I received several responses from my last newsletter article that really surprised me. Some of the comments expressed were about advertising, disciplinary actions and recognition. First, let me say that advertisements in the newsletter are for you. The Board of Nursing does not benefit from them, and in this time of economic difficulties, another source for job opportunities is only a plus. Next, listing disciplinary actions in the newsletter is a matter of protecting the public. This public information provides information to employers hiring nurses. It is not our intention to place this information solely for the purpose of demeaning an individual. On the other hand, we have on numerous occasions included articles regarding the accomplishments of nurses. As most nurses will tell you, nursing can be a thankless job. However, the peace seen on a patient’s face or the smile of a very ill child are often all the thanks we need.

The nursing profession has a lot of challenges to overcome. I recently saw a statement that said, “Where would we be if nursing were mostly men?” The context of demeaning an individual. On the other hand, it is important to understand that the Board of Nursing’s mandate is protection of the public. We do not care more for your license than you do. We only protect nursing by keeping a FEW deficient nurses from ruining the reputation of the nursing profession. That is why I say to stay vigilant, stay caring and make a difference. Be careful out there!

**Investment by State Board of Nursing Would Continue Successful Caring for Missourians Initiative**

Gov. Nixon Announces Initiative to Boost Nursing Graduates for Three Years

KANSAS CITY, Mo.–Building on the success of Gov. Jay Nixon’s Caring for Missourians initiative, Missouri’s public universities could receive an additional $3 million over the next three years to educate more nurses under a new proposal announced today. Gov. Nixon made the announcement during a visit to the University of Missouri-Kansas City School of Nursing.

“Nursing is a vital and rewarding profession, and we are helping students compete in a rapidly growing industry. This is a strategic investment in the health of Missourians and the health of our economy.”

Launched in fall 2009, Caring for Missourians was a one-time investment of $40 million to increase the number of nurses, physicians, dentists and other health professionals being educated at Missouri’s public colleges and universities. Colleges and universities developed individual plans for how they would invest their Caring for Missourians funds.

In the nursing field alone, the state’s public, four-year universities planned to increase the capacity of existing degree programs by 284 seats because of Caring for Missourians. Of that total, 203 seats were part of a one-time increase, but the remaining 81 seats were added on a permanent basis.

The Board of Nursing has voted to award $1 million in grants each year for three fiscal years 2012, 2013 and 2014 to hire faculty to sustain the enrollment increases at Missouri’s four-year universities. Funds for the grants would come from the license fees nurses pay to the state of Missouri.

The number of nursing students who could be educated under this initiative would depend on the universities’ grant applications. It is estimated that the $3 million investment would fund approximately 13 full-time faculty positions each year for three years. Before the grants can be awarded, the General Assembly must approve a statutory change.

“I commend the Board of Nursing for its vision and its willingness to help us educate more nurses through Caring for Missourians,” Gov. Nixon said. “We have a pressing need for more nurses in Missouri, and I encourage the General Assembly to act quickly to help us get more Missourians working in this critical area.”

“Gov. Nixon clearly understands the importance of nurses for our health care system and our state’s economy,” said Aubrey F. Moncrief, president of the Missouri State Board of Nursing. “We are proud to stand with the Governor to support the Caring for Missourians initiative and to extend the increase in the capacity of Missouri’s nursing degree programs. We look forward to welcoming hundreds of additional nurses to our ranks in the coming years.”

“When students graduate from UMKC with a nursing degree, they move directly from the classroom to the workforce,” said Dr. Thad Wilson, acting dean of the UMKC School of Nursing. “Caring for Missourians has allowed us to provide a quality education to prepare more students to enter the nursing profession. This investment by the Board of Nursing would help us sustain that increase for three additional years and prepare more students for successful careers. We applaud the leadership of both Gov. Nixon and the Board of Nursing on this critical initiative.”
Medical errors and patient safety are a national concern to all involved in health care delivery. Health care providers and regulators are legally and ethically obligated to hold individuals accountable for their competency and behaviors that impact patient care. A punitive environment does not fully take into account systems issues, and a blame-free environment does not hold appropriate individuals accountable. We know that it is human to make mistakes. We all do it. We try to account for human error by making safer systems. Despite these facts, the Board of Nursing receives more than 1500 complaints a year. In almost every investigation, there is an aha moment that downward spiral continued in an environment plagued with systems errors. Sometimes it simply was caused by a bad actor. Regardless, there is a high level of frustration when we see similar systems errors and can only regulate our piece, the nurses themselves. Everyone has a role in making health care safe, including the patient. The Board of Nursing has been actively involved in the Just Culture movement. Our ultimate goals are 1) educate consumers so they speak up to the right people when in the practice setting and 2) assist employers in identifying issues that are better addressed in the practice setting including the patient. The Board of Nursing has been actively involved in the Just Culture movement. Our ultimate goals are 1) educate consumers so they speak up to the right people when in the practice setting and 2) assist employers in identifying issues that are better addressed in the practice setting instead of reporting them to the Board. Healthcare needs to be a partnership at all levels even regulatory. We need to spend our resources on the right things that will have a positive impact on patient safety.

Save the Date! April 5, 2011 Join us for the... 5th Annual MOCPS Patient Safety Conference “Inspiring Change... Improving Care” featuring keynote speaker David Maxfield, whose book, Change Anything will also be available, along with other national and state-wide safety experts. More Details Coming Soon!

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Number of Nurses Currently Licensed in the State of Missouri

As of January 4, 2011

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>23,353</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>91,621</td>
</tr>
<tr>
<td>Total</td>
<td>114,974</td>
</tr>
</tbody>
</table>

Schedule of Board Meeting Dates 2011-2012

- March 2-4, 2011
- June 1-3, 2011
- September 7-9, 2011
- December 7-9, 2011
- March 7-9, 2012
- June 6-8, 2012
- September 5-7, 2012
- December 5-7, 2012

Meeting locations may vary. For current information please view notices on our website at 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.
A State of Justice

Healthcare organizations in a number of states—North Carolina, Missouri and California chief among them—have heeded Marx’s “better way.” They’ve spent the last several years pioneering the statewide adoption of his visionary approach, with impressive results.

North Carolina is one of a handful of states that have been launching statewide initiatives to engage everyone—from regulators and healthcare leadership to individual physicians and nurses—in this alternate approach to improving patient safety and the overall tone of the workplace environment.

And Justice for All

In talking to hospitals, she discovered that many were extremely interested in what Marx had to say. A subsequent statewide, day-and-a-half educational session attracted 130 people from 30 hospitals. This led, in short order, to the establishment of a statewide collaborative to provide participating healthcare organizations with a foundational platform and strategic goals. “We’ve been building statewide consensus for fair and just culture since that time,” says Dr. Koeble.

The NC Quality Center has developed two collaboratives—an 18-month program that began in 2006 and attracted nine hospitals, and a second two-year program, begun in 2008, involving eight facilities. In addition to the collaborative programs, the center provides educational programs on a statewide, regional and local basis.

Three in-person educational sessions, regular teleconferences and coaching calls are offered to participating organizations, Dr. Koeble says. In addition, hospitals are provided with how-to materials created by Marx’s company, including an assessment algorithm tool, to determine how to handle and respond to medical errors at the organizational level.

The North Carolina Board of Nursing is very much involved, and has adopted the Just Culture model to investigate “deviations from [standard] nursing practices. They’ve been piloting a tool in the state to assist hospitals,” she says. Hospitals can use the tool to determine whether they can handle specific adverse events on their own, or whether a case should be referred to the board of nursing. “It’s been a very successful pilot.”

One of the lessons learned along the way involves leadership engagement. Some of the hospitals in the first collaborative “moved rapidly,” while others “barely got out of the starting gate in 18 months. The successful ones were those that had senior leadership engaged from the beginning.”

The second lesson was learned after participants in the first collaborative program were asked to go back to their organizations and train their managers. “They had a difficult time providing the training,” she says. In the second collaborative, representatives from the center provided the
Miller, who has a background in health policy, regulations, and risk management in acute care, says Just Culture “really takes the way I tried to work intuitively, and puts a model and some science behind it. If you don’t have people who are aware of Just Culture and are prepared to act on it, you aren’t going to be able to prevent mistakes before they happen. That’s something that needs to be drilled down through the entire organization.”

And while that’s easier said than done, the CEO and a physician at a few hospitals “sat through an entire day of training. That’s the kind of organization that you’re really seeing taking the lead in doing this kind of work,” she says.

Making Healthcare Safer

Theresa Manley, chair of the California Patient Safety Action Coalition (CAPSAC), says that state’s action on Just Culture arose out of two mandatory reporting laws that became effective in July 2007. One was an adverse event reporting mandate; a second piece of legislation introduced an administrative fine for hospitals that failed to report these events in a timely way.

“We decided we wanted to get a group of people together across the continuum of healthcare in California to see how we could make healthcare safer,” Manley says. “At the state level, we all agreed that in light of this punitive legislation that was passed, as a healthcare provider community, we saw a real value in looking at the culture in our organizations.”

CAPSAC obtained a grant to hold a convening meeting in July 2008, and decided to partner with Marx’s company, Outcome Engineering, “in trying to spread the idea of fair and just culture.”

Before long, the number of CAPSAC’s membership organizations grew from 20 to 60. “There was a feeling of urgency among healthcare organizations on how to become safer. We can do a better job of investigating adverse events and finding out why people make the behavioral choices they do. We thought the Just Culture approach could help.”

CAPSAC also developing a physician strategy. “We cannot have a successful Just Culture without physician involvement,” says Manley. “We’re going to work with the California Medical Association and senior physician leaders across the state to help lead this effort.”

February, March, April 2011

In addition, CAPSAC is reaching out to the broader community by working with Americans For Quality Healthcare, a national partnership organization, to help identify states having similar legislation, and, in turn, educate our legislators on principles of a fair and just culture. We want to do more outreach and influence the provider groups in having one voice about eliminating reckless behavior,” Manley says.

Dr. Koeble of North Carolina says, “The Just Culture model gets it right because you can’t put real value on all the effort we’re going to have to put in to prevent an adverse event and treat people fairly. They are responsible for their own actions, they have choices, and they know what’s expected of them.”

At the same time, if they choose to deviate from acceptable behavior, “there are repercussions that can happen. If someone coaches me to be in a good place, that’s a positive thing, and I shouldn’t take it personally.”

At the same time, if they choose to deviate from acceptable behavior, “there are repercussions that can happen. If someone coaches me to be in a good place, that’s a positive thing, and I shouldn’t take it personally.”

To McCall, this is almost like good parenting. As a supervisor, manager or leader, you’re trying to influence the choices that people will make when you’re not there. Let’s make sure that healthcare workers are not reckless or at risk, and that they choose the right things to do. I think that’s why Just Culture really has such broad appeal. It speaks to the intelligence and integrity of healthcare providers.”

Prevention Strategist is a quarterly magazine for APIC members that helps put science into practice by providing evidence-based strategies and practices for reducing infections, along with cutting-edge information and resources. It includes pragmatic, actionable information to improve your practice and help you respond to emerging issues and opportunities. You will find practical guidance from leading experts and experienced practitioners, case studies and tools that you can adapt and apply to your own practice.

Published in print with special online-only supplements, Prevention Strategist is a membership benefit supported by member dues. You can receive print issues of Prevention Strategist by becoming an APIC Member or www.apic.org.

Visit www.justculture.org for more information about David Marx and the Just Culture movement.

Visit the Missouri Center for patient safety at http://www.mocps.org/
It has been brought to my attention that while I have discussed, in several articles, the varying levels of discipline that the Board can impose, I have never included another possible outcome to a discipline case: voluntary surrender. Section 335.066.3 RSMo is the statute that gives the Board authority to impose discipline. Here is the relevant portion of that statute: "...the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit." You'll notice that voluntary surrender is not included in that statute. The Board cannot require or impose a voluntary surrender. Technically, a voluntary surrender is not discipline. However, it will be reported to the national databases and will be posted on the Board’s web-site.

There are two kinds of voluntary surrender: with facts and without facts. If a nurse voluntarily surrenders without facts, it means that they are not admitting to any violation of the Nursing Practice Act. The licensee is simply giving up their right to practice nursing in the State of Missouri. If a licensee voluntarily surrenders with facts, it means that they are admitting to a violation of the Nursing Practice Act and, in lieu of contested disciplinary proceedings or discipline being entered against their license, they are giving up their right to practice nursing in Missouri. The practice act violation that the licensee has admitted to will be reported to the national database. It will also appear on the Board’s public website and in the newsletter.

After voluntarily surrendering a license, the licensee may re-apply for licensure. Unlike a revocation, the licensee does not have to wait a year before re-applying. However, like a revocation, the licensee does have to fully re-apply. What that means is that the individual has to go through the entire application process. This includes the paper application, a background check and, if approved, re-taking the NCLEX. Just as any other applicant, the Board may choose to place the licensee on probation if they allow them to take the NCLEX.

Some licensees choose the voluntary surrender option because they feel it will look better on their record than a revocation. Either way, the licensee has lost the privilege of practicing in the State of Missouri. While the licensee can honestly say that they have never been disciplined by the Board, they still have a record that includes the loss of their license.

The voluntary surrender is an option that allows the licensee to avoid formal discipline, while allowing the Board to fulfill its statutory obligation to protect the public.
As the year 2010 has come to a close it is time again to reflect on nursing education in Missouri. Currently there are 47 Programs of Practical Nursing (PN), 35 Associate Degree Nursing (ADN) Programs, 23 Baccalaureate of Science in Nursing (BSN) Programs, as well as one Diploma Nursing Program in Missouri. In order for any nursing program to operate in Missouri, MSBN Program Approval is required.

In 2010 the MSBN Board office received four Letters of Intent for establishment of new Associate Degree in Nursing Programs in Missouri. Letters of Intent were submitted from Brown-Mackie College, ITT Technical College–Springfield, Moberly Area Community College–Kirksville, as well as Arkansas State University.

In addition to Letters of Intent received this year, two applications for establishment of nursing programs, received at the Board office during 2007/2008, were officially closed per request of each sponsoring institution. Future intent for establishment of such new programs would require initiation of new proposal approval processes.

Five new Missouri nursing programs initiated instruction this year. The new nursing programs are the Missouri Valley College–BSN Program in Marshall, PN programs in Carthage and Clinton, and ADN Programs at ITT Technical Institute in Earth City, as well as at Crowder College in Cassville. Initial Program Approval site surveys were conducted to ensure program proposal compliance prior to program start. Follow-up surveys are conducted to assess program progress and/or to address issues as necessary. Upon graduation of each new program's first class and receipt of respective licensure exam results, site surveys will be conducted to assess continued program compliance with Minimum Standards, to include program adherence to the approved proposal. Changes as authorized by the Board may also be assessed, if applicable. The Board then reviews survey reports, to include program data for each program, and has the authority to continue Initial Program Approval for one year at a time, deny Program Approval or grant Full Program Approval.

In 2010 Board staff conducted a total of 46 site surveys. Out of those, 20 were routine visits, to include an Initial to Full Approval visit to the College of the Ozarks–BSN Program in Point Lookout. Board staff also conducted three relocation verifications and 23 focused/follow-up surveys. A total of 12 surveys were conducted at BSN programs, 17 at ADN programs and 17 at PN programs as well. A total of 29 site surveys have been scheduled for the year of 2011 so far.

A list of nursing programs approved by the MSBN, complete with approval status as well as current and past NCLEX pass rates, is accessible through the MSBN website at http://pr.mo.gov/nursing.asp, under Schools of Nursing and Pass Rates. A list of MSBN approved IV Therapy Certification Programs is available on the website under IV Therapy Programs, as well.
When deciding what reports are to be sent to the Board, employees should refer to the Nurse Practice Act, Chapter 335.066. A copy of the Nurse Practice Act can be accessed at the board’s website (http://pr.mo.gov/nursing.asp) under Rules & Statutes (Nursing Practice Act). This section of the Nurse Practice Act lists the 16 possible causes for discipline. Before the Board initiates an investigation against a licensee, the conduct described in the report must fall under one of the 16 causes for discipline. If the cause for final disciplinary action does not meet at least one of those criteria listed, the Board does not have the authority to discipline that licensee. Therefore, there is no need to send that information to the Board.

The sixteen causes for discipline are as follows:

1. Use or unlawful use of any controlled substances defined in chapter 195 or alcoholic beverage to an extent that such use impairs a person’s ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096.
2. The person has been finally adjudicated and found guilty or entered a plea of guilty or nolo contendere in a criminal prosecution pursuant to the laws of any state or of the United States for any offense reasonably related to the qualifications functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096 for any offense an essential element of which is fraud, dishonesty or an act of violence or any offense involving moral turpitude whether or not a sentence is imposed.
3. Use of fraud, deception, misrepresentation or bribery in soliciting or inducing anyone to use his or her certificate of registration or authority permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any exam given or required pursuant to sections 335.011 to 335.096.
4. Obtaining or attempting to obtain any fee charge tuition or other compensation by fraud, deception or misrepresentation.
5. Incompetency misconduct gross negligence fraud misrepresentation or dishonesty in the performance of the license based upon a material mistake of fact.
6. Violation of or assisting or enabling any person to violate any provisions of section 335.011 to 335.096.
7. Impersonation of any person holding a certificate of registration or authority permit or license or allowing any person to use his or her certificate of registration or authority permit license or diploma from any school.
8. Disciplinary action against the holder of a license or other right to practice in profession regulated by sections 335.011 to 335.096 granted by another state territory federal agency or county upon grounds for which revocation or suspension is authorized in this state.
9. A person is finally adjudged insane or incompetent by a court of competent jurisdiction.
10. Assisting or enabling any person to practice or practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096.
11. Issuance of a certificate of registration or authority permit or license based upon a material mistake of fact.
12. Violation of any professional trust or confidence.
13. Use of any advertisement of solicitation which is false misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed.
14. Violation of the drug laws or rules and regulations of this state any other state or the federal government.
15. Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency.
16. Failure to successfully complete the impaired nurse program.

After referring to the 16 causes for discipline, and determining that the nurse’s conduct which resulted in the action taken by the employer falls under one or more of the causes for discipline, then proceed with the report to the Board. Reports to the Board must be made in writing.

The information should be submitted within 15 days of the final disciplinary action and shall contain but need not be limited to the following:

- Name and address and telephone number of the person making the report.
- A description of the facts, including as much detail and information as possible.
- The date of each alleged incident.
- The name, address and telephone number of the licensee who is the subject of the report.
- A list of witnesses and their contact information.
- A copy of the internal investigation, if there is one.

Complying with mandated reporting requirements as defined in Chapter 383, RSMo shall not be deemed a violation of federal Health Insurance Portability and Accountability Act also known as HIPAA. The State Board of Nursing is classified as a health oversight agency as defined in the HIPPA privacy rules.

In those instances where a nurse voluntarily enters into an employee assistance program or a treatment program for alcohol or drug impairment, and no discipline was taken by the facility, the facility is not mandated to report that nurse. But, the facility may report the nurse if it chooses to.

The information outlined in this article should be of assistance to employers when complying with the mandated reporting law. We hope that the information will assist you in deciding what is to be sent in to the Board as a report of final disciplinary action.
Missouri State Board of Nursing

Practice Committee Members:
- Deborah Wagner, RN
- Rhonda Shimmens, RN-C
- Roxanne McDaniel, RN, PhD
- Robyn Chambers, LPN

Requirement for LPN Supervision

We have received several calls from LPNs who are working in some environments where there isn't a physician or RN involved in their practice. This raises the question of who is providing the required supervision for the LPN as required by law. Practical Nursing is defined in 335.016 RSMo as, "the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. For the purposes of this chapter, the term “direction” shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated order or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight." It is very clearly stated that a LPN shall not practice independently. It is also clear that the supervision does not have to be direct, onsite supervision.

Some examples of practice environments that have been brought to my attention include schools, privately owned in-home services, and day care centers or community centers offering child care where tracking of immunizations, may not be thought of as patient care. In many of these positions, the job description specifically requires a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight. It is not working under the other professional’s license, the LPN has her own license and own scope of practice, based upon their education, experience, knowledge, training skill and/or competence. The RN or physician must be actively involved in the LPN’s practice and have direct knowledge about the types and category of the medical treatments or medications the LPN is caring for. If medical treatments are involved, orders from a person licensed by a state regulatory board to prescribe medications or treatments are required.

Changes in Rules Impacting APRNs

Revisions to the APRN and Collaborative Practice rules became effective November 30, 2010. This language includes the rules pertaining to controlled substance prescriptive authority. This practice cannot begin until the BNDD database replacement has been completed. When this practice is to begin, letters will be sent to all APRNs informing them of the process to follow. Other language that has changed:

- Both sections have been reorganized to be more user friendly
- Re-certification for noncertified APRN requirements have been changed to a minimum of 800 hours of clinical practice and 60 contact hours in their advanced practice clinical specialty every two years.

A paragraph was left out of the rules pertaining to controlled substance prescriptive authority. An amendment will be proposed in the near future. The information left out pertained to the requirement for evidence of a minimum of 1000 hours of practice in an advanced practice nurse a category prior to application for a certificate of controlled substance prescriptive authority. This requirement is specified in statute 335.019 RSMo and is to be further defined in the rule.

**Fatigue vs Safe Nursing**

*by Roseann Colosimo*

For those of you old enough to remember the Hill Street Blues Television series, the program started with the Sergeant giving assignments and then as officers left for patrol, he would always say, “let’s be careful out there!” Patient Safety is a national issue because errors are responsible for significant morbidity and mortality in healthcare. In 2008, Janice Ellis authored the white paper for the Washington State Nurses Association titled Quality of Care, Nurses’ Work Schedules and Fatigue. She describes today’s healthcare “The modern health care environment includes increased demands regarding improving patient care outcomes at the same time it is facing a serious nursing shortage... These aspects coupled with the increased complexity of patients and medication the nurses are required to deal with.” (Ellis 2008)

Evidence is present both in general occupational and nursing studies that the effects of fatigue on performance are manifested by decreased alertness, vigilance, concentration, judgment, mood and performance. So fatigue is not good for the performance of safe nursing practice. A study of critical care nurses and errors recommended that the use of 12-hour shifts should be minimized and no more than 12 hours should be worked in a 24-hour period. (Scott et al 2006)

It is not true that every 12-hour shift is bad, however after 90 hours or 12-hour shifts, performance significantly decreases. A study of critical care nurses and errors recommended that the use of 12-hour shifts should be minimized and no more than 12 hours should be worked in a 24-hour period. (Scott et al 2006)

The nation is seeing more criminal prosecutions of healthcare providers. Increases in criminal cases that involve nurses should help you to rethink your risky practices. The new Journal of Nursing Regulation which had its first publication in April 2010, has an article “Medication Errors and Criminal Negligence: Lessons from Two Cases” by Stephen Hurley JD and Marcus Berghahn JD. The article summarizes the lessons of what transforms ordinary negligence into criminal negligence, citing the following factors:

- Vulnerable patients, including those especially young or old.
- Inattention by the healthcare provider, excessive fatigue that affects a nurse’s judgment, bypassing safety systems and failing to follow the “five rights.”
- Obtaining medication in anticipation of a physician’s order.
- Administering or altering the administration method in a manner outside the scope of one’s practice (Hurley & Berghahn 2010)

Many times nurses are in denial about the effect of fatigue, they believe that as long as they were well in working an extra shift nothing bad can happen. This is not true. The family and critical care nurses do not look at good intentions when a patient is harmed. The family sees the patient harmed by the nurse working hours that national safety standards would not let truck drivers or pilots work. The truck driver causing an accident because of fatigue is the same as the nurse giving the wrong medication or not being vigilant to signs and symptoms of distress in the patient because of fatigue. The American Nurses Association states it is the ethical responsibility of the nurse to understand fatigue and not to practice when fatigue compromises safety and competency. So “let’s be careful out there!”

**References**


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NCSBN Embarks on Landmark Multi-Site Simulation Study to Examine the Use of Simulation in Nursing Education

CHICAGO–NCSBN announces the launch of a landmark, national, multi-site study of simulation use in prelicensure nursing programs. Beginning in the fall of 2011, the NCSBN Simulation Study will monitor students from five associate degree nursing programs and five baccalaureate degree nursing programs in the U.S. from their first day of nursing school through graduation, into their first year of practice.

The NCSBN Simulation Study aims to highlight currently known best practices in simulation use; evaluate the learning occurring with various amounts of simulation substituting for clinical hours; establish key simulation standards and learning experiences in each core clinical course during the study; and evaluate new graduates’ ability to translate educational experiences into the workplace. To achieve these objectives, students from each of the 10 study sites will be randomly assigned to one of three groups: a group where up to 10 percent of the time normally spent at clinical sites will be spent in simulation, a group where 25 percent of the time normally spent at clinical sites will be spent in simulation or a group where 50 percent of the time normally spent at clinical sites will be spent in simulation.

“We are thrilled to launch this innovative and groundbreaking research. A study in simulation of this magnitude has never been done before,” said Maryann Alexander, PhD, RN, chief officer, Nursing Regulation, NCSBN. “We are extremely excited to be partnering with outstanding nursing schools who work tirelessly to prepare nurses of tomorrow. Their participation in this study is important and exciting endeavor ahead of us.”

Each study site consists of a Study Team, which is comprised of faculty and staff from the school. All 10 Study Teams will meet three times over the course of the next six months to learn about facilitating simulation, debriefing techniques, and using assessment tools and ratings. Study teams will also establish the curriculum that all study sites will utilize over the next two years based on results from a national curriculum survey that was sent to clinicians and nursing schools. The first of these meetings took place in Chicago, Nov. 30-Dec. 1, 2010.

Study Teams will monitor students daily, upon completion of each clinical course, after one year in the nursing program, upon graduation and finally, one year postgraduation. The research gathered by the Study Teams will be reported to NCSBN, which will assess nursing knowledge, clinical competence and student satisfaction with the education they received.

During the final phase of the NCSBN Simulation Study, NCSBN will evaluate how well the new graduate nurses are able to apply the knowledge they have acquired during nursing school to their practice as new nurses, providing the missing link that has never been studied in previous simulation studies. Researchers will examine and compare clinical and simulation experiences, competencies and level of practice. The follow-up of graduates into their first year of practice will focus on retention of new nurses and clinical judgment after graduation.

According to Jennifer Hayden, MSN, RN, associate, research, NCSBN, and simulation study project director, “The information that will be gained from this research is desperately needed by nursing regulators and educators, and will impact the future of nursing education. The project team and participating schools have overwhelming enthusiasm for this project, and we are all looking forward to this very important and exciting endeavor ahead of us.”

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories–American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also seven associate members.

Mission: NCSBN provides education, service and research through collaborative leadership to promote regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.
The Health Professional Loan Repayment Program is the repayment of outstanding educational loans in exchange for providing primary healthcare services in areas of need in Missouri. A shortage area means any of the following which the Secretary of Health and Human Services determines has a shortage of health professionals:

- Urban or rural areas
- Population group
- Public or nonprofit private medical facility

There is a minimum, two-year contract required. The Department of Health provides loan repayment to the following:

- Registered and advanced practice nurses
- Primary care physicians
- Primary care dentists
- Psychiatrists
- Psychologists
- Licensed clinical social workers
- Licensed professional counselors
- Dietitians/nutritionists

Maximum Loan Repayment Amounts:

- $25,000 per year for primary care physicians, dentists, psychiatrists, and psychologists.
- $10,000 per year for primary care advanced practice nurses, licensed professional counselors and licensed clinical social workers.
- $5,000 per year for primary care registered nurses and dietitians/nutritionists.

Qualifications Are:

- Must be a United States citizens
- Must have qualifying employment as stated in Missouri Revised Statute 333.245
- Must be employed at least 40 hours per week, and not more than 8 of those hours per week can be devoted to practice-related administrative activities.

The following are for primary care practitioners only:

- Must provide services to MO HealthNet patients.
- Must enter into an appropriate agreement with the state Children’s Health Insurance Program to provide service to children under Title XXI.
- Must provide a sliding fee scale for the uninsured

<table>
<thead>
<tr>
<th>Missouri Professional and Practical Nursing Student Loan Program FY07</th>
<th>Missouri Professional and Practical Nursing Student Loan Program FY09</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recipients</strong></td>
<td><strong>Loan Amount</strong></td>
</tr>
<tr>
<td>RN</td>
<td>$310,000</td>
</tr>
<tr>
<td>LPN</td>
<td>$12,500</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$322,500</td>
</tr>
</tbody>
</table>

In June, 2006, there were 182 applications received. A total of 67 applicants were selected to receive loans; 62 were made to RNs (or higher) and 5 loans were made to applicants pursuing a LPN degree. All RN contracts were awarded $5,000 each. All LPN contracts were for $2,500.

<table>
<thead>
<tr>
<th>Missouri Professional and Practical Nursing Student Loan Program FY08</th>
<th>Missouri Professional and Practical Nursing Student Loan Program FY10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recipients</strong></td>
<td><strong>Loan Amount</strong></td>
</tr>
<tr>
<td>RN</td>
<td>$320,000</td>
</tr>
<tr>
<td>LPN</td>
<td>$15,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$335,000</td>
</tr>
</tbody>
</table>

In June, 2008, there were approximately 190 applications received. A total of 70 applicants were selected to receive loans; 64 were made to RNs (or higher) and 6 loans were made to applicants pursuing a LPN degree. All RN contracts were awarded $5,000 each. All LPN contracts were for $2,500.

<table>
<thead>
<tr>
<th>Missouri Professional and Practical Nursing Student Loan Program FY11</th>
<th>Missouri Professional and Practical Nursing Student Loan Program FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recipients</strong></td>
<td><strong>Loan Amount</strong></td>
</tr>
<tr>
<td>RN</td>
<td>$340,000</td>
</tr>
<tr>
<td>LPN</td>
<td>$17,500</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$357,500</td>
</tr>
</tbody>
</table>

In June, 2009, there were approximately 143 applications received. A total of 79 applicants were selected to receive loans; 72 were made to RNs (or higher) and 7 loans were made to applicants pursuing a LPN degree. All RN contracts were awarded $5,000 each. All LPN contracts were for $2,500.

Information for this article was obtained from the Missouri Department of Health and Senior Services.
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**

Asmus, Catherine Marie
Branson, MO
Licensed Practical Nurse 2002003888
In June 2009, Licensee administered Darvocet to her daughter. Her daughter did not have a valid prescription for Darvocet. Censure 9/22/2010 to 9/23/2010

Hilmes, Kelly Renee
Breese, IL
Registered Nurse 2000002877

Yawn, Wanda Jean
Clever, MO
Registered Nurse 2005006019
On May 13, 2009, Licensee was assigned to care for multiple patients during an overnight shift. At approximately 1:10 a.m. Licensee obtained blood to transfuse to a patient. Licensee set up the blood transfusion. Licensee did not begin the transfusion. Three hours later, Licensee realized that she had not started the patient’s transfusion. Licensee then began the blood transfusion. Licensee falsely documented that she did not obtain the blood until 4:10 a.m. Censure 9/8/2010 to 9/9/2010

Ruff, Sharon D.
Saint Louis, MO
Registered Nurse 128211
Saint Louis, MO
Ruff, Sharon D.
__________________________
Censure 9/8/2010 to 9/9/2010

Lemons, Glenn R.
Camerion, MO
Licensed Practical Nurse 048106
On March 19, 2009, a full card of Oxycodone and the controlled drug record for the card was missing. When questioned by administrators, Licensee stated that the card had become damaged and she placed the card in her pocket. She discovered, after she had left that she still had the card in her possession. She then destroyed the card and the oxycodone. Censure 9/14/2010 to 9/15/2010

Dutton, Joan Marie
Joplin, MO
Registered Nurse 199919241
Licensee, after learning that two graduate nurses had failed their licensure exams, allowed them to continue to work as graduate nurses. Censure 10/8/2010 to 10/7/2010

Shipley, Ladonna A.
Raymore, MO
Licensed Practical Nurse 2007015985
On April 3, 2009, Licensee wrote a prescription for a controlled substance for a patient and forged a doctor’s name to the prescription. Licensee does not have legal authority to prescribe controlled substances. Censure 9/22/2010 to 9/23/2010

Higgins, Christi Michelle
Columbia, MO
Registered Nurse 2006004522
An infant had an order for Nupogen. Licensee was unsure if the Nupogen had already been administered and, therefore, did not give it. Licensee did not request assistance for the procedure. Licensee administered radiology contrast material to a patient through a PCVC; a procedure she had never been trained for. Censure 10/2/2010 to 10/3/2010

Wellen, Karen S.
Saint Louis, MO
Registered Nurse 975546
Respondent was required to contract with a third party administrator to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was required to submit a sample for testing. Respondent failed to report to a laboratory to provide a requested sample on four dates: December 11, 2009; January 27, 2010; March 1, 2010; and April 16, 2010. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive the evaluation that was due on August 29, 2009 until September 17, 2009. The Board did not receive the evaluation for the November 30, 2009 documentation due date. The Board did not receive the evaluation that was due on March 1, 2010 until March 17, 2010. Censure 9/14/2010 to 9/15/2010

Kimble, Alice F.
Kansas City, MO
Licensed Practical Nurse 017653
Licensee practiced nursing in Missouri without a license from June 1, 2008 through August 24, 2008. Censure 10/28/2010 to 10/29/2010

Sullivan, Paul S
Clarence, MO
Registered Nurse 115170
While caring for a patient, Licensee pre-charged findings in the patient’s chart. Censure 11/20/2010 to 11/21/2010

McMahon, Doris
Nevills, MO
Registered Nurse 059274
Respondent was working in a collaborative practice as an advanced practice registered professional nurse. The doctor provided the initial controlled substance prescription for patients, but Respondent would authorize subsequent refills of the controlled substances. Censure 10/28/2010 to 10/29/2010

Ludwig, Mary E.
Saint Louis, MO
Registered Nurse 061199
Licensee practiced nursing in Missouri while her license was expired from May 1, 2009 through August 12, 2010. Censure 10/6/2010 to 10/7/2010

Hussing, Bridget Dianna
Richmond, MO
Licensed Practical Nurse 2006027470
On March 18, 2008, Licensee filed an application to renew her license with the Missouri State Board of Nursing. Licensee was asked if she was being investigated or if any disciplinary action was pending against any license, certification, registration or permit that she held. Licensee responded ‘no’ to the question. In fact, Licensee’s certificate as a Certified Nursing Assistant was being investigated by the Missouri Department of Health and Senior Services. Censure 10/22/2010 to 10/23/2010

Markis, Natalie Elaine
Columbus, OH
Registered Nurse 2007024251
Licensee was caring for a patient receiving a Levophed drip to stabilize blood pressure. The IV became dislodged, causing the Levophed to seep into the tissue around the IV site. Licensee did not immediately turn off the drip. The physician was instructed to call the physician to call anesthesia. Licensee called the physician herself and got an order for a central line and paged anesthesia herself. Licensee was coached that she would need to fill out an incident report which the Licensee did not do immediately. Censure 10/6/2010 to 10/7/2010

Serrone, Judith Ann
Gladstone, MO
Licensed Practical Nurse 053499
Licensee and a resident were having a relationship outside of work. She and the resident had met for dinner and the resident had been to her house. Licensee stated they had even talked of the resident moving in with her. The resident’s last Social Security check was mailed to her house and Licensee brought the check in for the resident. Censure 11/21/2010 to 11/27/2010

Beedle, Sandra Marie
Sikeston, MO
Licensed Practical Nurse 2006030447
Licensee was employed by Correctional Medical Services. Licensee got into a verbal altercation with an inmate. Licensee informed the inmate that he would be getting a shot if he did not calm down. The inmate had an order for a psychiatric medication. The order was ambiguous as to whether or not the medication was an involuntary medication. Licensee did not clarify the order with the physician. Licensee had other employees restrain the inmate and she administered the injection. The physician had not ordered an involuntary medication for the inmate. Censure 11/5/2010 to 11/6/2010

Arnoldy, Venus
Saint Louis, MO
Registered Nurse 150354
On December 13, 2008, Licensee surrendered her registered nursing license in the State of Florida. Pursuant to Florida law, the surrender of a professional license constitutes disciplinary action against the license. Censure 10/28/2010 to 10/29/2010

Censure continued on page 12
Probation 11/16/2010 to 11/16/2012

noted that routine medications for the last ten residents were not as ordered. Nurse documented that she administered the medications for the remaining two (2) mg. On or about August 13, 2009, Licensee was assigned to care for a patient that had had abdominal surgery approximately two weeks earlier. The patient had been receiving oral pain medication to manage their pain for the prior seven days. Licensee restated the patient on IV pain medication. Licensee's justifications for her actions were that the incision site was becoming necrotic and the patient complained of 'severe pain'. Licensee did not document her assessment of the incision site or any changes in the patient's condition for the rest of the shift. On December 22, 2009, Licensee was placed on the Missouri Nurse Assistance Program (KNAP). Facility staff observed Licensee as having red eyes, having a runny nose, having difficulty tracking with her eyes, having difficulty maintaining a single train of thought and spoke in fragmented sentences, and that she appeared nervous. Licensee also appeared pale and was sweating. Licensee was asked to submit to a urine drug screen. Licensee refused to submit to a urine drug screen and was terminated from employment. Probation 9/17/2010 to 9/17/2013

McMellen, Helen
Jefferson City, MO
Licensed Practical Nurse 035718

At approximately 2:00 a.m. on the morning of December 12, 2007 as a result of the positive drug screen. Licensee refused to take the medical marijuana. When the nurse manager confronted Licensee, she was crying and admitted that she was "not in a healthy state to work". The nurse manager sent Licensee home. After Licensee left, several of Licensee's co-workers approached the nurse manager and advised him that, based on their observations, they believed that Licensee was impaired by drugs or alcohol. On July 5, 2009, Licensee returned to work and was acting strangely. The weekend supervisor asked Licensee to submit to a drug screen and breathalyzer. Licensee initially agreed to submit to the testing. When the supervisor retrieved supplies for the testing, Licensee refused the drug screen, gathered her belongings and left the facility. Probation 11/2/2010 to 11/2/2013

Galovich, Michelle Y.

Probation continued on page 13

PROBATION Continued...

Ellis, Stephanie Grace
Queen City, MO
Licensed Practical Nurse 2010039949
On September 16, 2014, Licensee pled guilty to the Offense of "Stealing". The Court ordered Licensee to pay a fine and costs. Probation 11/22/2010 to 11/22/2011

Denny, Charity LeeAnn
Barnard, MO
Licensed Practical Nurse 2003025439
On October 10, 2007, Licensee reported to work at the facility. Facility staff observed Licensee as having red eyes, having a runny nose, having difficulty tracking with her eyes, having difficulty maintaining a single train of thought and spoke in fragmented sentences, and that she appeared nervous. Licensee also appeared pale and was sweating. Licensee was asked to submit to a urine drug screen. Licensee refused to submit to a urine drug screen and was terminated from employment. Probation 9/17/2010 to 9/17/2013

PROBATION Continued...

February, March, April 2011

Bouagher, Theresa Georgann
Rogers, MO
Registered Nurse 2005007985
On December 13, 2004, Licensee pled guilty to the Class D Felony of "Property Damage in the First Degree" in the Circuit Court of Buchanan County, Missouri. The Court suspended imposition of sentence and placed Licensee on probation for two years. Probation 9/14/2010 to 9/14/2011

Bokay, Sarah Brooke
Saint Joseph, MO
Licensed Practical Nurse 2010036655
On December 13, 2004, Licensee pled guilty to the Class D Felony of "Property Damage in the First Degree" in the Circuit Court of Buchanan County, Missouri. The Court suspended imposition of sentence and placed Licensee on probation for two (2) years of supervised probation. Licensee successfully completed the terms of probation and, as a result, was not convicted of the offense. Probation 10/15/2010 to 10/15/2011

Ellegood, Wynslea K.
De Soto, MO
Registered Nurse 060648
On February 23, 2009, Licensee pled guilty to one count of the offense of "Making a False Statement in Relation to the Employee for the Corporation Tax Credit Program". The United States District Court for the Eastern District Court of Missouri. The Court placed Licensee on probation for a period of three (3) years and ordered her to pay a fine and costs. Probation 11/29/2011 to 11/29/2012

Spray, Tymber Dawn
Peckslund, MO
Registered Nurse 2003024836
In accordance with the Agreement, Respondent was required to obtain fifteen continuing education contact hours in the area of management. The Board did not receive proof of completion for any continuing education hours. Probation 9/14/2011 to 9/14/2011

Yeast, Beverly A.
Mexico, MO
Licensed Practical Nurse 047960

Cobb, Kathy Lynn
Grover, MO
Registered Nurse 2010032218
On September 12, 2006, the Texas State Board of Nursing revoked the Texas professional registered nursing license of Licensee. Specifically, Licensee's license in Texas was disciplined for practicing nursing while her license was expired. Probation 9/9/2010 to 9/9/2011

Couch, J. Roland
Jefferson City, MO
Licensed Practical Nurse 002087
On December 13, 2004, Licensee pled guilty to the Class D Felony of "Property Damage in the First Degree" in the Circuit Court of Buchanan County, Missouri. The Court suspended imposition of sentence and placed Licensee on probation for two (2) years of supervised probation. Licensee successfully completed the terms of probation and, as a result, was not convicted of the offense. Probation 10/15/2010 to 10/15/2011

Ellegood, Wynslea K.
De Soto, MO
Registered Nurse 060648
On February 23, 2009, Licensee pled guilty to one count of the offense of "Making a False Statement in Relation to the Employee for the Corporation Tax Credit Program". The United States District Court for the Eastern District Court of Missouri. The Court placed Licensee on probation for a period of three (3) years and ordered her to pay a fine and costs. Probation 11/29/2011 to 11/29/2012

Bouagher, Theresa Georgann
Rogers, MO
Registered Nurse 2005007985
On December 13, 2004, Licensee pled guilty to the Class D Felony of "Property Damage in the First Degree" in the Circuit Court of Buchanan County, Missouri. The Court suspended imposition of sentence and placed Licensee on probation for two (2) years of supervised probation. Licensee successfully completed the terms of probation and, as a result, was not convicted of the offense. Probation 10/15/2010 to 10/15/2011

Ellegood, Wynslea K.
De Soto, MO
Registered Nurse 060648

Probation continued on page 13
Feyre, Melody J.  
West Plains, MO  
Licensed Practical Nurse 2006083997  
On August 18, 2007, Licensee accessed a patient’s medical records through an Emergency Room account. Licensee was not assigned to provide care to the patient and had no medically valid reason to access the patient’s records. On December 16, 2007, Licensee again accessed the same patient’s OB account. On August 3, 2008, Licensee accessed and this patient was last sent in the hospital on August 18, 2007. Licensee had no medically valid reason to access the patient’s records. On December 16, 2008, Licensee also accessed the same patient’s E.R. account. Licensee had no medically valid reason to access the patient’s records.


Sims, Veronica Chante’  
Columbia, MO  
Licensed Practical Nurse 2006072477  
On March 4, 2008, Licensee pled guilty to the Class A Misdemeanor of ‘Animal Abuse’ in the Associate Circuit Court of Pettis County, Missouri. The Court suspended imposition of sentence and placed Licensee on two years of unsupervised probation.

Probation 11/10/2010 to 11/10/2012

Wiley, Summer A.  
Lees Summit, MO  
Registered Nurse 2001054372  
From January 1, 2009 until June 17, 2009, Licensee diverted Dilaudil and Demerol from the hospital for her personal consumption.

Probation 10/27/2010 to 10/27/2014

Saunders, Amanda Lynn  
Salisbury, MO  
Licensed Practical Nurse 2002023806  
Licensee was the Resident Care Coordinator of a locked unit in the home. On June 25, 2009, a resident in the unit Licensee was responsible for, eloped from the unit. Licensee was aware of the resident’s elopement. Licensee documented in the resident’s chart that she completed a full assessment of the resident at a time when she knew that the resident was not in the Center. Licensee falsely documented in the resident’s chart in an effort to conceal the fact that she had eloped. Licensee failed to leave a locked unit. By falsifying documentation, Licensee contributed to a significant delay in the facility and state’s investigation of the elopement.

Probation 11/16/2010 to 11/16/2014

Hays, Abby L.  
Joplin, MO  
Registered Nurse 147278  
On October 25, 2007, Licensee was reported to a random drug test. The test was positive for Fentanyl, Meperidine, Methadone and Opiates. On October 30, 2007, Licensee entered into a Conditional Employment Agreement with Franklin Health System. On May 9, 2008, Licensee was requested, in accordance with the requirements of the Conditional Employment Agreement, to submit to a random drug screen. Licensee refused, stating that she would fail the test as she had relapsed on hydrocodone.

Probation 10/19/2010 to 10/19/2015

Pedleton, Nichole Marie  
Joplin, MO  
Licensed Practical Nurse 2010068896  
Licensee requested to meet with representatives of the Board at regular intervals. Respondent did not attend the meeting and did not contact the Board to re-schedule the meeting. In accordance with the requirements of the Conditional Employment Agreement, to submit to a random drug screen. Licensee refused, stating that she would fail the test as she had relapsed on hydrocodone.

Probation 10/19/2010 to 10/19/2015

Knupp, Patricia Jean  
Olive Branch, IL  
Registered Practical Nurse 2006062859  
On July 10, 2009, Licensee was assigned to a patient diagnosed with a cerebro vascular accident (CVA). Licensee took a blood pressure reading from the patient of 210/112, which constitutes a highly elevated reading. Licensee did not alert the patient’s physician to the elevated blood pressure or take any interventional measures. Licensee also did not take follow-up pressure readings to monitor the patient. On July 10, 2009, Licensee discharged a patient who had been prescribed sixteen (16) medications. Licensee only verified ten (10) of the medication and sent the patient home without six (6) prescriptions for breathing assistance. On January 6, 2010, Licensee failed to perform chart checks on five (5) patients, which was the facility’s policy. Licensee’s failure to check the charts resulted in one of the patients receiving a medication that the physician had ordered to be discontinued. On January 10, 2010, Licensee was instructed to contact the physicians for two patients to obtain new orders to address pending issues with changes in condition of the patients. Licensee failed to contact the physicians which resulted in a significant delay in the patients receiving appropriate treatment.

Probation 11/18/2010 to 11/18/2011

Johnson, James William, Jr.  
Herrin, IL  
Registered Nurse 2010034057  
On or about June 9, 2009, the Board received certified documents from the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, which stated that Licensee was currently licensed in Illinois as a registered professional nurse, and that Licensee’s license had been placed on probation for one year. On or about January 25, 2000, Licensee was convicted of battery. That conviction has been expunged from Licensee’s criminal record. The underlying facts to this conviction were related to Licensee’s position as a registered professional nurse and the performance of his duties and responsibilities as a nurse. Licensee was convicted of improperly touching a patient under his care. Licensee underwent a psychiatric evaluation and was cleared to be safe to practice as a nurse.


Keeley, Erin Kathryn  
Branson, MO  
Licensed Practical Nurse 1999137526  
Following an incident at a patient’s home, Licensee was requested to submit to a urine drug screen test. The test was positive for marijuana, propoxyphene and amphetamine.

Probation 9/22/2010 to 9/22/2012

Cunningham, Lana Shanie  
Hazelwood, MO  
Licensed Practical Nurse 2010037157  
On August 3, 2007, Licensee pled guilty to the Class C Felony of Stealing. The Court suspended imposition of sentence and placed Licensee on five years of supervised probation.

Probation 10/21/2010 to 10/21/2013

Smith, Kimberly Joyce  
Polaris, MO  
Licensed Practical Nurse 2003024495  
On March 31, 2008, Licensee informed a co-worker that she had a broken tooth. The co-worker had gotten a prescription for Vicodin following two root canals, and kept the prescription bottle in her purse which was placed in an unlocked cabinet in the nursing office where she arrived for work at 7:00 a.m. on April 1, 2008. The co-worker offered Licensee one of the Vicodin tablets from her purse for the pain. Later on April 1, 2008, the co-worker discovered that half of her bottle of Vicodin tablets was missing and reported it. Licensee later called the co-worker and apologized as she felt guilty and wanted to make amends for taking the Vicodin. Licensee has never denied that she took the Vicodin from her co-worker’s purse without permission.

Probation 9/7/2010 to 9/7/2012

Elenreaut, Stael L.  
Hermann, MO  
Registered Nurse 140752  
On March 19, 2009, Licensee self-reported that on approximately five occasions during the preceding year, Licensee called in a prescription for Tramadol in her husband’s name and has called in Darvocet twice and Soma once in her name.

Probation 9/26/2010 to 9/26/2012

Scholander, Melissa Rae  
Winfield, MO  
Licensed Practical Nurse 2005028689  
On September 8, 2009, Licensee submitted to a drug test as a part of the pre-employment screening process. The test was positive for marijuana. Marijuana is a controlled substance. Licensee did not have a valid prescription for marijuana.

Probation 11/10/2010 to 11/10/2012

Shira, Sommer Dawn  
Joplin, MO  
Registered Nurse 2004042318  
On January 22, 2007, Licensee pled guilty to the misdemeanor of Inappropriately Touching a Patient. Licensee was caring for a patient that was experiencing a great deal of anxiety and was requesting something to help calm her. The patient had an order for Valium that could be administered at bedtime. Licensee instructed a nursing student to administer the Valium at 9:30 a.m., approximately twelve (12) hours early. Licensee stated that she would get authorization to administer the Valium from a physician at a later time. As the day progressed, Licensee failed to call the physician to get authorization to give the previously administered Valium. After the hospitalist advised Licensee that he would not write an order to cover the early administration of the Valium, Licensee falsely documented that a Nurse Practitioner gave an order approving the early administration of the Valium. The nurse practitioner did speak with Licensee about the early administration, but did not approve the early administration, as Licensee documented.

Probation 10/1/2010 to 10/1/2010

PROBATION Continued...

PROBATION Continued...

PROBATION Continued...

PROBATION Continued...
Gosser, Sally Ann  
Saint Charles, MO  
Licensed Practical Nurse 2010038284  
Licensee is licensed by the Kansas, Iowa and Nebraska State Boards of Nursing as a licensed practical nurse. On June 30, 1998, the Nebraska State Board of Nursing entered a disciplinary order against the nursing license of Licensee. The grounds upon which the Nebraska State Board of Nursing based its actions constituted grounds upon which suspension or revocation is authorized by Missouri. On October 18, 2001, the Iowa State Board of Nursing entered a disciplinary order against the nursing license of Licensee. The grounds upon which the Iowa State Board of Nursing based its actions constituted grounds upon which suspension or revocation is authorized by Missouri.  

Boas, Rachel Nicole  
Saint Louis, MO  
Registered Nurse 2007007044  
In April 2009, on at least five occasions, Licensee diverted Dilaudid from the hospital.  
Probation 9/1/2010 to 9/1/2015

Hulett, Tracy Lynn  
Kansas City, MO  
Registered Nurse 2008006652  
On February 2, 2009, a review of the weekly narcotic report was done. Licensee had withdrawn Ativan at an unusual interval for the same patient. A two week Pyxis activity report on Licensee was generated for January 19, 2009 through February 3, 2009. The report revealed 15 occasions when Licensee withdrew controlled substances but did not document their administration or waste.  
Probation 10/19/2010 to 10/19/2013

Thurman, Cheryl A.  
Lees Summit, MO  
Registered Nurse 077810  
On or about October 8, 2007, Licensee was not scheduled to work at the Hospital. Although not scheduled to work, Licensee went to the surgery department allegedly to retrieve some personal items. The supervisor allowed her to go into the department but thought it strange, so the supervisor ordered an audit of the narcotics in the surgery department. Four vials of Sufenta were discovered missing. On or about October 9, 2007, Licensee reported to work and assisted in several surgeries at the Hospital. After Licensee completed her shift and had left the Hospital, a second narcotic count was conducted in the surgery department. A second discrepancy was discovered, in that Licensee failed to document patient names for the Sufenta she'd withdrawn. Licensee also back dated the withdrawals to October 6, 2007. On or about October 10, 2007, Licensee came to the Hospital, but left shortly after arriving. A narcotic count was conducted after Licensee left the Hospital. Another vial of Sufenta was discovered missing. Licensee diverted Sufenta for her personal use and documented various patient names to cover the medications that she removed from the medication cart. When confronted by her superiors, Licensee admitted to the diversion.  
Probation 9/22/2010 to 9/22/2015

Whitson, Amanda Michele  
Haity, MO  
Registered Nurse 2009004407  
On February 27, 2009, Licensee was caring for a patient who had an elevated heart rate. Licensee contacted the patient’s physician and got an order for Lopressor. Licensee documented that she administered the Lopressor at 11:37 a.m. The medication was not delivered to the floor by the pharmacy until approximately 11:45 a.m. when Licensee was on her lunch break. Licensee administered the Lopressor at 12:07 p.m. and then corrected her charting to accurately reflect the time of administration.  

Van Goethem, Deborah L.  
Kirksville, MO  
Registered Nurse 2007024059  
On June 12, 2008, Licensee reported to work at approximately 9:30 a.m. The Administrator detected a strong odor of alcohol present on her person. Several of Licensee’s co-workers reported that Licensee’s behavior was unpredictable and erratic. Licensee was requested to submit to a drug and alcohol screening. The first breath test revealed a blood alcohol content of .130 alcohol by weight. A confirmation test conducted approximately fifteen minutes later revealed a blood alcohol content of .125 alcohol by weight.  

Menard, Aymilee Michelle  
Eldon, MO  
Registered Nurse 057309  
On June 12, 2008, Licensee reported to work at approximately 9:30 a.m. The Administrator detected a strong odor of alcohol present on her person. Several of Licensee’s co-workers reported that Licensee’s behavior was unpredictable and erratic. Licensee was requested to submit to a drug and alcohol screening. The first breath test revealed a blood alcohol content of .130 alcohol by weight. A confirmation test conducted approximately fifteen minutes later revealed a blood alcohol content of .125 alcohol by weight.  
Probation 10/21/2010 to 10/21/2013

Sedabres, Trisha Marie  
Gracie City, IL  
Registered Nurse 2009006667  
Probation 11/19/2010 to 11/19/2012

Montgomery, Susan A.  
Poplar Bluff, MO  
Licensed Practical Nurse 058587  
On September 10, 2009, an order for Zyprexa was incorrectly transcribed by a nurse on orientation as Zyaxxa 25 mg BID. The correct dosage was Zyprexa 0.25 mg BID. Licensee was the preceptor; therefore, part of Licensee's job duties was to review the work of the new employee. The incorrect order was sent to pharmacy. On September 10, 2009, the pharmacy contacted Licensee regarding the high dose of Zyprexa. On September 15, 2009, staff made Licensee aware of discrepancies in the medications received. On September 24, 2009, staff reported to Licensee that the youth appeared over dosed and unable to function. Licensee looked at the progress notes and discovered the error. Licensee did not place the Zyprexa on hold. Licensee states she called the doctor’s office to clarify the order, however the doctor’s office states they did not receive a call from Licensee.  
Probation 11/16/2010 to 11/16/2011
Respondent's urine sample tested positive for amphetamine and methamphetamine. Respondent did not have a valid prescription for amphetamine or methamphetamine.

Revoked 9/24/2010

Joyce, Traci A.
Belleville, IL
Registered Nurse 2010004051
Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the first documentation due dates. Respondent was to renew her nursing license immediately. Respondent's license expired April 30, 2009 and remains lapsed. Respondent was to obtain continuing education contact hours and submit proof of completion to the Board. Respondent failed to provide proof of completion of any continuing education contact hours.

Revoked 9/14/2010

Mueller, Kristen Noel
Springfield, MO
Registered Nurse 2006020118
Respondent was required to contact with NCPS to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. Respondent failed to call on 54 days.

Revoked 9/14/2010

Young, Lori A.
High Ridge, MO
Registered Nurse 2001001359
Respondent was required to contract with NTS to schedule random screenings. Respondent was required to call a toll free number every day to determine if she was required to submit for testing that day. Respondent failed to in to NTS on five (5) days.

Revoked 9/29/2010

Scheffler, Richard T.
New Madrid, MO
Registered Nurse 054662
Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the first documentation due dates. Respondent was to renew her nursing license immediately. Respondent's license expired April 30, 2009 and remains lapsed. Respondent was to obtain continuing education contact hours and submit proof of completion to the Board. Respondent failed to provide proof of completion of any continuing education contact hours.

Revoked 9/14/2010

Scheffler, Richard T.
Springfield, MO
Registered Nurse 106957
On May 31, 2009, Licensee was required to submit to a pre-employment urine drug screen. Licensee admitted that he withdrew morphine into the name of a patient and self-administered the morphine.

Revoked 11/20/2010

DeShazer, JoAnn
Lexington, MO
Licensed Practical Nurse 2000199770
Suspension from 9/14/2010 to 5/24/2011
Prohibition from 5/24/2011 to 5/24/2016
Probation 5/24/2011 to 5/24/2016

PROBATION/SUSPENSION

Between February 21, 2007, and March 6, 2007, Licensee stole Fentanyl from the hospital for her own personal consumption.

On February 18, 2010, Licensee diverted Fentanyl from the unit's narcotics for 30-40 minutes each time. A review of unit's narcotics exhibited unusual behavior including leaving the unit four (4) times for 30-40 minutes each time. A review of unit’s narcotics withdrawals revealed that on January 17 and 18, 2010 Licensee did not document the waste or administration of 250 mcg of Fentanyl. Licensee diverted Fentanyl from the hospital for her own personal consumption.

Licensed Practical Nurse 054662
New Madrid, MO
Licensed Practical Nurse 2006020118
Registered Nurse 124970
Springfield, MO
Spradling-Hodges, Mary Jo
Licensed Practical Nurse 2000199770
Registered Nurse 124970
Springfield, MO
Spradling-Hodges, Mary Jo
Licensed Practical Nurse 2000199770
Registered Nurse 124970
Springfield, MO
Spradling-Hodges, Mary Jo

Respondent was required to contract with a third party administrator to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit a sample for testing. Respondent failed to call on 8 days. Respondent was required to abstain completely from the use or consumption of alcohol. On June 14, 2010, Respondent submitted a urine sample for random drug and alcohol screenings. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.

Revoked 9/29/2010

Renkenmeyer, Shelley Ann
Jefferson City, MO
Registered Nurse 2003018687
Respondent was required to contract with a third party administrator to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit a sample for testing. Respondent failed to provide a sample for testing. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the first documentation due date. Respondent was to submit evidence of attendance at supervisor group meetings. Respondent failed to submit evidence of attendance by the first documentation due date.

Revoked 9/29/2010

Fentanyl. On February 18, 2010, Licensee diverted Fentanyl from the unit's narcotics for 30-40 minutes each time. A review of unit's narcotics exhibits unusual behavior including leaving the unit four (4) times for 30-40 minutes each time. A review of unit’s narcotics withdrawals revealed that on January 17 and 18, 2010 Licensee did not document the waste or administration of 250 mcg of Fentanyl. Licensee diverted Fentanyl from the hospital for her own personal consumption.

On February 18, 2010, Licensee diverted Fentanyl from the unit's narcotics for 30-40 minutes each time. A review of unit's narcotics exhibits unusual behavior including leaving the unit four (4) times for 30-40 minutes each time. A review of unit’s narcotics withdrawals revealed that on January 17 and 18, 2010 Licensee did not document the waste or administration of 250 mcg of Fentanyl. Licensee diverted Fentanyl from the hospital for her own personal consumption.

kuether, Nicole K
Troy, IL
Registered Nurse 124445
On December 17, 2009, Licensee pled guilty to the Class C Felony of Theft/Stealing Any Controlled Substance in the 1st Degree. Licensee was sentenced to five (5) years of supervised probation.

Revoked 11/2/2010 to 2/2/2011
Willman, Jan M.  
Saint Louis, MO  
Registered Nurse 124455  
Respondent was required to undergo a thorough chemical dependency evaluation performed by a certified addictionologist. Respondent was also required to provide quarterly updates to the Board. The Board did not receive an update from the addictionologist by the April 1, 2010 documentation due date. Respondent was required to contract with a third party administrator to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. Respondent failed to call on 17 days. On November 9, 2009, Respondent was advised that she had been selected to provide a sample. Respondent failed to report to a laboratory to provide the requested sample. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the April 10, 2010 documentation due date. Revoked 9/13/2010

Voluntary Surrender Continued...

Shawhan, Karen L.  
Independence, MO  
Registered Nurse 056278  
Respondent was interviewed regarding the suspected diversion of controlled substances involving patient specific issued Patient Controlled Anesthesia IV bags. Licensee admitted that she had taken the subject controlled substances for her own use. Licensee said she used any narcotics that were left over from patients and she used them while working. Voluntary Surrender 9/21/2010

Thornton, Carol S.  
Festus, MO  
Registered Nurse 173726  
Voluntary Surrender 9/9/2010

Matlock, Brenda G.  
Lilbourn, MO  
Registered Nurse 055897  

Karney, Belinda C.  
Columbia, MO  
Registered Nurse 084757  
Licensee voluntarily surrendered her Missouri Nursing License on November 24, 2010. Voluntary Surrender 11/24/2010

Burgess, Mary Sue  
Staf bringing, MO  
Licensed Practical Nurse 2005009246  
Licensee was required to submit employer evaluations from each and every employer. The Board did not receive an evaluation by the April 19, 2010 documentation due date. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the April 10, 2010 documentation due date. Revoked 9/13/2010

Drogo, Susan A.  
Kansas City, MO  
Registered Nurse 119364  
Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an evaluation by the September 21, 2009 due date. Respondent was prohibited from violating the Nursing Practice Act. On April 1, 2010, Respondent was employed as a hospice nurse. K. E. was a patient that Respondent was assigned to care for. Respondent charted the following scores after assessing K. E.: agitation–0, pain–4, and anxiety–2. Respondent also charted that K. E. was alert, peaceful and responded appropriately to questions. K. E. had orders for Ativan and Haldol for agitation and anxiety and morphine for pain. All orders were prn. The orders stated that Ativan should not be administered unless Haldol was ineffective. Respondent administered Ativan, Haldol and morphine to K.E. in a cup of Mylanta. When giving report to the oncoming nurse Respondent administered Ativan, Haldol and morphine for pain. All orders were prn. The orders stated that had orders for Ativan and Haldol for agitation and anxiety and alert, peaceful and responded appropriately to questions. K. E. pain–4; and anxiety–2. Respondent also charted that K. E. was prohibited from violating the Nursing Practice Act. On April 1, 2010, Licensee Voluntarily Surrendered her Missouri nursing license  Voluntary Surrender 10/21/2010

Ice, Vickie D.  
Mounds, IL  
Registered Nurse 097506  
On July 31, 2009, Licensee's Illinois nursing license was disciplined by the Illinois Department of Professional Regulation. Voluntary Surrender 11/5/2010

Sheridan, Thomas M., Jr  
Eureka, MO  
Registered Nurse 144475  
On January 11, 2010, Licensee was found guilty of the Class A misdemeanor of ‘Sexual Misconduct in the First Degree’ in the Associate Circuit Court of St. Louis County, Missouri. Voluntary Surrender 11/18/2010

Voluntary Surrender Continued...

Lenk, Shannon O.  
Silex, MO  
Licensed Practical Nurse 057760  
Licensee was employed at a long term care facility. Licensee diverted duragesic patches from the facility for her own personal use. Voluntary Surrender 11/5/2010

Hammons, Linda E.  
Marshall, MO  
Licensed Practical Nurse 054910  
Licensee received a physician order for Heparin for one of her patients. Licensee removed Solumedrol in error from the pyxis. A co-worker caught Licensee's error before she could administer the medication to the patient. Licensee drew up 100 units of Lantus insulin for a patient with a physician's order for 10 units of Lantus insulin. Licensee incorrectly transcribed the order on the patient's MAR. Voluntary Surrender 11/5/2010

Johnson, Timothy Axel  
Wichita, KS  
Registered Nurse 2010034693  
Licensee voluntarily surrendered his Missouri Nursing License on November 16, 2010. Voluntary Surrender 11/16/2010

McCrady, Suzanne  
St Peters, MO  
Licensed Practical Nurse 025608  
On November 19, 2009, an employee informed the Director of Nursing that the narcotic count was off. Licensee had documented in the MAR; but not the narcotics sheet, that she had removed medications from patient’s cards. Multiple discrepancies involving Xanax were discovered. When questioned about the discrepancies, Licensee admitted to administering Xanax in excess of the physician's order. Voluntary Surrender 11/22/2010

Elder, Mary S.  
St. Charles, MO  
Registered Nurse 098402  
On October 6, 2010, Licensee voluntarily surrendered her Missouri nursing license. Voluntary Surrender 10/6/2010

Williams, Cristina Jean  
Terrell, TX  
Registered Nurse 2009009453  
On June 3, 2009, the Texas Board of Nursing entered an order placing Licensee’s Texas nursing license on probation. Voluntary Surrender 10/5/2010

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

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov
An Open Letter to the Business Community

The recent election results have people wondering about the future of health care financing and delivery embodied in the federal Affordable Care Act (ACA). Opponents of the ACA see the results as a mandate for restructuring the law or even for seeking repeal. Supporters point to exit polls demonstrating that 61% of voters were motivated by concerns with the economy, while only 19% cited dissatisfaction with health reform as their main concern.

These two issues—the economy and health care—are intimately tied to one another. As a source of employment, demand for support services, and consumer of technology—health care represents 17% of the gross domestic product (GDP). The costs associated with sustaining the current health care system, however, are a growing burden on the general economy, contributing to inflation, eroding profits, and making U.S. business less competitive in global markets.

At a micro level, the cost has made it impractical for many small businesses to offer health insurance coverage. It has driven those businesses that do provide health coverage to increase copays and premium sharing as insurance costs increase each year at rates far above the rate of business growth. Coupled with the current economic downturn, the result has been a dramatic increase in the employed uninsured.

This problem is magnified in a system largely dependent on employment-based health insurance as the mechanism for meeting the costs of illness for individuals and dependents. U.S. businesses have assumed responsibility for what in other developed countries is viewed as a societal responsibility or public good. This approach, which results from both historical and philosophical factors, has worked well in the past, but is steadily eroding in effectiveness in the face of increasing health care costs.

1930s Mementos Returned to Family

“I’m glad I took the time to do a little research and made someone’s day.”

BECKI HAMILTON, executive with the Nursing Board, made one family’s holiday unforgettable. The board in October received a package from San Francisco containing a moldy diploma from St. Louis University, several old nursing licenses and association cards, pay stubs, information on a move to California and a letter from the dean of St. Louis University offering congratulations on the recipient’s marriage. The documents dated back to 1938 and had been found in an old trunk.

Becki had some sleuthing to do. After researching online, she discovered that the documents’ owner, Constance Ann Rhodes Haberer, had lived in California with her husband and two children but had died about 40 years ago.

Digging deeper she found what she presumed to be contact information for the woman’s son. Nervous, she called the man, told the story of how she possessed the documents and asked if he believed they belonged to his mother.

The man, shocked, agreed that these moldy papers were probably his mother’s. Still astonished, he said his mother and father had died when he was a teenager and a trunk containing the documents was assumed to be lost or stolen. “I was quite excited that I had actually found the correct person and was able to send these musty items to someone that really cared about receiving them,” Becki said.

Several weeks later Becki received a Christmas card from the son and his sister again thanking her for the mementos. “I’m glad I took the time to do a little research and made someone’s day,” Becki said.

PR’s Becki Hamilton received a thank-you card for returning long-lost documents to a California family.
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Missouri License Number: ____________________________  Social Security Number: ____________________________

Signature (This form must be signed. Use your current signature.) Date: ____________________________

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Last Name: ____________________________  First Name: ____________________________  Middle Name: ____________________________

Daytime Telephone Number: ____________________________  E-mail Address: ____________________________

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<th>PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver’s license)</th>
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Physical address required. PO boxes are not acceptable.

CITY: ____________________________  STATE: ____________________________  ZIP: ____________________________

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STREET OR PO BOX: ____________________________

CITY: ____________________________  STATE: ____________________________  ZIP: ____________________________

☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102

Or

Fax to 573-751-6745

If you wish to obtain a duplicate license you must return this form along with your current wallet size license and a $15.00 check or money order payable to the Missouri Board of Nursing.