wanted to be a nurse “because I liked the cap—and now we don’t even wear them!”

That dream became reality when Peacock began her career as a nurse in Altoona, Pennsylvania, in 1965. Peacock took advantage of the Army Student Nurse Program and became a Lieutenant in the U.S. Army Nurse Corps in 1969. As a Lieutenant, Peacock served in a MICU at Fitzsimmons Army Hospital in the U.S. Army Nurse Corps in 1969. As a Lieutenant, Peacock served in a MICU at Fitzsimmons Army Hospital in Denver and at the 95th Evac Hospital in Dan Nang, Vietnam, before returning home, entering Coronary Care, getting married, and moving to Lockwood, Missouri.

After a 13-year hiatus to raise her children, Peacock returned to the field as a school nurse, a role she currently fulfills within Springfield Public School District. As a school nurse, Peacock’s responsibilities range from administering care to helping teach and promote wellness. Peacock believes her role as a school nurse can also be described as a “child advocate.” “We get to know the kids pretty well,” she said. “I think that I’m a mom away from home.”

Being with the children year after year, Peacock learns their history and notices when something’s wrong; which can lead to a child getting the attention they need for something that might have otherwise gone undetected. Peacock’s relationships with her students are therefore invaluable. The layers of a school nurse go deeper than normal childhood experiences, and were sometimes even shunned. This prompted Teas and her “very supportive and innovative husband” to found Camp Barnabas, which has already shown more than 10,000 children the honor and dignity they deserve.

EXCERPTS FROM HER NOMINATION(S)

“Sharon is a very caring person. She knows the names of each child in her school. She goes the extra mile for her kids. Many times after hours or what ever it takes for the child’s needs. “Nurse Peacock is much more than a school nurse. She is a care giver, an encourager, a teacher, a social worker, an example to the students, and an administrator.”

“She loves the kids so much that she will often give some of the “needy” children 35 cents so that they can call her in the summer if they are hungry or alone. There have been countless times that she has purchased groceries for these students to get them by for the summer.”

“Even before she was a school nurse she was an EXCEPTIONAL nurse for the US Army serving in DaNang during the Vietnam war. She deserves this award because she is so much more than a nurse. She is a gift to the profession and to the families of Springfield.”

Salute to Nurses–Lifetime of Compassion

Sylvia Speer, RN CoxHealth

According to Speer, “My mom always told me, ‘You’ve wanted to be a nurse since you were three years old.’” In fact, Speer’s mother, who had asthma, was her first patient. “I would try to take her pulse and make her feel better.” With her 40 years’ experience as a nurse Speer knows that her desire to care for people is God-given.

Previously, Speer worked in Hospice. “I felt privileged to be part of patients’ and families’ lives during such a difficult time,” she said. “Hospice is beneficial for patients and their families, because it gives them a better quality end of life.”

In her current role within a Women and Newborn Unit, Speer helps women who have just had babies, undelivered mothers, and assists with women with other health concerns. “It is so thrilling to see new moms,” she said. “Whether it’s their first baby or their fifth baby, to see that love is just great! It’s exciting to be part of that newness of life; there’s just so much hope there for the future.”

The proud grandmother of five grandchildren, Speer credits her “wonderful career” to her husband, Bob, who helped out at home while she worked, and her three children. “Nursing can be difficult at times, and it has taken a lot of support from all of them,” she said. “I would not still be in nursing without the support of my husband and children, and I would like to thank them.”

EXCERPTS FROM HER NOMINATION(S)

“The definition of a nurse is one that looks after, fosters, or advises. This definition certainly begins to describe this nurse. She has looked after, fostered and advised her patients for 40 years.”

“Nurses can so easily be forgotten. But in truth nurses are the ones who are there at a patient’s bedside tending to their every need. My mom is the one who listens to a patient’s concern. My mom is the one who helps with the pain. My mom always makes each patient the most important patient. It takes a great deal of energy to be a great nurse.”

“And although the hours are long and hard, not only for her but for our family, I believe it is so worth it. My mom makes a difference in her patients’ lives. All my life I have been proud to say my mom is a nurse.”

Clair

This nurse for 28 years, Clair became interested in her current position because of the challenges it presented. As Retention Project Manager for CoxHealth, Bonnie Clair helps employees find new ways to embrace their jobs. According to Clair, “Increased employee satisfaction leads to increased patient satisfaction, this is the primary goal because the focus should always be on the patient.”

Clair enjoys working with CoxHealth staff to increase employee engagement. “Everyone from housekeeping to billing directly or indirectly affects patient care,” she explained. “First and foremost are the nurses; they’re on the front line. No matter where a patient comes into the system, a nurse will touch them. Helping our nurses work to improve bedside practice and processes is very satisfying. I enjoy projects that give staff a voice in their practice and enable them to expand their professional growth.”

Clair facilitates the core group that developed STAR, Steps to Advancement and Recognition, a clinical ladder that compensates RNs for enlarging their knowledge base while continuing to provide bedside patient care. Most recently, she implemented special parking spaces for pregnant employees and also created the Red Ribbon Celebration, a celebration for employees reaching 90 days of employment.

Clair has been married to her husband, Bill, for 30 years; they have three sons, Adam (and wife Dallas), Joshua (and wife Sherry), and Michael.

EXCERPTS FROM HER NOMINATION(S)

“...not only inspired me towards nursing school, she continues to challenge my professional growth. Employed as Retention Project Manager for a large hospital, Bonnie promotes professional nursing and increases nurse retention through employee engagement and job satisfaction.”

“Bonnie’s clinical experience includes Med Surg, Neuro, nursing education, and NICU. In NICU she worked on the neonatal flight team, facilitated a support group for NICU parents, served as a peer mentor, and was one of five preceptors chosen to write an orientation program for new graduate nurses. Bonnie has always shown dedication to personal professional growth, often telling me it is important to be a life-long learner.”

“Recently returned from a medical missions trip in Haiti, Bonnie promotes awareness through slide shows aligning medical need, available resources, and...
**Salute to Nurses–Nurse Educator of the Year**

**Susan A. Watson, RN, MSN  
St. John’s College of Nursing**

With her impressive list of credentials and professional memberships, Susan Watson no doubt has plenty of stories to share during her traditional Friday evening dinner with her husband, mother, two sons, two grandchildren, and five grandchildren. However, her current position as an Associate Professor at St. John’s College of Nursing, Southwest Baptist University, qualifies most as “current events” during the weekly ritual.

A bedside nurse for the past 39 years, 28 of which have been spent in different capacities at St. John’s Hospital, Watson believes that one of her strengths as a nurse is her ability to communicate with patients in a manner that makes them feel knowledgeable about their medical problems and comfortable in the hospital’s unfamiliar setting. Watson believes she can touch a patient’s life in a positive way. As a patient’s advocate, Watson believes she owes her patients the best care she can provide. Part of that care includes being their voice, and often “going to bat” for them. Watson feels good at the end of a day when she feels like she’s made a difference in a patient’s life.

Watson has fallen in love with teaching over the past seven years, “it is so exciting to be part of a student’s growth in their knowledge and skills. It fills me with pride to see students apply material I taught to their clinical practice,” she said. “The rewarding experiences I’ve encountered make me want to continue to be a faculty member and help students grow as competent nurses.”

**EXCERPTS FROM HER NOMINATION(S)**

“No, I'm not successful. She will continue to mentor them until some way that she has taken the extra time to help be appreciated at the end of the program. This comments from the students about how much they member and help students grow as competent nurses.”

**Jeff Ziegler, RN  
The Arc of the Ozarks**

Jeff Ziegler lives by the adage “Life is good,” and believes that nurses have the chance to shift their work, to make a little difference for good in the lives of people. Having previously worked as a journalist and minister, Ziegler became accustomed to writing and sharing amazing stories with him. As a nurse for the past 13 years, though, he said that “people have opened up their lives during horrific times of pain and grief, and those patients have taught me the meaning of courage, and have taught me to rely on the simple blessings life daily sends our way.” For Ziegler, the icing on the cake has been witnessing the stamina and compassion of other nurses as they spend themselves caring for patients, whose needs become more critical as hospital stays grow shorter.

Ziegler worked on a medical-surgical unit at the University Hospital and Clinics in Columbia, Missouri, before moving to Springfield. In the Ozarks, Ziegler has worked for Skaggs Community Hospital, Oncology, Hematology Associates, Nurse Finders, and Lakeland Regional Hospital; experiences he credits for broadening his understanding of how nurses care for the whole person, body, mind, and spirit.

“The past six years have been especially rewarding as the Director of Nursing at The Arc of the Ozarks,” Ziegler said. “Daily I work with caring, devoted staff members and a host of wonderfully unique people with disabilities that would stop most of us cold in our tracks. From them, I learn how each of us plays a role in making life worth living.”

**EXCERPTS FROM HIS NOMINATION(S)**

“Jeff is an amazing individual and Nurse. He always arrives to work with a smile on his face and ready to face whatever the day brings. Jeff works extremely long hours at no cost to himself and his patients. He provides excellent support to everyone in the Arc’s care. He is always ready to go to bat for them. Jeff dedicates his life to serving others and ensures that individuals with developmental disabilities have the best quality of life possible.”

“His dedication inspires anybody who works with him to go to the extra mile.”

“When they speak of nurses being angels of mercy they were talking about Jeff Ziegler our director of nurses at ARC of the Ozarks.”

“Jeff is one of the staunchest advocates for our clients that I know. He is so kind spoken and gentle and reassuring to each and every one of our clients and he makes them feel special.”

**Patricia Auston, CRNN, CNRN  
St. John’s Mercy Villa**

Pat Auston is an active nurse certified in Rehabilitation and Neurology. Auston feels a strong sense of five, she loves to read, write, scrapbook, and listen to music. Auston developed the Neurorehabilitation Support Group Program (NSGP) which currently has 12 groups. Auston has conducted Support Group Facilitator Training for the Missouri NNSP, which are sponsored by the National Parkinson Foundation.

Auston is the Vice President of the Parkinson’s Group of the Ozarks and is an advisory member of the newly developed Neurological Foundation of the Ozarks.

Due to health concerns, Auston resigned from NSGP which was her passion. Auston hopes her support groups play an essential role in the Parkinson’s disease and other neurological disorders. Auston hopes to use her support groups in a manner which she has to communicate with patients and their families.

**EXCERPTS FROM HER NOMINATION(S)**

“During her twenty years experience as a nurse on the neurological and physical therapy units, Pat has seen her patients and their families leave the hospital to return home to lives that have been completely changed. Pat believes nurses need to be for these people and that support groups play an essential role in the Parkinson’s disease and other neurological disorders. Auston hopes to use her support groups in a manner which she has to communicate with patients and their families.”

**Charlotte Roberts, MSN  
Springfield Public Schools R12**

Charlotte Roberts, currently a Pediatric School Nurse for Wanda Gray Elementary, has worked as a nurse for 22 years and Pediatric School Nurse for 16. Although Charlotte worked in a Pediatric Intensive Care Unit, “being a school nurse is the most awesome, professionally fulfilling job I can imagine.”

Roberts enjoys the autonomy of her job, being on her own, and helping her students and their families. She has been involved in the school’s case management, which allows children with chronic illnesses to attend school at home rather than in a specialty hospital. Roberts also cares for patients.”

“When swine flu hits, we’ll know before anyone else does.” As a result, Roberts feels like she became a “real nurse” when she became a school nurse.

**EXCERPTS FROM HER NOMINATION(S)**

“Charlotte is an outstanding example of who a nurse should be. She has a variety of experiences including the operating room, medical-surgical, same day surgery, outpatient surgery, and management. Karen has dedicated her career to serving those that need her and is currently enrolled in the Family Nurse Practitioner Program at Missouri State University. Karen is a compassionate, caring, and loving nurse who deserves to be recognized for the many hours she has dedicated to nursing, both on and off the clock.”

**Jamille Twedd, RN, OCN  
Skggsk Community Hospital**

After graduating high school at 16, Jamille Twedd was ready to move off the farm and follow in the footsteps of her grandfather, a doctor, and her mother, a nurse. Today, she is the Nurse Educator at Skaggs Community Hospital, where she enjoys “helping nurses become better at what they do.”

Twedd also loves working in the Oncology Center, where she enjoys the opportunity to see nurses work with those who are fighting cancer, and their families.” The better you know someone, the better you can help them improve their life,” she said. “To be a nurse, you have to love what you do. Patients need to see that, because then they know you care about them.”

**EXCERPTS FROM HER NOMINATION(S)**

“Jamille has also demonstrated a commitment to the community. She volunteers to help with wellness checks for school children, school athletics, blood pressure and accutherm assessments, flu shots, and is the instructor of CPR/BLS New Provider classes and first aid classes for area Girl Scout Leaders and their Scouts.”

**Karen Young, BSN, RN  
CoxHealth**

“After 30 years, you know a few things,” said Karen Young, who began her career as a nurse in 1979. Young has worked primarily in surgery, although she has also worked in a burn unit and as an OR Director. For the past 11 years, Young has focused on educating nurses, patients and families. Young provided educational materials for nurses to pass on to their patients. Young enjoys educating nurses because “you get to share knowledge with new nurses and watch them grow.” For working with patients and their families, Young said, “I enjoy making a difference in people’s lives, and helping them get back to where they need to be.”

**EXCERPTS FROM HER NOMINATION(S)**

“Karen Young is an outstanding example of who a nurse should be. She has a variety of experiences including the operating room, medical-surgical, same day surgery, outpatient surgery, and management. Karen has dedicated her career to serving those that need her and is currently enrolled in the Family Nurse Practitioner Program at Missouri State University. Karen is a compassionate, caring, and loving nurse who deserves to be recognized for the many hours she has dedicated to nursing, both on and off the clock.”

**Stephanie Bell, College of the Ozarks**

“I am now a senior in the BSN program at College of the Ozarks. The past year of clinical rotations and summer job at a doctor’s office have continued to confirm and hone my desire to serve in the medical field. Daily opportunities to provide holistic care by meeting felt needs, educating, comforting, and encouraging patients and their families during critical, vulnerable times.”

**Message from the President continued on page 7**
**Message from the President continued from page 6**

Amber Carpenter, Cox College

“I remember falling off of the monkey bars on the playground when I was in the first grade. The teacher on duty walked me to the nurse’s office because I had cut my knee. Blood was running down my leg, and I was in horrible pain. The school nurse cleaned me up, bandaged my knee, and at the same time, comforted me. She was my hero that day.”

“Just like my elementary school nurse, I would like to be a child’s hero.”

Micah Ford, College of the Ozarks

“One question that is usually asked when I’m caring for a patient is ‘Why do you want to be a nurse?’ It is not a hard question but it is a vulnerable answer. Why? To be perfectly honest I care deeply for people.”

“Holding a patient’s hand when they are scared, being able to smile at them to let them know you understand, having the knowledge to explain the disease processes, and answering the hard questions–yes, all of this work is worth the priceless end result.”

Lynnde Houtz, Ozarks Technical Community College

“My mother came to visit me during nursing school and while going to a grocery store I saw a family member of one of my patient’s. As I got closer, she smiled at me and gave me a big hug. She told me how their dad was and asked about nursing school. As my mom and I walked into the store she put her arm around me and said ‘See you make a big difference in so many lives and you don’t even realize it.’”

Kayla McIntosh, Cox College

“I think that I have wanted to become a nurse since the first time someone asked me what I wanted to be when I grew up. My mother was a nurse and I can remember growing up admiring her like most children admire their parents.”

“I was privileged to enjoy some great experiences (in Medical Explorers). In my regular rotations, it came my turn to shadow in the Intensive Care Nursery. Honestly, I found my calling there. It was absolutely the most amazing thing I had ever seen.”

**Impaired Nurse Program Challenge**

The Board of Nursing received legislative authority to establish an impaired nurse program in August 2007. The Board then appointed an impaired nurse task force to write the rules. The task force consisted of representatives from the Kansas City Area Nurse Executives, Missouri State Association of Licensed Practical Nurses, Missouri Organization of Nurse Leaders, Missouri Association of Nurse Anesthetists, Missouri Nurses Association, Department of Health Bureau of Health Facilities Licensure, Missouri Association of Homes for the Aging, Missouri Ambulatory Surgical Center Association, and Missouri Alliance of Home Care.

The rules were effective August 30, 2008. A Request for Proposal (RFP) has been issued twice since that time with no compliant bid received.

The fact that no compliant bid has been received and recent media attention focused on impaired nurse programs has lead us to re-evaluate the program structure. Some of the recent media headlines are, Loose Reins on Nurses in Drug Abuse Program, When Caregivers Harm: Problem Nurses Stay on the Job as Patients Suffer and State Board Seeks Swifter Action Against Errant Nurse.

Occupational and professional regulatory boards exercise the police powers of the state to protect the public health, safety and welfare by restricting practice by practitioners treatment for addiction and other impairments as an alternative to discipline. These programs rest on the rationale that they can provide a path to recovery for impaired licensees, they can help to retain them in the workforce, and with proper monitoring they can help avert harm to the public while the licensees receives help. This is a sound, rationale based on worthy objectives, yet it is essential to recognize that chemically dependent licensees can present a danger to the public. As worthwhile as these programs can be, they must be developed and carried out in ways that ensure they are sufficiently accountable to the public and inspire public confidence and support. This is especially important given than patients typically do not know if a licensee is enrolled in one of these programs and given some recent highly critical external audits of some of the programs.

**Proposal**

We will be working to prepare a report with a complete checklist of issues to be addressed in the establishment of an Alternative Program showing alternative options and addressing all aspects of the regulatory management of the program, especially with regard to the accountability of the program. The checklist will include the following elements:

1. **Institutional Content**
2. **Program Structure**
3. **Program Evaluation Mechanisms**
4. **Public Awareness Programs**
5. **Program Feedback Systems**
6. **Internal Quality Control Systems**

We realize that a clear definition of the end goal of the quality process and project is imperative to success. The work needs to be done right the first time. Rework is costly and a waste of material and manpower. Doing the work can only be done right the first time if they are given the right information and tools when they need them. The bottom line is to provide value to all stakeholders. If the process does not provide value, then it will not be embraced and maintained.

We will keep stakeholders informed through this newsletter and through our website.
Nursing Postcard circa 1912

The Nursing Practice Act

Over the years the Nursing Practice Act has changed and evolved to what it is today.

Law of 1921

SB 380 was passed and enacted on March 30, 1921 by Governor Hyde. Changes included a gradual increase in requirements for preliminary education, uniformity in establishing curricula and standards for accredited schools of nursing, the establishment of an examination and certification of a examiner of the Board, compulsory licensing, annual registration and an annual publication of a roster of nurses and attendants.

Law of 1923

Unfortunately, that law was repealed and replaced by a substitute law in 1923. The new law omitted all provisions for compulsory licensure of attendants, for an educational director, and lowered the preliminary educational requirements for professional nurses.

Law of 1939

SB 284 was introduced by Senator Brogan. This law recaptured for professional nursing many of the losses incurred previously. It became effective June 9, 1939 with Governor Guy B. Park's signature. The law provided for the establishment of “an office staffed by a full-time executive secretary” and such clerical help as was needed. In addition, a full-time education director was appointed to the Board, compulsory licensing, annual registration and an annual publication of a roster of nurses and attendants.

Nursing Education: The First 100 Years

THE NURSING PRACTICE ACT

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NURSING EDUCATION
Microbiology class for "preclinical students" at Washington University School of Nursing

The clinical lab or Practical Demonstration during this period included:

1. Beds, Bedding, bed making, with and without patient; management of helpless patients; changing bed, making for operative patients; rubber cushions; bed rests; cradles; hot water bottles; arrangement of pillows, etc.; substitutes for hospital appliances.

2. Sweeping, dusting, ventilation-importance and methods of preparing rooms for Patients in private residences; institutions; disinfection of bedding, furniture, etc.; care of patients; dusting in wards and private rooms; disinfection of infected or infested clothing.

3. Care of linen rooms; refrigerators; bath rooms; and appliances; hoppers; bath tubs; etc.

4. Baths-First sponge to reduce temperature; foot baths; vapor baths; hot packs.

5. A demonstration of rectal injections, for laxative; nutritive; stimulants; and astringent purposes; care of appliances; disinfection of enema.

6. Vaginal douche; methods of sterilizing appliances, use and care of catheters; vesical douches; rectal and colonic irrigations.

7. Local cold and hot applications; making of poultices; forments; compresses; methods of application; use and danger of hot water bottles; uses and care of ice for cooling cools.

8. Chart keeping; methods of recording bedside observations.


10. Methods of applying roller bandages.

11. Methods of applying other bandages.

12. Application for ward examinations and dressing; sterilizations of ward instruments; nurse's duties during dressings.

13. Preparation of patients for operation; hand disinfection.

14. Preparation and care of surgical dressings, sponges, swabs, etc.

15. Test-feeding and food serving; feeding of helpless patients; management of liquid diet.


17. Care of the dead; post mortems; necropsies; methods of preparing the body; examination of the dead.

18. Symptomology-the pulse; correct methods of examining the pulse; volume, tension, rhythm, rate, etc.; effect of exercise, emotions, baths, drugs, shock and fever.

19. The face in disease-the skin; expression, eyes, mouth, teeth, etc.; general observations of the body.

20. Respiration; normal and in respiratory affections.

21. Pneumonia-respiration, cough and sputum; crisis and lysis explained and charts shown.

22. Temperature-serving as a physical sign; use of the thermometer, changes in temperature and pulse explained; danger signal; prophylactic measures; methods of managing delirious patients; proper restraint, etc.

23. Specimens of excreta-urine, sputum, feces, etc.; nurse's duties regarding each; importance and general management.

Upon completion of the Probationary Period the successful student received her cap and full uniform. This rite of passage was then and continues to be on measuring the level of skills and knowledge considered necessary to assure the competence of each individual requesting permission to practice. Although the focus remains the same there have been significant changes in the process since that time.

The first licensing examinations were prepared by individual states, with the average of 75%. Half of the 12 made the required passing grade of 60% on every subject. Although these questions are not from those first examinations, here are some samples of early examination questions taken from the December 1921 exam.

QUESTIONS ON MEDICAL NURSING

Answer 10 questions only

1. Give your method for a hot pack. In what disease might this be ordered?

2. Give nursing care of a paralyzed bed patient.

3. What is the purpose of a test meal? How is it prepared and how does a nurse assist in the giving of it?

4. How would you isolate a patient? Name four diseases where strict isolation is required.

5. Give in detail your method of a temperature bath.

6. Name five types of enemata and describe one in detail.

7. How would you make a mustard paste? What precautions would you take in applying the same?


9. Name a disease in which diet is the chief treatment and outline the Principle of the dietary.

10. In teaching a probationer to make a bed with a patient in it, what Points would you emphasize?

11. What is a dicrotic pulse? In what disease might you observe it?

12. Describe the care of mouth in typhoid. Why is this important?
The members of Boards of Nursing continued to write examination questions through 1945, after which time the examination team cannot look inside a test pool. The team member by the exit door checked the green dot under the same conditions. Table proctors then distributed the admission cards and directed the applicants to pre-assigned seats. They were to place all other materials on the floor before entering the testing room. During the testing, the examination team monitored closely from the control room, made announcements and kept written records of all events occurring. Table proctors received a minimum stipend to assist. These are quality people who took this job seriously. They were friendly, not unfriendly. They felt the conditioning prepared them for the actual exam. The actual exam was not as stern; therefore, they were able to relax when they saw that the pressure was not as great. All expressed gratitude for the experience of the mock boards, I felt because the faculty and I had been very strict and stern. Since we had put such pressure on them in the mock boards, I felt that the staff and proctors.

When current Executive Director, Lori Scheidt, began working for the Board of Nursing there were 12 employees and all staff shared one computer. Each of us now has at least two computers. When I arrived at the Board we had only one computer and can’t seem to function without one. We have come a long way since then. Technology has certainly made work more efficient but everything has a trade off. I have found the computer administration to be challenging. We have to be sure to maintain all of the security of the paper and pencil examinations and miss the camaraderie of working with all of the staff and proctors.

When the testing was completed, Board members participated in the Alpha test conducted to test the entire examination process from registration through result notification. The participants in the Alpha test, receive the授权的 authorization to test, scheduled exam dates, traveled to the center in Columbia, went through the check-in process, and actually took an exam consisting of computerized adaptive testing (CAT). CAT adapts the examination based on the ongoing candidate performance and measures the candidate’s knowledge, skills and abilities in a precise manner. The implementation of CAT is a significant change from the traditional paper and pencil administration of the exam.

The CAT method for administering tests allows for a unique examiner. When administering CAT, the examiner, greeted and admitted me to the testing center. I was free to walk among the tables and watch the procedure. The staff was extremely gracious to me. I was only an observer that they shared information with me. I was free to walk among the tables and watch the procedure as long as I had no contact with any of the graduates. I was impressed by the way the examination team impressed me. There were approximately 35 quality proctors to work with the 8-10 Board staff. The staff wore easily identifiable red knit shirts with MOSBN on the back. Proctors had name tags. These volunteer professionals who know and understand students and security.

At 7:00, the parking lot was full of people. The door opened and the applicants filed in two by two. Table members checked admission cards and directed the applicants to pre-assigned seats. Many requested permission to use the bathroom; permission was granted since they had been waiting in line for some time. Some had questions about errors on their admission cards. The team told them to check with the table proctor. It took approximately 40 minutes to get the 955 graduates seated. There were 28 tables with 35 chairs each. It took another 30 minutes to give the general instructions about the Board of Nursing, the administration, the day and time of the examination, the placement of belongings, location of test rooms, lunch arrangements, availability of examination results, uniqueness of examination, and uniformity of administration. Only their admission card, the provided pencil and the clock could be on the tables. They were to place all other materials on the floor under the table. Ms. Arrowood told them each examination is unique and is not administered again. This is their test administered throughout the United States on the same day under the same conditions. Table proctors then distributed the test booklets while teachers identified admissions card and identification. Ms. Arrowood then read specific instruction verbatim from the procedure manual.

The graduates entered the testing room at 9:30. The testing area began at 10:15. They had two hours for each test. During the testing, the examination team monitored closely from the control room, made announcements and kept written records of all events occurring. Ms. Arrowood then read specific instructions verbatim from the procedure manual.

The staff members were strict with the graduates, but also friendly. They want to provide an optimal environment for success, but maintain the extreme measures. I felt excitement and concern about being a part of this examination. I wondered if my presence might have caused some added pressure to the graduating class. Would my being there put them at ease or would they feel more pressure and abilities in a precise manner. The implementation of CAT is a significant change from the traditional paper and pencil administration of the exam.

The CAT method for administering tests allows for a unique examiner. When administering CAT, the examiner, greeted and admitted me to the testing center. I was free to walk among the tables and watch the procedure. The staff was extremely gracious to me. I was only an observer that they shared information with me. I was free to walk among the tables and watch the procedure as long as I had no contact with any of the graduates. I was impressed by the way the examination team impressed me. There were approximately 35 quality proctors to work with the 8-10 Board staff. The staff wore easily identifiable red knit shirts with MOSBN on the back. Proctors had name tags. These volunteer professionals who know and understand students and security. They want to provide an optimal environment for success, but maintain the extreme measures.
The one constant during my tenure has been the dedication and commitment of staff and Board members.

"Change is the law of life and those who look only to the past or present are certain to miss the future." — John F. Kennedy

By Florence Stillman

Former Executive Director Florence Stillman noted in her farewell address in 1997 that some of the changes that occurred during her 13-year tenure. In addition to the introduction of computer technology to the Board's processes, she commented on several other changes that took place. One of the major changes was the change from paper and pencil exams to computer adaptive exams. Stillman also mentioned that the Board moved from a three-quarter time to a full-time position in 1984.

I have been through that process once, I would anticipate that the next time I would need some supporters, especially a senator. A letter was sent to the examiners who worked on the State Board position to please let her know. I was amazed! I recall making a site visit with Mary Sue Hamilton, where I flew in a very small private airplane on a very windy day to a hospital in Columbia. We began offering the exam at testing sites around the state for the convenience of the graduates.

By Linda Strobel

After working for the Board of Nursing for 25 years, from 1976 to 1997, I want to share the ups and downs that I had seen over the years. "In 1973 when I started working for the Board there were only ten employees, 3475 RNs and LPNs and we had to do everything by hand; now we have 255 employees, 96,413 RNs and LPNs and everything is done by computer. I believe that we have improved the licensure processing time and have better communication with the licensees, professional organizations and the public."

By Mary Mitchell, RN, served on the Board from 1984–1988

I served on the Board as a Governor Bond appointment in the 80's and served as President from 1986-87. My position was as a representative of practical nurse education.

During my tenure on the Board, we changed how the State Board Exams were transported from staff handling them in the back of a pick-up truck to the test site to security services. All of the Board members often did not agree and there were some very difficult decisions, and has been a united voice for health care in Missouri. This Board has worked hard, made some tough decisions because they involve nurses' licenses, but they are necessary decisions to protect the public. Good things do not always come to Jefferson City for a Senate confirmation hearing for an appointment to the State Board of Nursing. All went well and I am completing my first year as a Board member. It is an experience that I would recommend to everyone. Many decisions the Board makes are hard decisions and/or sad decisions. They make these decisions for the good of Missouri and the people of Missouri. The Board members often did not agree and there were some very difficult decisions, and has been a united voice for health care in Missouri. This Board has worked hard, made some tough decisions because they involve nurses' licenses, but they are necessary decisions to protect the public. Good things do not always come to Jefferson City for a Senate confirmation hearing for an appointment to the State Board of Nursing. All went well and I am completing my first year as a Board member. It is an experience that I would recommend to everyone. Many decisions the Board makes are hard decisions and/or sad decisions. They make these decisions for the good of Missouri and the people of Missouri. The moral of all of this is that if you are interested in being a Board member, pursue that interest. It can happen and it truly is worth the effort.

By Paul Lineberry, PhD, Public Member, served on the Board from 1996–2003 (Article originally published in Missouri Board of Nursing Newsletter—August, September, October, 2003)

I have completed two terms on the Board and the time has come for me to leave. So what are my impressions after serving as a Board member? There is a trade-off when a nursing license is obtained. After passing the license exam, the license is granted and the license holder is assumed to have certain basic skills and knowledge. While this license allows entry into the nursing profession, the employer expects (assumes) the license-holder will be competent in performing certain tasks. If it
is found that this competency is lacking, a complaint my be filed and discipline be applied under the Nurse Practice Act. Thus, the trade-off: with a license, one can practice as a nurse, but the license can be sanctioned or revoked for improper conduct.

2. A deep sorrow for those who have been sanctioned or disciplined—they have worked hard to earn their licenses and for various reasons (knowledge, skills or attitudes) have failed to perform in the manner required of a license holder. The various disciplinary measures applied by the Board, hopefully, will help the licensee gain control of their lives again. But this can be an arduous and expensive task.

3. An awareness of the dangers of drug use. As a member of an older generation, drug use and its destructive influence on lives has been an eye-opener. I was not sure at the beginning whether there was such a thing as “addiction” but I believe it in it now. More importantly, casual use can lead to more destructive use, as can attempts to relieve severe pain.

4. Serving as a Public Member has been an interesting and invaluable experience. I have had an opportunity to learn about an important profession. I have learned a lot about the problems nurses face and have had a valuable personal experience. Finally, I have enjoyed working with all the Board members and the staff. Both groups are extremely competent and perform a very important function.

By Robin S. Vogt PhD, RN, FNP-C served on the Board of Nursing from 1997–2005

I had the opportunity to serve as a board member for two terms. Coming to the Board I didn’t realize what being a Board member was all about. Serving on the Board of Nurses was one of the most satisfying professional experiences I have had. It is a tremendous amount of work and commitment and I was surprised but taught me so many things. The Board staff is very dedicated to the running of everyday business. I had the opportunity to be involved on the National level and share experiences across jurisdictions as well.

The one thing it did do was teach me patience. Anything that legislatively happens seems to take forever, but the changes wrought by technology, things are no longer the same as they were in 1906. Our records show that the Board was first located at the Chemical Building in St. Louis and then moved to Jefferson City in 1924. The Board occupied several locations in downtown Jefferson City until 1974 when they moved to a location on the west end of town on North Ten Mile Drive. In 1990 the Board moved about a half a mile to the current location at 3605 Missouri Blvd.

It wasn’t until 1939 that the law provided for the “establishment of an office staffed by a full-time executive secretary and such clerical help as was needed.” We do not have the records of how many individuals that turned out to be, but in 1986 when our current executive director, Lori Scheidt began working for the Board, there were 12 staff members. Since that time additional employees have been added to a current total of 28 staff members. The staff is responsible for carrying out the directions of the Board members and work in the areas of administration, education, licensure, practice, legal, investigation and discipline.

There have been at least 13 individuals serving as Executive Secretary or Executive Director of the Board plus numerous education inspectors and associate secretaries.

Feeding a Baby in 1912. Public Domain Photo by A. Jackson Co., Baltimore, MD
Licensure Corner

Missouri State Board of Nursing
Licensure Committee Members:
Charity York, LPN
Adrienne Fly, Public Member
Lisa Green, RN
Deborah Wagner, RN

One of the Easiest Ways to Protect Your Nursing License
Keep the Board informed of your current address at all times! Do this by sending written notice, clearly marked “change of address” to the Board’s office any time you move. Failure to do so can result in a lapse of your license and potential disciplinary action. A convenient change form is included in this newsletter.

Online License QuickConfirm
If you or your employer wishes to verify the status of your license, please refer to the free License QuickConfirm found at www.nursys.com. License QuickConfirm provides online license verification reports to employers and the general public. To receive an online verification report, the nurse must be from a License QuickConfirm board of nursing which includes Nurse Licensure Compact (NLC) jurisdictions. You can also verify the status of a license by visiting our website at http://pr.mo.gov and click on Licensee Search.

IMPORTANT INFORMATION FOR EMPLOYERS OF NURSES IN MISSOURI
Missouri will implement the Nurse Licensure Compact on June 1, 2010. Implementation will affect your hiring of nurses and the verification of licenses. Please read the following information carefully. Additional information concerning the Nurse Licensure Compact, including the most updated listing of participating states is available at www.ncsbn.org.

Questions concerning the Nurse Licensure Compact may be addressed to Lori Scheidt at lori.scheidt@pr.mo.gov.

What is the Nurse Licensure Compact?
The Nurse Licensure Compact (NLC) is a mutual recognition model of nurse licensure that allows a nurse to have one license, issued by the state in which the nurse claims primary residence, and to practice (physical or electronic) in all states that have entered into the interstate compact (multi-state licensure).

Similar to a driver’s license, a multi-state nursing license allows a nurse who is licensed in one compact state (called a home state) to legally practice in another compact state (called a remote state). The NLC requires the nurse to adhere to the practice laws and rules of the state in which the patient(s) receives care.

The NLC includes registered nurses (RNs) and licensed practical or vocational nurses (LPN/VNs). The NLC does not include Advanced Practice Registered Nurses (APRNs) or IV Authority for LPNs/VNs.

• All APRNs who want to practice in Missouri must obtain a Missouri document of recognition.
• All LPNs who want to practice IV therapy in Missouri must obtain IV Authority from the Missouri Board of Nursing.

What are the benefits of the NLC to Missouri employers?
The NLC provides greater mobility for nurses and may improve access to licensed nurses during times of need for qualified nursing services.

What states participate in the NLC?
Twenty-four (24) states currently belong to the NLC: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

How will the NLC affect nurses practicing in Missouri?
A nurse may hold a license in only one compact state and it must be the primary state of residence. Under the NLC, an RN or LPN holding an unencumbered Missouri license whose primary state of residence is Missouri will be issued a compact license and will no longer need an individual license to practice in other compact states.

An RN or LPN holding a Missouri license, whose primary state of residence is another compact state, will be required to apply for licensure in his/her home state. As of October 1, 2007, Missouri licenses of nurses who declare a compact state other than Missouri as their state of primary residency will be placed on inactive status.

An RN or LPN holding a Missouri license, whose primary state of residence is a non-compact state, will be issued a single state license valid for practice only in Missouri. The licensee holding a single state license may not practice in other states unless licensed in the other state(s).

How will an employer know if a nurse’s license is valid?
With the implementation of the NLC in Missouri, the continuation of the single state license for nurses who reside in non-compact states, and the possibility that a nurse licensed in a compact state may hold a single-state license, it is important that employers verify the licensure status of all nurses seeking employment in Missouri. License verification will confirm whether a license is designated as a multi-state or a single-state license.

The Nurse Licensure Compact requires that states clearly identify when a license is valid for practice only in the granting state. Licenses that are valid for practice only in Missouri are designated as ‘VALID ONLY IN MISSOURI’ on the face of the license and also in the system. Licenses not identified as ‘single-state’ are multi-state (compact) licenses.

You may access NURSYS to verify licensure status for licenses issued by participating Boards. NURSYS access is available at www.nursys.com. There is NO fee for this service. Contact information for Compact States is available at www.ncsbn.org.

Employers and/or nurses working in Missouri by virtue of a multi-state license from a compact state other than Missouri are not required to notify the Missouri Board of Nursing.

Renewing your Missouri license to another state
To verify your license to another state for licensure, please go to the www.nursys.com and follow the instructions. If the state you are endorsing to does not participate in NURSYS, you will need to submit your verification request to our office with a $30.00 fee. Your request needs to include your name, license number, address and what state you want the endorsement verification submitted to.

Renewing your license
If your license is inactive, lapsed and retired you and wish to renew it, you will need to complete the RN or LPN Petition to Renew, which is found on our website. Do not submit an old renewal form; it will not be accepted. If your license is inactive or retired, you will need to submit the form and the renewal fee, and if your license is lapsed, you will need to submit the form, renewal fee and a $50.00 lapsed fee. Please see our website for the forms and the current renewal fees.

324.010 No Delineating Taxes, Condition for Renewal of Certain Professional Licenses
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. In all other circumstances, your license must be renewed within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and address changes
Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at http://pr.mo.gov, the form may be downloaded from our website and submitted. Methods of submitting name and/or address changes are as follows:

• By faxing your request to 573-751-6745 or 573-751-0075.
• By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

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

• License number
• Pen and paper
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.

Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

### CENSURE

**Antoinette Marie Brown**

Saint Louis, MO.  

PN2000105639  

Licensee was required to complete fifteen (15) continuing education hours in Care of the Difficult Patient and Anger Management and submit proof of completion to the Board. The Board did not receive proof of the completed hours by the January 17, 2009 due date. The Board did receive proof of the completed hours prior to the date of the probation violation hearing.

Censure  


**Linda L. Haskins**

St. Clair, MO.  

RN085813  

Licensee was required to abstain completely from the use or consumption of alcohol. On January 6, 2009, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.

Censure  

6/15/2009 to 6/16/2009

**Roxann G. Mahalovich**

Sedalia, MO.  

RN149776  

Licensee admitted to diverting IV Fentanyl for personal use in May of 2005.  

Censure  


**Elizabeth M. Quinton**

Bonnie Terre, MO.  

RN2001019778  

Licensee was required to obtain fifteen continuing education contact hours in Boundaries. Licensee failed to provide proof of completion of any continuing education contact hours by the documentation due date of April 12, 2009. Licensee did complete and submit proof of completion of the required hours after the due date.

Censure  

6/19/2009 to 8/20/2009

**Wanda L. Samuels**

Aurora, MO.  

PN011591  

On July 16, 2004, Licensee assisted in counting Ativan tablets for a patient that was being admitted. Licensee was assisted by a med tech. Neither Licensee nor the med tech finished counting the Ativan tablets. The Ativan received from the patient remained in its bottle and sat through three additional shifts prior to being destroyed. Licensee failed to accurately document the Ativan and failed to properly dispose of the Ativan.

Censure  

6/15/2009 to 6/16/2009

**Julie A. Sellers**

Fenton, MO.  

RN123385  

Licensee was required to abstain completely from the use or consumption of alcohol. On December 30, 2008, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.

Censure  


**Gina R. Sibley**

Kansas City, KS.  

RN2003025480  

Licensee was required to obtain fifteen (15) continuing education credit hours in Nursing Law and Ethics. The hours were to be completed and turned in to the Board by December 6, 2008. Licensee did not submit proof of completion of the continuing education hours until March 11, 2009.

Censure  

6/15/2009 to 6/16/2009

### PROBATION

**Tonia Marie Anzat**

Union, MO.  

PN2000901555  

On June 6, 2002, Licensee pled guilty to the Class B Misdemeanor of Making a False Report in the Circuit Court of St. Charles County, Missouri. On October 10, 2008, Licensee pled guilty to the misdemeanor of Supplying Intoxicating Liquor to a Minor in the Associate Circuit Court of Crawford County, Missouri.

Probation  

6/15/2009 to 6/15/2012

**Carolyn Marie Bauman**

Kansas City, MO.  

RN2007027438  

On or about May 28, 2008, Licensee withdrew Percocet for a patient that denied any pain, and reported that she had not required, or received, any pain medication that day. According to the Pyxis report, Licensee withdrew Percocet for the patient at 8:06 a.m., 12:00 p.m., and 4:19 p.m. on or about May 28, 2008. Licensee charted the administration of Percocet at 8:00 a.m. and 12:15 p.m. The audit revealed multiple incidences where Licensee removed narcotics, but did not document them as having been given on the patients’ Medication Administration Record. There were also instances where Licensee removed narcotics by overriding the Pyxis system when the patient did not have an order for the narcotics. On or about May 30, 2008, when confronted with the discrepancies, Licensee admitted that she had been diverting narcotics for her own personal use.

Probation  

6/15/2009 to 7/21/2012

**Stacey L. Bateman**

Floressant, MO.  

RN142694  

On October 26, 2006, Licensee knowingly and intentionally obtained, processed and consumed controlled substances and prescription drugs within the professional workplace. Licensee misappropriated the prescription drugs Propofol, Zofran and Ketorolac, and drug paraphernalia, including a syringe and medical equipment used as a tourniquet, then injected herself in the hospital parking garage. Licensee was found slumped behind the wheel of her car in the hospital parking garage, unresponsive, with a needle, tubing and a partially filled syringe attached to her right arm. On or about October 27, 2006, Licensee’s urine drug screen returned positive for the controlled substance, marijuana.

Probation  

6/22/2009 to 6/22/2013

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

- Colleen Brady–PN2024390 (current)
- Michelle Burch–RN2000162362
- Tracy Byng–PN058788
- Clifford Cecil–RN067597
- Sheila Davis–PN2001024966
- Pamela Johnston–RN2000225989 (expired)
- Amanda Kuehn–RN2000151384 (expired)
- Susanne Langston–PN050275
- Diana McFetrich–RN145424
- Vicki McGinnis–PN2001003259
- Linda Rowell–PN039938
- Michele Diane Smith–RN2006010122
- Thomas Tucker–RN099838
- Germaine Verrett–PN2004018393
- Martha Witcher–RN081502 (expired)

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Probation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janice Elaine Brown</td>
<td>RN2006023881</td>
<td>Licensee was required to abstain completely from the use or consumption of alcohol. On February 19, 2009, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. During her testimony, Licensee admitted that she consumed alcohol in violation of the terms of her probation. Probation 6/14/2009 to 1/17/2014</td>
</tr>
<tr>
<td>Sandra V. Brown</td>
<td>PN041424</td>
<td>On or about November 4, 2006, Licensee checked a nurse aid’s blood sugar and found it to be high. Licensee took a resident’s insulin and administered 4 units. Licensee administered the insulin without a physician’s order to do so and misappropriated a resident’s insulin in violation of policy. Licensee was terminated on or about November 6, 2006, for practicing medicine without a license and for misappropriation of a resident’s medication. Probation 6/5/2009 to 6/5/2011</td>
</tr>
<tr>
<td>Anissa Thean Conard</td>
<td>PN2003020467</td>
<td>On or about September 21, 2008, Licensee was charge nurse. At 9:45 p.m., the on-coming charge nurse responded to cries for help from a patient. The patient could not use the call light as the call light had been pulled out of the wall. The administrator spoke with the patient whom stated that a nurse came in, pulled the call light out of the wall, and told the patient that she had been using the call light too much. The patient was able to identify the uniform and the appearance of Licensee. Another patient stated that her roommate was sick and had been throwing up on the evening that the nurse unplugged her call light. Probation 9/1/2009 to 9/1/2011</td>
</tr>
<tr>
<td>Margaret Lea Cravens</td>
<td>RN2008005761</td>
<td>Pursuant to the Order, Licensee was required to cause KNAP to submit a letter to the Board outlining Licensee’s progress and compliance status with KNAP. The Board did not receive a statues report from KNAP by the February 25, 2009 documentation due date. Probation 6/10/2009 to 6/10/2012</td>
</tr>
<tr>
<td>Michael L. Czerniejewski</td>
<td>RN140065</td>
<td>In or about December 2006, a search of an inmate’s cell revealed a number of greeting cards and notes from Licensee. Licensee submitted his resignation letter effective January 18, 2007. Licensee’s conduct as alleged herein constitutes misconduct in the performance of the functions and duties of a registered professional nurse. Licensee’s conduct as alleged herein constitutes a violation of professional trust or confidence. Probation 7/21/2009 to 7/22/2009</td>
</tr>
<tr>
<td>Kelly J. Decker</td>
<td>RN2001047919</td>
<td>Licensee’s pre-employment drug screen was positive for alcohol. Licensee made a narcotic error and had the odor of alcohol on her person. During Licensee’s shift on May 2, 2008 Licensee was unable to complete assignments. During Licensee’s shift on May 3, 2008 Licensee was observed trying to scan medications in the medication room. Licensee repeated this behavior over and over, even though there was no scanner in the medication room. On the night of May 3, 2008 Licensee’s behavior was unusual in that she was observed having difficulty remembering who her patients were and she was having trouble passing patient medications. One of Licensee’s patients reported that they thought she was chemically impaired because she sat on the bedside, was very chatty and she had a strong odor of alcohol on her person. Co-workers also smelled alcohol on Licensee’s breath. Licensee’s supervisor informed her that she was to complete her charting and report for a urine drug and alcohol screen. Licensee left the building without providing a specimen or completing her charting. Probation 7/28/2009 to 7/28/2014</td>
</tr>
</tbody>
</table>
Probation continued from page 16

<table>
<thead>
<tr>
<th>Licensee Name</th>
<th>RN Number</th>
<th>Probation Date Range</th>
<th>Probation Violation Information</th>
</tr>
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<tbody>
<tr>
<td>Michael L. Downing</td>
<td>RN073583</td>
<td>6/16/2009 to 6/16/2014</td>
<td>Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Pursuant to that contract, Licensee was required to call a toll free number every day to determine if he was required to submit to a test that day. During his disciplinary period, to the filing date of the amended probation violation complaint, Licensee failed to call in to NCPS, Inc. on eighty-nine (89) days. In addition, as of the filing of the amended probation violation complaint, Licensee had not called in to NCPS, Inc. since February 1, 2009.</td>
</tr>
<tr>
<td>Rebecca R. Fairbanks</td>
<td>PN041915</td>
<td>6/16/2009 to 6/17/2009</td>
<td>From April 30, 2004 through January 10, 2007, Licensee was not licensed by the Board to practice as a licensed practical nurse in the state of Missouri. Licensee practiced from May 1, 2004 through October 24, 2006 on an expired nursing license. Licensee did not renew her license until January 11, 2007.</td>
</tr>
<tr>
<td>James Leroy Fouk</td>
<td>PN2009015542</td>
<td>6/15/2009 to 6/15/2012</td>
<td>On July 25, 2008, Licensee pled guilty to two (2) counts of the Class C Felony of Possession of a Controlled Substance in the Circuit Court of St. Louis County, Missouri.</td>
</tr>
<tr>
<td>Tamara L. Harper</td>
<td>RN155932</td>
<td>8/6/2009 to 8/7/2009</td>
<td>Licensee incorrectly documented that she completed a home visit on June 14, 2006 from 9:45 a.m. to 10:15 a.m. when in fact Licensee completed the visit on June 13, 2006. Licensee incorrectly documented that she completed a home visit on June 15, 2006 from 1:00 p.m. to 1:30 p.m. when in fact Licensee completed the visit on June 13, 2006. Licensee incorrectly documented that she completed a home visit on June 8, 2006 when in fact Licensee completed the visit on June 5, 2006. Licensee was terminated on or about June 19, 2006 for incorrect documentation practices.</td>
</tr>
<tr>
<td>Nancy S. Hedger</td>
<td>PN040971</td>
<td>9/1/2011</td>
<td>On or about March 11, 2008, Licensee was taking care of a patient and was soaking patient’s hand in a warm tub of water to try and soak some dry skin off his hand. When Licensee removed the hand from the water, the hand was swelling and red. On or about March 12, 2008, it was determined that the patient needed to go to the hospital as skin was falling off his hand and there were blisters along the sides of his hand. The skin was sloughing off of his fingers and he had a burn covering almost the entire palm. The Patient had second and third degree burns on his hand.</td>
</tr>
<tr>
<td>Cammie Lewis Henry</td>
<td>RN2004022521</td>
<td>8/21/2009 to 8/21/2012</td>
<td>Documents were received by the Board from the State of California Board of Registered Nursing Department of Consumer Affairs, that Licensee had been disciplined due to a medical error.</td>
</tr>
<tr>
<td>Tracy A. Joyce</td>
<td>RN2001000451</td>
<td>9/18/2011</td>
<td>In accordance with the Order, Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment on behalf of Licensee by the June 18, 2008; December 18, 2008 or March 18, 2009 documentation due date.</td>
</tr>
<tr>
<td>Belinda C. Kurney</td>
<td>RN084757</td>
<td>6/11/2014</td>
<td>Licensee was required to undergo a thorough chemical dependency evaluation from a chemical dependency professional and have the results sent to the Board. Licensee met with a therapist for the evaluation. However, the therapist noted that, Client reported to the writer at the beginning of the assessment that she understands the assessment process and would not disclose any information regarding her drug use or need for therapy. By failing to provide complete and accurate information to the therapist, Licensee has violated the terms of her probation which required her to undergo a thorough evaluation. Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a statement indicating the dates of unemployment was to be submitted in lieu of the employer evaluation. The Board did not receive an employer evaluation or statement of unemployment by the first documentation due date of October 8, 2008.</td>
</tr>
<tr>
<td>Tessa K. McAllister</td>
<td>RN2005012924</td>
<td>8/7/2009 to 8/7/2011</td>
<td>On April 28, 2009, Licensee pled guilty or was found guilty of Assault in the Circuit Court of Pike County, IL.</td>
</tr>
<tr>
<td>Name</td>
<td>License No.</td>
<td>Probation Dates</td>
<td></td>
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<tr>
<td>Michelle Diane Medlock</td>
<td>PN2000170568</td>
<td>Probation 6/16/2009 to 6/16/2011</td>
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<tr>
<td>Sikeston, MO.</td>
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<td>Joplin, MO.</td>
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<tr>
<td>Verneal S. Rodgers</td>
<td>PN058130</td>
<td>Probation 7/13/2009 to 5/28/2010</td>
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<td>Excelsior Springs, MO.</td>
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</tr>
<tr>
<td>Tymber Dawn Spray</td>
<td>RN2003024636</td>
<td>Probation 7/29/2009 to 7/29/2010</td>
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<tr>
<td>Farmington, MO.</td>
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<tr>
<td>Jacqueline S. Taylor</td>
<td>PN2005038149</td>
<td>Probation 6/10/2009 to 10/31/2011</td>
<td></td>
</tr>
<tr>
<td>Shawnee Mission, KS.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demetria K. Thurman</td>
<td>RN068150</td>
<td>Probation 6/15/2009 to 6/15/2010</td>
<td></td>
</tr>
<tr>
<td>Cheverly, MD.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Michelle Diane Medlock
Sikeston, MO.

Pursuant to the Agreement, Licensee was required to complete fifteen (15) continuing education hours in Documentation. Proof of completion of the hours and supporting documentation was due by April 16, 2009. Licensee faxed certificates of completion to the Board on April 20, 2009. The certificates of completion did not indicate that Documentation was the focus of the courses. Licensee did not provide any supporting documentation which indicated the content of the courses.

Karen E. Rhine
Joplin, MO.

On 2/20/06, Licensee had a grand mal seizure at the nurse’s desk. Licensee admitted to stealing Demerol and injecting it herself. Licensee stated to staff that she took Demerol every night that she worked and during this last shift, she would go into the bathroom and inject the drug.

Verneal S. Rodgers
Excelsior Springs, MO.

Licensee was to submit an employer evaluation from each and every employer. The evaluation form was to be completed by Licensee’s supervisor within a four-week period prior to the date it was due. The first employer evaluation was due to the Board on August 28, 2008. The Board received an employer evaluation on July 26, 2008. The evaluation purported to have been completed by the Director of Nursing, on July 25, 2008. During her testimony, Licensee admitted that she altered the date on the employee evaluation form prior to submitting it to the Board. Licensee was required to obtain fifteen (15) continuing education hours, each year of probation, in Care of the Stroke Patient and Nursing Law and Ethics. Licensee did not submit proof of completion of any education hours until after the due date and did not submit documentation indicating the content of the completed courses.

Tymber Dawn Spray
Farmington, MO.

Licensee was terminated for excessive absenteeism, poor documentation quality, failure to properly identify life-threatening symptoms in patients, and improper medication administration. Licensee was absent nine times between the dates of March 12, 2006 to March 12, 2007. Licensee documentation of patient assessments lacked adequate detail. On May 9, 2007, Licensee demonstrated poor medication administration technique in that Licensee failed to initiate the flow sheet and further failed to request a witness for the medication wastage for morphine. On May 11, 2007 failed to recognize a life-threatening symptoms when a patient’s daughter, who was a nurse, stated that her mother needed to be watched for symptoms of shock and Licensee asked the patient’s daughter “What are they?” The patient subsequently suffered hypovolemic shock. Licensee had a second medication error on May 17, 2007 when Licensee withdrew Lortab 5 from the medication dispensing machine and failed to document that the medication had been administered.

Jacqueline S. Taylor
Shawnee Mission, KS.

Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or a statement of unemployment by the January 30, 2008; July 30, 2008; or January 30, 2009 documentation due dates. Licensee was required to cause her probation and parole officer to submit a letter to the Board outlining Licensee’s progress and compliance status with her probation terms. The Board did not receive a status report from Licensee’s probation and parole officer by the January 30, 2009 or the April 30, 2009 documentation due dates.

Demetria K. Thurman
Cheverly, MD.

On February 23, 2005, Licensee submitted to a pre-employment drug screen and tested positive for cocaine.
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Username</th>
<th>Suspension/Probation</th>
<th>Revoked</th>
<th>Date</th>
</tr>
</thead>
</table>
| Melissa Thiede              | East Lyme, CT.  | RN2000161767 | A review of patients under Licensee's care revealed that between January 1, 2005, and February 12, 2007, Licensee failed to document the administration or wastage of several doses of Oxycodone/APAP. | Suspension | 7/28/2009 to 1/29/2010  
Probation | 1/30/2010 to 1/30/2015 |
| Luann Compton               | Tulsa, OK.      | RN2000162362 | Licensee was employed as an RN at a hospital in Missouri. In June 2005, Licensee began diverting Hydrocodone and Oxycodone from the hospitals dispensing machine for her personal use. The hospital reviewed Licensee's documentation of medication dispensing for the period July 1, 2005, through August 17, 2005, and determined that 177.5 tablets of Hydrocodone and 85 tablets of Oxycodone that were taken from the dispensing machine by Licensee were unaccounted for. In August 2005, the hospital asked Licensee to submit to a drug screen. Licensee tested positive for Hydrocodone and Oxycodone. Licensee submitted an evaluation on the determination that she took Hydrocodone for her personal use without a valid prescription. | Revoked    | 6/10/2009  |
| Tammi Jo Crider             | Versailles, MO. | PN20006323354 | Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee failed to complete the contract process with NCPS, Inc. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board never received a thorough chemical dependency evaluation submitted on Licensee's behalf. Licensee was required to renew her nursing license immediately. Licensee's license expired on April 30, 2007 and remains lapsed at this time. Licensee was to meet with representatives of the Board at regular intervals. Licensee was advised by certified mail to attend a meeting with the Board's representative on December 10, 2008. Licensee did not attend the meeting or contact the Board to reschedule the meeting. | Revoked    | 6/10/2009  |
| Julia Ann Daffron           | Robertsville, MO. | RN2004019362 | Licensee was employed as an RN at a hospital in Missouri. In February 3, 2005, when she reported to work at the hospital, Licensee was in an impaired condition. She smelled of alcohol and exhibited erratic and atypical behavior. Licensee was asked to take a for cause drug screen. She tested positive for alcohol and marijuana. Licensee's use of and possession of alcohol and marijuana impaired her ability to perform her work as an RN. | Revoked    | 6/15/2009  |
| Paul B. Davies              | San Jose, CA.    | RN145526  | Licensee was required to abstain completely from the use or consumption of alcohol. Licensee submitted urine samples for random drug and alcohol screening on September 17, 2008; October 31, 2008; November 21, 2008; and December 5, 2008. All of the samples tested positive for ethyl glucuronide, a metabolite of alcohol. Licensee was required to submit employer evaluations from each and every employer. If unemployed, a notarized statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or a statement of unemployment by the February 16, 2009 due date. Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit to a test that day. Licensee failed to call NCPS, Inc. on one-hundred and three (103) days. Licensee had not called in to NCPS since January 19, 2009. | Revoked    | 6/10/2009  |
Sheila M. Davis
Fulton, MO.  
PN2001024606  
Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee never completed the contract process with NCPS, Inc. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board did not receive a thorough chemical dependency evaluation submitted on Licensee’s behalf. Licensee was required to submit an employer evaluation from each and every employer. If unemployed, a statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or statement of unemployment on behalf of Licensee by the September 16, 2008 documentation due date.

Revoked  
6/10/2009

Brian C. Denmark, Sr.
Granby, MO.  
RN147399  
Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if he was required to submit to a test that day. Licensee failed to call in to NCPS, Inc. on 27 days. On 18 days, Licensee called NCPS, Inc. and was advised that he had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample on all 18 days. Licensee was required to abstain completely from the use or possession of any controlled substance. Licensee was required to abstain completely from the use or consumption of alcohol. On December 21, 2007, Licensee submitted a urine sample for random drug screening. That sample tested positive for the presence of benzodiazepine, opiates, marijuana and alcohol. On January 22, 2008, Licensee submitted a urine sample for random drug screening. That sample tested positive for the presence of benzodiazepine, marijuana and alcohol.

Revoked  
6/10/2009

Patricia A. Eichenlaub
O'Fallon, MO.  
RN088232  
Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board never received a thorough chemical dependency evaluation submitted on Licensee’s behalf. Licensee was required to submit an employer evaluation from every employer or, if unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the January 22, 2009 or April 22, 2009 documentation due dates. Licensee was to abstain completely from the use or consumption of alcohol. On December 4, 2008; February 17, 2009, and March 30, 2009, Licensee submitted urine samples for random drug and alcohol screening. In all three cases, the sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.

Gregory W. Evans
Evansville, IN.  
RN129504  
Licensee was required to abstain completely from the use or consumption of alcohol. On November 25, 2008, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. Licensee was required to contract with the Board’s third party administrator to participate in random drug and alcohol screenings. Pursuant to that contract, Licensee was required to call a toll free number every day to determine if he was required to submit to a test that day. On December 23, 2008, Licensee called FirstLab and was advised that he had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample.

Revoked  
6/10/2009

Mary A. Freeman
Shawnee Mission, KS.  
RN111292  
Licensee was prohibited from violating the Nursing Practice Act. On July 28, 2008, the Arizona State Board of Nursing entered an Order placing Licensee’s Arizona nursing license on probation. The conduct which resulted in discipline in Arizona occurred while Licensee was on probation with this Board. The conduct which resulted in discipline in Arizona consisted of grounds for which revocation or suspension is authorized in Missouri. The discipline entered against Licensee's Arizona nursing license, therefore, constitutes a violation of the Missouri Nursing Practice Act. Licensee was employed as an LPN at a correctional facility. In September 2006, a narcotics search warrant was obtained for Licensee's residence based on information that Licensee possessed and consumed marijuana and cocaine and that Licensee and her boyfriend were selling controlled substances from their home. Medications seized at Licensee's residence included Lexapro, Flexeril, and other injectible drugs. Licensee had misappropriated the medications from the correctional facility. Licensee reported consuming marijuana and cocaine. A search of Licensee's home revealed assorted drug paraphernalia, scales commonly used to sell controlled substances, prescription medications bearing the names of other people and cocaine. The search also revealed a 30-day supply of Cyclobenzaprine prescribed by the physician for the correctional facility for an inmate. Licensee misappropriated medications from the correctional facility, consumed some of the medications herself, and sold some of the medications.

Revoked  
6/10/2009

Tonna K. Grant
Springfield, MO.  
PN054413  
Licensee was employed as an LPN at a correctional facility. In September 2006, a narcotics search warrant was obtained for Licensee's residence based on information that Licensee possessed and consumed marijuana and cocaine and that Licensee and her boyfriend were selling controlled substances from their home. Medications seized at Licensee's residence included Lexapro, Flexeril, and other injectible drugs. Licensee had misappropriated the medications from the correctional facility. Licensee reported consuming marijuana and cocaine. A search of Licensee's home revealed assorted drug paraphernalia, scales commonly used to sell controlled substances, prescription medications bearing the names of other people and cocaine. The search also revealed a 30-day supply of Cyclobenzaprine prescribed by the physician for the correctional facility for an inmate. Licensee misappropriated medications from the correctional facility, consumed some of the medications herself, and sold some of the medications.

Revoked  
6/10/2009

Nicole D. Harris
Crane, MO.  
PN2001028007  
Licensee was required to contract with the Board's third party administrator (TPA) and participate in random drug and alcohol screenings. Licensee failed to complete the contract process with the TPA. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board never received a thorough chemical dependency evaluation submitted on Licensee’s behalf. Licensee was required to submit an employer evaluation from every employer or, if unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the first documentation due date of January 5, 2009. Licensee was to renew her nursing license immediately. Licensee's license expired on May 31, 2006 and remains lapsed at this time.

Revoked  
6/10/2009
Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll-free number every day to determine if she was required to submit to a test that day. Licensee failed to call in to NCPS, Inc. on thirty-eight days. Further, on November 4, 2008, December 11, 2008, and January 30, 2009, Licensee called NCPS, Inc. and was advised that she had been selected to provide a sample for screening. Licensee failed to report to a laboratory to provide the requested sample. Licensee was to submit an employer evaluation from each and every employer or, if unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the January 19, 2009 or April 20, 2009 documentation due dates. Licensee was required to obtain fifteen (15) continuing education credit hours in Care of the Cardiac Patient, Critical Thinking and Medication Administration. The hours were due by March 8, 2009. The Board did not receive proof of completion of any continuing education hours.

Lisa K. Knold
Kansas City, MO.

RN1433990

Licensee was required to contract with NCPS, Inc. and Revoked was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required. Licensee is prohibited from violating the Nursing Practice Act. On October 24, 2008, the Board received a complaint against the license of Licensee from a long-term care facility. The complaint stated that Licensee had been terminated for tampering with and diverting Roxanol from the facility. On November 11, 2008, Licensee was interviewed by a Board investigator. During that interview, Licensee admitted that he had diverted Roxanol from the facility. He further admitted that he had diluted the Roxanol with water in order to ensure that the narcotic count was correct. Roxanol is a controlled substance. Licensee did not have a valid prescription for Roxanol. Licensee's conduct constitutes a violation of the Nursing Practice Act. Licensee was required to submit employer evaluations from each and every employer. If unemployed, a notarized statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or statement of unemployment by the March 19, 2009 documentation due date. Licensee was required to obtain fifteen (15) continuing education hours in Nursing Law and Ethics and Boundaries. The Board did not receive proof of any completed hours.

Debra K. Kohl
Gerald, MO.

RN083173

Licensee was employed as a public health nurse at a county Health Department in Missouri. In March 2005, Licensee expressed the intent to take two children from their mother, give them to her daughter and imagined them as her grandchildren. In April 2005, Licensee went with an officer to the home where the children were kept and requested to take the children to receive medical services. The mother consented because she trusted Licensee. The children were not in imminent danger before they were taken from the home. Licensee took the children to a hospital and called the DFS child abuse hotline and reported that the children were in imminent danger at their home. She then told the hospital that DFS put the children in her custody and she left the hospital with the children. Licensee returned the children to DFS that evening, after the children's mother complained and the police were notified. Licensee took portions of the children's medical files for her personal use. Licensee pled guilty to filing a false report of child abuse or neglect.

Nation L. Loggins
Saint Louis, MO.

PN037909

Pursuant to the decision of the Cole County Circuit Court, the Board has jurisdiction to discipline Licensee's license pursuant to the provisions of § 335.066.2(4), (5), (6), (12) and (13) RSMo.

Nancy J. Loughary
Bismarck, MO.

PN048700

Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee completed the contract process and participated in the drug testing program until September 1, 2008. Around that time period, NCPS, Inc. was purchased by and integrated into FirstLab Inc. Licensee was notified by certified letter that she needed to register with FirstLab in order to remain compliant with the requirements of her probation. Licensee received and signed for that letter on September 2, 2008, but did not register with FirstLab until February 25, 2009. As a result of Licensee's failure to register with FirstLab, Licensee was not subject to random drug testing from September 1, 2008 to February 25, 2009. Licensee was required to submit an employer evaluation from each and every employer. If unemployed, a statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or statement of unemployment on behalf of Licensee by the December 15, 2008 documentation due date.
<table>
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<tr>
<th>Name</th>
<th>Government ID</th>
<th>Description</th>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan A. Mosetti</td>
<td>RN110948/PN025823</td>
<td>Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. On eight dates, Licensee failed to report to a collection site to provide the sample. Licensee had not tested on the day she was selected to test since September 11, 2008. Licensee had not tested at all since December 22, 2008.</td>
<td>Revoked 6/10/2009</td>
<td></td>
</tr>
<tr>
<td>Shannon Jon Pfutzsch Hermann</td>
<td>PN2005033230</td>
<td>Licensee was required to meet with representatives of the Board at regular intervals. Licensee was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. On eight dates, Licensee failed to report to a collection site to provide the sample. Licensee had not tested on the day she was selected to test since September 11, 2008. Licensee had not tested at all since December 22, 2008.</td>
<td>Revoked 6/10/2009</td>
<td></td>
</tr>
<tr>
<td>Cheryl L. Phipps</td>
<td>RN145491</td>
<td>Licensee was required to submit employer evaluations from each and every employer. If unemployed, a notarized statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or statement of unemployment by the second documentation due date of January 23, 2009. The Board did not receive an employer evaluation or statement of unemployment by the third documentation due date of April 23, 2009.</td>
<td>Revoked 6/10/2009</td>
<td></td>
</tr>
<tr>
<td>William S. Price</td>
<td>RN135305</td>
<td>From October 1, 2005, to June 12, 2006, Licensee knowingly employed, used, persuaded, induced, enticed and coerced a minor to engage in sexually explicit conduct for the purpose of producing a visual depiction of such conduct. From November 11, 2004, to May 16, 2006, Licensee knowingly received visual depictions involving the use of minors engaged in sexually explicit conduct. On March 22, 2007, an Information was filed in the United States District Court for the Western District of Missouri, St. Joseph Division charging Licensee with one count of Sexual Exploitation of Children and one count of Activities Relating to Material Involving the Sexual Exploitation of Minors. On March 22, 2007, Licensee appeared in court and entered a guilty plea to the Information.</td>
<td>Revoked 6/10/2009</td>
<td></td>
</tr>
<tr>
<td>Linda C. Rowell</td>
<td>PN039938</td>
<td>In February 2005, Licensee was employed as an LPN by a facility which offers medical, nursing and daily support services for persons with profound mental and severe physical challenges in a family-style home environment. One of the patients was a quadriplegic who had been diagnosed with mental retardation. The patient had a feeding tube and a tracheotomy tube and suffered frequent episodes of severe decline in oxygen saturation levels. An oximeter was the only means by which the nursing staff knew when the patient was having difficulty breathing, unless a nurse remained in the patient’s room constantly. The patient was documented as a code patient. While on duty in February 2005, Licensee did not have the patient on an oximeter. Licensee found the patient unresponsive. Licensee did not initiate CPR or call 911 for emergency assistance. When emergency responders arrived, the patient was pronounced dead. Licensee has been placed on the Department of Mental Health’s Disqualification List.</td>
<td>Revoked 6/10/2009</td>
<td></td>
</tr>
<tr>
<td>Sharon Lynne Ruis</td>
<td>PN2007003886</td>
<td>Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. Licensee failed to call in to NCPS, Inc. on thirty days. Further, on multiple dates, Licensee called NCPS, Inc. and was advised that she had been selected to provide a sample for screening. Licensee failed to report to a laboratory to provide the requested sample. Licensee was required to submit employer evaluations from each and every employer. If unemployed, a notarized statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or a statement of unemployment by the March 13, 2009 documentation due date.</td>
<td>Revoked 6/10/2009</td>
<td></td>
</tr>
<tr>
<td>Ora L. Smith</td>
<td>PN024984</td>
<td>Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. Licensee arrived for work carrying a cup full of an alcoholic drink, but emptied the contents of the cup in the parking lot prior to entering the building. When Licensee entered work, she smelled of alcohol, was unstable and exhibited an unsteady gait. The alcohol affected Licensee to the extent that she was unable to perform her duties as an LPN. The DON secured Licensee's keys upon arrival and took Licensee home before she had any contact with patients or medications.</td>
<td>Revoked 6/10/2009</td>
<td></td>
</tr>
<tr>
<td>Tami Lynn Stone</td>
<td>PN2002001431</td>
<td>Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. Licensee arrived for work carrying a cup full of an alcoholic drink, but emptied the contents of the cup in the parking lot prior to entering the building. When Licensee entered work, she smelled of alcohol, was unstable and exhibited an unsteady gait. The alcohol affected Licensee to the extent that she was unable to perform her duties as an LPN. The DON secured Licensee's keys upon arrival and took Licensee home before she had any contact with patients or medications.</td>
<td>Revoked 6/10/2009</td>
<td></td>
</tr>
<tr>
<td>Licensee Name</td>
<td>RN Number</td>
<td>Revocation Reason</td>
<td>Date of Revocation</td>
<td></td>
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<tr>
<td>-----------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Joan A. Taylor</td>
<td>PN040861</td>
<td>Offenders convicted of a felony or of a misdemeanor that demonstrates a disregard for the health and safety of others.</td>
<td>6/15/2009</td>
<td></td>
</tr>
<tr>
<td>Ursula M. Thompkins</td>
<td>RN124430</td>
<td>Health professional and have the results submitted to the Board.</td>
<td>6/10/2009</td>
<td></td>
</tr>
<tr>
<td>Karen K. Townsend</td>
<td>RN2006022223</td>
<td>Offenders convicted of a felony or of a misdemeanor that demonstrates a disregard for the health and safety of others.</td>
<td>6/10/2009</td>
<td></td>
</tr>
<tr>
<td>Brian J. Vargo</td>
<td>PN055216</td>
<td>Offenders convicted of a felony or of a misdemeanor that demonstrates a disregard for the health and safety of others.</td>
<td>6/15/2009</td>
<td></td>
</tr>
<tr>
<td>Robyn Michelle Watkins</td>
<td>RN2002000828</td>
<td>Offenders convicted of a felony or of a misdemeanor that demonstrates a disregard for the health and safety of others.</td>
<td>6/15/2009</td>
<td></td>
</tr>
<tr>
<td>Shaina P. Williams</td>
<td>PN052195</td>
<td>Offenders convicted of a felony or of a misdemeanor that demonstrates a disregard for the health and safety of others.</td>
<td>6/15/2009</td>
<td></td>
</tr>
</tbody>
</table>
### Voluntary Surrender

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Reason for Surrender</th>
<th>Date of Surrender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shawn Renee Griggs</td>
<td>RN2007004352</td>
<td>Licensee voluntarily surrendered nursing license.</td>
<td>8/31/2009</td>
</tr>
<tr>
<td>Valerie Jo Civella</td>
<td>PN0334486</td>
<td>Licensee was required to obtain fifteen (15) continuing education hours in Nursing Law and Ethics and Restraint Usage. Licensee has failed to complete the continuing education hours.</td>
<td>7/15/2009</td>
</tr>
<tr>
<td>Nancy B. Shoemaker</td>
<td>RN083725</td>
<td>Licensee worked as an LPN at the hospital. From September 2004 through June 2005, Licensee held herself out to the public, her employer and her patients as an RN. She received compensation for work she performed as an RN at the hospital. Licensee did not have an RN license.</td>
<td>7/7/2009</td>
</tr>
<tr>
<td>Tondra Jo Ramsey</td>
<td>PN20013001147</td>
<td>Licensee was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion.</td>
<td>7/19/2009</td>
</tr>
<tr>
<td>Arlene F. Giant</td>
<td>PN025174</td>
<td>Licensee refused to submit to urine drug screening. Licensee admitted that she had consumed marijuana, which would most likely show up through the urine drug screen.</td>
<td>8/19/2009</td>
</tr>
<tr>
<td>Mary Pauline Kincade</td>
<td>PN0334486</td>
<td>Licensee was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion.</td>
<td>7/7/2009</td>
</tr>
<tr>
<td>Lindsey Leah Law</td>
<td>RN20013001147</td>
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As we anticipate the upcoming legislative session, beginning January 2010, nurses need to consider their political involvement and remain informed of issues affecting nursing and health care.

The Missouri Nurses Association (MONA) is proud to host the 24th Annual MONA Nurse Advocacy Day to be held on Wednesday, February 24, 2010, at the Capitol Plaza Hotel in Jefferson City. Plan now to attend. The Preliminary Show of Interest Form is available for download from our website at www.missourinurses.org. Please submit your completed form by email to sara@missourinurses.org.

We are very pleased with the success of the MONA Nurse Advocacy Day. Over the past twenty years, we have observed Nurse Advocacy Day growing in attendance from ten to one thousand. This outstanding attendance is due to the support shown by the Missouri nursing programs as they acknowledge the importance of professional nurses and nursing students engaging in the political process at the grassroots level. Without this hands-on experience, their role as patient advocates in the political arena would be severely impaired. During this event, participants will learn to advocate for patients and all Missouri citizens as they interact with legislators while health care legislation moves through the political process. Participants will also have an opportunity to meet and network with other registered nurses and nursing students.

The MONA Government Affairs Committee has taken seriously its charge to provide you with an introduction to the political process. During the morning session, there will be a keynote address and attendees will be prepared for their experience at the Capitol by highlighting legislative interests to MONA. During the afternoon session, we will network with legislators and share positive individual and school experiences from the visit to the Capitol.

We expect more than 700 RNs and nursing students to attend. Registration costs for the event are $35.00 for students, $60.00 for MONA members and $85.00 for nonmembers.

If you have further questions, you may write or email Sara Fry at sara@missourinurses.org, as she is coordinating event registrations. Thank you for your support of MONA Nurse Advocacy Day in the past and we look forward to your assistance in making this event a success in the future.

If you would like information on becoming a MONA member, please contact Krista Lepper at Krista@missourinurses.org or call 573.636.4623. MONA is at the forefront regarding legislative and practice issues has many exciting members benefits including continuing education discounts, health insurance, vacation savings club, liability insurance and hotel discounts. To learn more, please visit our website at www.missourinurses.org

We thank you for being a part of the most respected profession…. NURSING!
Published by Elsevier Mosby, Nursing Pathways for Patient Safety is the distinguished panel of NCSBN experts seeking to create a change in the current state of health care safety management. This book examines the issues surrounding practice breakdown in a way that looks beyond individual errors and instead, examines practice breakdown from a systems perspective.

One of the book’s editors, Patricia Benner, Ph.D., RN, FNP, is the founder of the University of Pennsylvania, and Senior Scholar for the Carnegie Foundation for the Advancement of Teaching, comments, “This book is a ‘must read’ for all undergraduate and graduate nursing students, as well as all practicing nurses, and nurse educators and administrators. It clarifies and exemplifies the nurse’s central role in patient safety. Nurses are the patient’s first and last defense in today’s complex health care system. Central to their work is the prevention of safety hazards to patients as a result of hospitalization or encounters with all health care institutions.”

A culmination of NCSBN’s Practice Breakdown Initiative, the book describes the TERCAP0 (Taxonomy of Error Root Cause Analysis and Practice-responsibility) data collection instrument and provides a systematic review of eight types of practice breakdowns. Factors that may contribute to practice breakdown have been identified, including:

- Patient Profile;
- Patient Outcome;
- Healthcare Team;
- Setting;
- Intentional Misconduct or Criminal Behavior;
- Coverage of practice breakdown, such as clinical reasoning or judgment, prevention and intervention, is systematically explored.

The book presents compelling case studies in each chapter based on actual instances of practice breakdown. Chapters on mandatory reporting and implementation of a whole systems approach offer practical information on understanding TERCAP and provide a helpful framework for grasping the scope of problems, along with NCSBN’s approach to addressing them.

The book is priced at $93.95 and is available from Elsevier at http://www.us.elsevierhealth.com/index.jsp or by calling 1-800-545-2522.

NCSBN Elects New Members to its Board of Directors During its 2009 Delegate Assembly

CHICAGO—The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors during its 2009 Delegate Assembly. Those elected include:

**Vice President**

Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing, was previously the Area IV director from 2003-2007. During her tenure, Broadway served as board liaison to both the Examination and Credentialing subcommittees of the Ongoing Regulatory Excellence Committees.

**Directors-at-Large**

Debra Scott, MSN, RN, FNE, executive director, Nevada State Board of Nursing, is an elected Fellow of the NCSBN Delegate Assembly, and has served two terms as board chairman and two terms as vice chairman of the Idaho Board of Nursing.

There were 59 member boards represented by delegates. There were 59 member boards represented by delegates.

Includes the notable milestone of 100 years of nursing regulation. In 2009, nine member boards are celebrating 100 years of nursing regulation. Every year NCSBN honors executive officers at noteworthy points in their service to nursing regulation. Service awards were given to the following executive officers of boards of nursing:

- **Five Years**
  - Teresa Bello-Jones, JD, MSN, RN, executive officer, California Board of Vocational Nursing and Psychiatric Technicians

- **Ten Years**
  - N. Anthony Lee, JD, MSN, RN, executive officer, Alabama Board of Nursing

- **Fifteen Years**
  - Mary Blough, MSN, RN, executive administrator, Kansas State Board of Nursing

- **Twenty Years**
  - Sheila Breidenbach, MSN, RN, executive director, Minnesota Board of Nursing

- **Twenty-Five Years**
  - Kimberly Glazier, MEd, RN, executive director, Oklahoma Board of Nursing

NCSBN acknowledges each member board of nursing as they reach the significant milestone of 100 years of nursing regulation. In 2009, nine member boards are celebrating 100 years of nursing regulation.