Message from the President

Rhonda Shimmens, RN-C, BSN, MBA

Partners in Public Protection

The board of nursing and licensees, along with many others, are partners in public protection. The board’s duties include approving individuals for licensure, approving educational programs that prepare individuals for a license, investigating complaints concerning licensees’ compliance with the law, and determining and administering disciplinary actions in the event of proven violations of the Nurse Practice Act.

As a nurse, you have access to a quick, secure and FREE way to protect your license with Nursys e-Notify. Despite the availability of this product and ease of use, only about 7% of Missouri nurses have enrolled themselves as a nurse in Nursys e-Notify.

Protect Your License Now

In just a few minutes, you can self-enroll into Nursys e-Notify® and receive licensure status updates, track license verifications for endorsement and create and manage multiple license expiration reminders. Keeping on top of your license status can help you prevent fraudulent licenses or certificates being issued in your name.

Executive Director Report

Author by Lori Scheidt, Executive Director

Legislative Update

The 2016 legislative session of the Missouri General Assembly ended May 13, 2016. The Governor has 15 days to act on a bill if it is delivered to him during the legislative session; and 45 days if the legislature has adjourned or has recessed for a 30-day period. You can check the final disposition of bills and read the actual language at http://moga.mo.gov/

Healthcare Workforce Bill

Representative Diane Franklin (R-District 123) filed House Bill 1850

Section 324.001.3 RSMo, currently authorizes boards within the Division of Professional Registration to collect data to support workforce planning and policy development.

Not all boards have the manpower or expertise to analyze the collected data and are not authorized in their duties to contract with outside agencies for workforce development and analysis. Boards also have no authority to share data with another entity or agency unless it meets the requirements in 324.001.8 RSMo, which allows Boards to release information to other administrative or law enforcement agencies, acting within the scope of their statutory authority.
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**Important Telephone Numbers**

- Department of Health & Senior Services (nurse aide verifications and general questions): 573-526-5666
- Missouri State Association for Licensed Practical Nurses (MoSALPN): 573-636-5659
- Missouri Nurses Association (MONA): 573-636-4623
- Missouri League for Nursing (MLN): 573-635-3555
- Missouri Hospital Association (MHA): 573-893-3700

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**Number of Nurses Currently Licensed in the State of Missouri**

*As of June 1, 2016*

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>25,478</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>105,014</td>
</tr>
<tr>
<td>Total</td>
<td>130,492</td>
</tr>
</tbody>
</table>

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**RNs – Full & Part-time Day/Evening Shift Positions – Behavioral Health Setting**

CenterPointe Hospital is committed to treating behavioral health patients with an unprecedented level of understanding, respect and compassion. We are seeking qualified RNs for full and part-time day and full-time evening shift openings. A minimum of two (2) years experience in an acute care behavioral health setting is preferred. We invite you to join our highly successful and respected team of healthcare professionals!

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For more information about these opportunities and to apply, visit www.concordenursingjobs.com**

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**GREAT CARE CAN BE TAUGHT. LEAD THE WAY.**

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Nursing Education Incentive Program

Senator Jay Wasson (R-District 20) filed Senate Bill 835. Legislation to establish the nurse education incentive program was passed in 2011. It was set up to transfer funds from the Board of Nursing budget to the Department of Higher Education. Having both the Board of Nursing and the Department of Higher Education choose the grantees in the incentive program payment function stays with the Department of Higher Education budget. The Department of Higher Education then dispersed the funds. The Nursing Education Incentive Program was passed in 2011. It was set up to transfer funds to the Department of Higher Education. The Board of Nursing then dispersed the funds.

This bill changes the law so the nursing education incentive program payment function stays with the Department of Higher Education rather than the Department of Higher Education. Having both the Board of Nursing and the Department of Higher Education choose the grantees remains in order to maintain fairness and objectivity.

Appropriation will remain with the board so the board can determine each year what they can financially afford based on projected revenue and expenditures.

This bill passed in House Bill 1816.

Revised (Enhanced) Nurse Licensure Compact

Senator Jay Wasson (R-District 20) filed Senate Bill 985 and Representative Kathryn Swan (R-District 147) filed House Bill 2043. Passage of either bill would adopt the revised (enhanced) nurse licensure compact. Missouri was the 24th state to pass the nurse compact in 2009; the first state was in 1999. Since Missouri, only one more state has adopted the compact, bringing the total states in the nurse licensure compact to 25. All the boards of nursing in the United States had a series of meetings to figure out what needs to change in the compact so more states would enact and join the compact. The goal is to have all states in the compact. The new compact is a product of that work.

This model is like the driver’s license compact, where you have a license in your primary state of residence and can practice in other compact states. Some of the states that were reluctant to join said they wanted to be guaranteed that, if a nurse is coming in their state to practice, the nurse has undergone fingerprint background checks and does not have a felony on their record. Missouri already does fingerprint background checks, but we may issue a license to a nurse with a felony on their record, it is a case-by-case decision concerning all circumstances and rehabilitation. This compact makes it a requirement that all compact states have to do fingerprint background checks. It puts all licensure requirements in law and says if you have a felony, you cannot have a multi-state license. Each state is free to license a nurse with a felony, but that state would only be able to issue a single-state license, allowing other states to vet the nurse to decide if they want them to practice in their state. The compact does have a grandfather clause so nurses already granted a multi-state license to keep that would as long as the nurse keeps the license active.

This more modern compact must be adopted by the 25 original states and the remaining states. It has an effective clause that makes it effective December 31, 2018 or when 26 states have passed it. Missouri would operate off the current compact until then.

The enhanced nurse licensure compact passed in House Bill 1816, Senate Bill 635 and Senate Bill 608.

Telehealth Bills

Senator Gary Romine (R-District 3) filed Senate Bill 621 and Representative Jay Barnes (R-District 060) filed House Bill 1923 related to telehealth. Neither of these bills passed.

Advanced Practice Registered Nurses Prescribing Schedule II Controlled Substances

Senator Brian Munzlinger (R-District 18) filed Senate Bill 752 and Representative Craig Redmon (R-District 004) filed House Bill 1775 that would allow certain assistant physicians, advanced practice registered nurses and physician assistants to prescribe all Schedule II controlled substances. Neither of these bills passed.

Advanced Practice Registered Nurses

Representative Eric Burlson (R-District 133) filed House Bill 1465 that would change some of the collaborative practice requirements.

Representative Lyle Rowland (R-District 155) filed House Bill 1697 that would increase the number of full-time equivalent advanced practice registered nurses that a physician can collaborate with from three to five.

Senate Bill 826 was filed by Senator Wayne Wallingford (R-District 27) and Representative Tila Hubrecht (R-District 151) filed House Bill 1866. Passage of either bill would create a license for Advanced Practice Registered Nurses, would authorize them to prescribe Schedule II controlled substances and revise collaborative practice requirements.

Representative Keith Frederick (R-District 121) filed House Bill 2275, which would limit the number of providers a collaborative physician can enter into to three. None of these bills passed.
A Privilege to Serve

Written by Laura Noren, MBA, BSN, RN, NE-BC

As I prepare to conclude my term as a member of the Missouri State Board of Nursing, I reflect back on my experiences and I am grateful to have had the opportunity to serve the citizens of Missouri. It has been a journey on which I have learned much and I now walk away a better nurse.

I encourage you to consider applying for a seat on the Board of Nursing. I share my perspective to enlighten you to the opportunities and challenges it provides. As a LPN or RN licensed in Missouri, you may apply for appointment on the Governor’s website, https://boards.mo.gov/UserPages/Home.aspx. If selected for appointment, you will be presented by your state senator for confirmation.

In my case, I thought I had a decent understanding of the role of the Board but I admit that I underestimated the scope. The Board is to have eight nurse members of varying experience and educational degrees and one community member who is not a nurse. Supporting the work of the Board is an expert group of professionals led by the Executive Director, Lori Scheidt. One great benefit of having served on the Board is the chance to work with new people and expand my knowledge. I will value the new relationships I have developed over my time of service.

When I decided to apply for a Board seat I discussed it with a co-worker and gained her support. The commitment to serve requires you be available to attend quarterly meetings lasting three to four days in Jefferson City. Additionally, there are monthly phone conferences on which I participated. In preparation for each of these meetings I had to review supporting documents related to the business that was to be discussed.

It is no easy task to license professionals in Missouri while working to protect the public and advance the nursing profession. Missouri State Board of Nursing Executive Director Lori Scheidt has been recognized for this and more by the National Council of State Boards of Nursing (NCSBN). Scheidt’s passion for her work at the Missouri State Board of Nursing has spread to her entire team,” said Director of the Division of Professional Registration Katie Steele Danner. “Her professional approach is essential for the protection of Missourians and the work she does with the Board. Her leadership, expertise and attention to detail has earned the respect of her peers across the United States and this is a true testament of her commitment to the nursing profession.

NCSBN is an independent nonprofit organization where boards of nursing meet together to discuss common interests and concerns that affect public health, safety and welfare, including the development of nursing licensure examinations. Being involved in NCSBN gives Missouri a voice in nursing regulation on a national level. Scheidt will receive the Meritorious Service Award for her role as Executive Director for the Missouri State Board of Nursing for the past 15 years. Scheidt has served the Missouri State Board of Nursing for more than 27 years during which time she has become actively involved in various committees, task forces, projects and panels to advance the nursing profession and to protect the public with timely regulatory authority.

“Very few things in life are entirely the work of just one person and this is no exception. Being selected is testament to the exceptional professionals I work with at the Missouri State Board of Nursing and the department,” Scheidt said. “Supportively, our volunteer board members and professional office team members allow me to contribute my time and expertise on a national level.”

Under Scheidt’s leadership, Missouri has become one of the leading states to use e-Notify, a system that provides valuable information about nurse licensure to the public which impacts patient safety. Through her diligent work as vice-chair of the Nurse Licensure Compact Administrators Executive Committee, Scheidt has developed an operational and fiscal toolkit to assist other boards in implementing an enhanced nurse licensure compact. As chair of the Fraud Detection Committee, she helped other state boards by developing tools to detect fraudulent licenses and reduce costs of our nurse licensing safety. As chair of the Fraud Detection Committee, she helped other state boards by developing tools to detect fraudulent licenses and reduce costs of our nurse licensing compact.

Missouri Regulator to be Honored for Outstanding Service

Bibi Schultz

Missouri State Board of Nursing Director of Education Bibi Schultz was recently appointed to the Midwestern Higher Education Compact’s (MHEC) M-SARA Regional Steering Committee (RSC).

“M-SARA is a consortium among states to facilitate state authorization for distance learning education in another state,” Schultz said.

The compact helps students by improving educational quality, reducing costs and providing access and greater access to programs. It is able to do so because, according to Schultz, “[M-SARA] streamlines and safeguards state authorization processes for in-state and out-of-state schools.”

As a new appointee to the M-SARA’s RSC, Schultz has just begun her involvement in the process; however, she currently works with another multi-state committee for military credit.

SCHEDULE OF BOARD MEETING DATES THROUGH 2017

September 7-9, 2016
November 16-18, 2016
March 1-3, 2017
June 7-9, 2017
September 6-8, 2017
November 15-17, 2017

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 call 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

Laura Noren

Lori Scheidt

Bibi Schultz

August, September, October 2016

First Call, Your Staffing Source, has needs for RN’s, LPN’s, CNA’s and CHHA’s for both part time and full time assignments paying up to:

<table>
<thead>
<tr>
<th>Position</th>
<th>Hourly Rate</th>
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<tbody>
<tr>
<td>RN’s</td>
<td>$30.00/hr</td>
</tr>
<tr>
<td>LPN’s</td>
<td>$24.00/hr</td>
</tr>
<tr>
<td>CNA’s</td>
<td>$18.00/hr</td>
</tr>
<tr>
<td>CHHA’s</td>
<td>$16.00/hr</td>
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The Missouri State Board of Nursing, in cooperation with State Fair Community College in Sedalia held their second annual Innovative Best Practices in Nursing Education (IBP) Conference April 8, at State Fair Community College. More than 100 nurse educators and staff from all levels of nursing education participated in this year’s conference.

The idea to offer this conference was spurred by the board’s commitment to provide nurse educators across the state with an affordable way to learn more about innovative teaching strategies. They also wanted to find new ways to address issues encountered in nursing education, to remove barriers to quality education and to offer networking among nursing education colleagues. While many Missouri nurse educators are innovative and skillfully utilize available resources to maximize theory and clinical learning for their students, others are less familiar with pedagogic concepts that would help them address the educational needs of their students. It is essential to explore new ways of teaching so that nursing education evolves with the needs of their diverse student population.

The generosity of expert nurse educators wanting to present and share their expertise without financial compensation allows the board to offer the conference free of charge to nursing program administrators, faculty and other team members as space permits. In the fall of 2015, the board made the decision to offer the IBP conference on an annual basis in partnership with State Fair Community College continues.

The conference theme continued to focus on academic readiness and support for applicants and students to successfully navigate nursing education, innovative ways to teach students and strategies to foster clinical decision making while enhancing the transition to nursing practice. Clinical partners shared their expectations of new graduates and offered valuable feedback to nurse educators.

Another focus was on creating and implementing pathways designed to assist returning military service members. Educators explained completing requirements for graduation and steps to take to further advance their nursing careers beyond the pre-licensure nursing program.

The third Annual IBP Conference is set for April 7, 2017 and the board along with State Fair Community College is in the planning process. State Fair Community College will host the event again but future opportunities for other schools to host the conference hosts are in the making. Many nurse educators have already expressed interest in sharing their expertise. Nurse leaders representing Missouri clinical facilities plan to continue to participate and there will be an exciting lineup of speakers and presenters. Registration for the next conference is projected to open in January 2017.

Newly Formed Healthcare Coalition Seeks to Strengthen Missouri’s Primary Care Workforce

Access to primary healthcare is a struggle in both rural and urban areas of Missouri. It remains out of reach for many, even those who have insurance coverage and experience few financial limitations. The newly formed Missouri Healthcare Workforce Coalition held its first Primary Care Summit April 4 to outline the successes, challenges, review current policy, and begin planning for efforts to strengthen and increase the number and distribution of primary care workforce in Missouri’s rural and underserved areas.

The important of high-performing teams is widely acknowledged as an essential tool for a more patient-centered, coordinated, and effective health care delivery system. Specialties and professions that the summit highlighted include family medicine, internal medicine, pediatrics, advance practice nursing (nurse practitioners) and physician assistants. The coalition anticipates expanding to encompass more professionals that are essential to the state’s healthcare workforce.

The founding members who include Missouri Area Health Education Centers, Missouri Department of Health and Senior Services, Missouri Hospital Association, and the Missouri Primary Care Association hosted the Primary Care Summit. They hope to provide an organized, coordinated, and team approach to recognize opportunities for collaboration, partnership, and ultimately solutions to Missouri’s primary care workforce needs.

Missouri Nurses
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If you have been contacted by the State Board of Nursing or Administrative Hearing Commission, call me or my associate Jennifer Bard for a free consultation as you have the right to be represented by an attorney.

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The University of Arkansas – Fort Smith is located on a beautiful 160-acre campus in the heart of the Missouri Ozarks, nestled between the scenic Quanah and Ouachita Mountains. UA Fort Smith is one of 18 campuses that comprise the University of Arkansas system and is one of the largest suppliers of healthcare professionals in the state.

COLLEGE OF HEALTH SCIENCES

The Career and Technical Education Nursing program offers an exciting environment to educate future nurses. Focused on a 6,000 square foot facility that features a birthing center, critical care unit, simulation lab, tie dye lab, and a state-of-the-art computer lab, the college is equipped to meet the needs of today’s nursing marketplace. The nursing lab is a state of the art space equipped with a two-way monitor and camera and flexible patient simulations of fully equipped patients in varying stages of recovery. Clinical education is centered, coordinated, and effective health care delivery system. Specialties and professions that the summit highlighted include family medicine, internal medicine, pediatrics, advance practice nursing (nurse practitioners) and physician assistants. The coalition anticipates expanding to encompass more professionals that are essential to the state’s healthcare workforce.

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Moments with Marcus

All in celebration of Patient Experience Week, healthcare association conferences, trauma symposiums, popping around the country to a bazillion hospitals, got a new personal one, or rather, a phrase. People would like to kill from the English vocabulary! I’ve fetid, and squishy all rank high on the list of words some common one: moist. Surveys tell us other ones, like cutlet, known as “word aversion.” The concept of particular words from the phenomenon nurses are not immune conversations!

Yet, I’ve found even nurses are not immune from the phenomenon known as “word aversion.” The concept of particular words that cause people to cringe, you probably know the most common one: moist. Surveys tell us other ones, like cutlet, fetid, and squishy all rank high on the list of words some people would like to kill from the English vocabulary! I’ve got a new personal one, or rather, a phrase. These last few months have seen your old pal, Marcus, popping around the country to a bazillion hospitals, healthcare association conferences, trauma symposiums, all in celebration of Patient Experience Week, Nurses Week, Hospitals Week, EMS Week. For yours truly? It’s like Christmas!

Kissing and Killing

Amid the gazillion of amazing stories I was honored to hear during this time, I also heard one that made my heart stutter a moment. A phrase that has been used in small segments of healthcare that reads: “I’m a nurse…I’m here to save your behind, not kiss it.” When I’ve heard this phrase spoken or witnessed it on T-shirts or bumper stickers, the language is always a little more salty!

I’ve seen first hand how some patients, and families, often treat the nursing staff like their personal concierge. That’s gotta be so frustrating! Nurses are trained professionals who have spent huge amounts of time (and money) dedicated to developing skills to save lives and care for the sick and injured – not being an overindulgent parent catering to the whims of a bratty kid.

So…why do I have such an aversion to this phrase? When I walked into the ER after one of the most horrific traumas a human being can endure, my very life depended on the best skills of an army of healthcare professionals. And, I received it. In spades. I mean, duh! I’m still alive!

But, what do I remember from that time? It was the compassionate presence of Jennifer as she held my hand and repeated, “I’m here, Marcus, I’m here.”

Over the next months in the hospital, I continued to need the highest level of skills and intervention from my nursing team – but I received so much more. At 3 am when I was lonely and frightened, a nurse would come sit by my bedside and watch over me. When I was nervous and angry about yet another surgery it was a nurse who would hold my hand, give me an extra blanket and whisper a prayer in my ear, promising to stay beside me and be there when I woke up so I wouldn’t be so terrified.

The critical moments when life truly needs saving, kindness and compassion have to take a back seat to straight up skill and technique. But any other time, patient aversion. And afraid. And vulnerable.

So when a patient is having one of the worst times of their life, they don’t need to remember a phrase they read on a bumper sticker that doesn’t reflect the whole of nursing… and might make that patient feel even more vulnerable. Instead they need to remember the multitude of the beautiful healthcare professionals who step up with skill and passion and training… and a desire to heal body and soul.

I know that’s who you are, and I’m proud to share your stories of compassion and healing with the world.

Nursing Team

Nurses have a profound ability to tolerate and sometimes embrace what others find repelling. The sick, the wounded. The “gross.” The broken of our world. It’s a deeply beautiful thing. It also leads to some pretty wicked family dinner conversations!

Former Board President Receives Lifetime Achievement Award

Charlotte York, LPN, served 13 years as a member of the Missouri State Board of Nursing. She, along with her husband Randy, were recently awarded the Sikeston Chamber of Commerce’s Lifetime Achievement Award for the untold influence over the lives of many in the Sikeston community.

This award is presented to someone over the age of sixty who has given of themselves selflessly throughout their lifetime. The recipients have longtime achievement in professional life and contributions in community service. The impact of their actions will be felt for years to come. Past award recipients have shared two threads; first, the desire to make their community a better place to live, work, worship and play and, secondly, the personal satisfaction that comes from quiet accomplishments of their mission rather than accolades. Their lists of involvements is too long to name, but quite diverse as the couple is committed to helping the less fortunate and both have a true servant’s heart.

NCSBN Provides Nursys e-Notify Free of Charge to Nurses Wishing to Track Their License Status

Chicago – The National Council of State Boards of Nursing (NCSBN) now provides automatic license status quickly, easily, securely and free of charge to individual nurses who enroll through Nursys e-Notify. This innovative nurse licensure notification system was previously only available to institutions that employ nurses. Nursys is the only national database for licensure verification for registered nurses (RNs), licensed practical/vocational nurses (LPNs/LVNs) and advanced practice registered nurses (APRNs). Nursys is designated as a primary source equivalent database through a written agreement with participating boards of nursing (BONs). Nursys is live and dynamic, and all updates to the system are reflected immediately, pushed directly from participating BON databases through frequent, secured data updates.

In just a few minutes, Nurses can self-enroll through Nursys e-Notify for free and take advantage of a quick and convenient way to keep up-to-date with their professional licenses. They can receive licensure status updates, track license verifications for endorsement and create and manage multiple license expiration reminders. Keeping on top of license status can help nurses prevent fraudulent licenses or certificates being issued in their names.

Creating an account is quick and easy. Enroll at www.nursys.com/e-notify and select “As a Nurse” to complete the registration process. Learn more about Nursys e-Notify by viewing an introductory video or visiting the Nursys website. For questions, contact nursysenotify@ncsbn.org.

About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN’s membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories—American Samoa, Guam, Northern Marianas Islands and the Virgin Islands. There are also 24 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based 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.
Education Progression: Making the Right Choice for your Future

Nursing Specialty Accreditation
Next, check to determine if the nursing program holds nursing specialty accreditation. There are currently two main regulatory bodies that accredit nursing programs. The Commission on Collegiate Nursing Education (CCNE) accredits programs at the baccalaureate and higher levels. The second regulatory body is the Accreditation Commission for Education in Nursing (ACEN), which accredits all levels of programs. There would be no need for a nursing program to hold accreditations from both of these organizations. Additionally, a new nursing specialty accreditation agency is in the developmental stages at this time.

Additional accreditations that link to specialty areas for advanced practice programs also exist such as the Accreditation Commission for Midwifery Education (ACME) and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). These entities focus even more specifically on the education provided to those who will work in these specialized areas.

Choosing an Educational Pathway
It is important to spend time gaining a clear understanding of the type of degree a particular program grants before entering a post-licensure program. An associate degree to master’s in nursing program may meet the ultimate goal of the master’s degree but there may be reasons a particular individual would want to obtain the baccalaureate degree in nursing along the way. Consider the type of position you desire to obtain and whether a baccalaureate degree would be needed to be hired. A program that offers an associate degree-to-master’s degree track may be able to confer a baccalaureate degree along the way if a few additional courses are completed. Asking about optional pathways may be helpful in deciding on a particular program.

Making an Educated Decision
After consideration of the accreditations a program holds, it is helpful to next look at the mission, focus, course curriculum, and research interests. Many nursing program websites include extensive information on faculty research interests that should align with your interests. Some nursing programs have strong focus areas, such as serving rural populations or preparing graduates to work in specialized areas. Some nursing programs have strong focus areas, such as serving rural populations or preparing graduates to work in these specialized areas.

Meeting Career Goals
For most nurses, seeking additional education is related to a career goal. Clear career goals support the search for the appropriate program. Continuing education requires the appropriate accreditations and approvals are in place provides the foundation for the successful continuation of your unique educational pathway.
Facts about Substance Use Disorder

Substance use disorder encompasses a pattern of behaviors that range from misuse to dependency or addiction, whether it is alcohol, legal drugs or illegal drugs. Addiction is a complex disease with serious physical, emotional, financial and legal consequences.

• It can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender.
• Substance use disorder is a progressive and chronic disease, but also one that can be successfully treated.
• Although alcohol is the drug of choice for the general population, nurses have increased access to controlled substances, contributing to a higher incidence of dependence on them.
• Chemical, mind-altering substances result in long-lasting changes to the brain, which is why addiction is a chronic and relapsing brain disease.

What You Need to Know About Substance Use Disorder in Nursing

Karen is a skilled emergency department (ED) nurse in a hospital that treats a large number of trauma victims. In her personal life, she is struggling with issues of grief and loneliness and feels like “work is therapy because I can forget for a while.” One day she accidentally goes home with a discarded opiate. She is an expert on administering pain medications to others and has witnessed relief in her patients many times after she administers the drugs. That night she is tired and too wound up to sleep, so she thinks there should be no harm in self-administering the morphine “just this once” to provide relief and some much needed sleep. She tells herself she will not do it again.

A week later, Karen again finds herself with a narcotic in her possession, and she purposely takes it home to self-inject. Within a short period of time, she is diverting on a regular basis and realizes she will experience withdrawal unless she injects regularly. Karen finds herself working extra shifts, volunteering for the patients who need pain medications, and isolating from other staff members in order to procure and use the drugs. Fellow nurses in the ED recognize something is wrong, but knowing how highly charged the department’s environment is, they assume it’s “just stress.”

Substance use disorder (SUD) is a challenging and complex issue for the nursing profession. Supportive and educated supervisors and colleagues help to identify nurses with this disease, so they can receive the help they need promptly.

Concerned and preoccupied with your own responsibilities and duties, you may not always recognize the warning signs of an SUD in a nurse co-worker or colleague. You may misread cues and look for other explanations for behaviors. That’s why many nurses with SUD are unidentified, unreported, untreated and may continue to practice where their impairment may endanger the lives of their patients.

Many nurses with substance use disorder are unidentified, unreported, untreated and may continue to practice where their impairment may endanger the lives of their patients.
SUD among health care providers also creates significant legal and ethical responsibilities for colleagues who work with these individuals. You have a professional and ethical responsibility to report a colleague’s suspected drug use to your nurse manager or supervisor, and in some states or jurisdictions, to the board of nursing.

You have a vital role in helping to identify nurses with SUD, so it is necessary for you to be aware of the indicators that may signal that a nurse has a problem. It can be hard to differentiate between the subtle signs of impairment and stress-related behaviors, but there are three things to watch for: behavior changes, physical signs and drug diversion.

Behavioral changes can include:
- Changes or shifts in job performance;
- Absences from the unit for extended periods;
- Frequent trips to the bathroom;
- Arriving late or leaving early; and
- Making an excessive number of mistakes, including medication errors.

Behavioral changes can be physical, including:
- Subtle changes in appearance that may escalate over time;
- Increasing isolation from colleagues;
- Inappropriate verbal or emotional responses; and
- Diminished alertness, confusion or memory lapses.

When nurses are using drugs and unable to obtain them from a treating health care provider, they may turn to the workplace for access or diversion, often causing narcotics discrepancies, such as:
- Incorrect narcotic counts;
- Large amounts of narcotic wastage;
- Numerous corrections of medication records;
- Frequent reports of ineffective pain relief from patients;
- Offers to medicate co-workers’ patients for pain;
- Altered verbal or phone medication orders; and
- Variations in controlled substance discrepancies among shifts or days of the week.

The earlier an SUD in a nurse is identified and treatment is started, the sooner patients are protected and the better the chances are that the nurse safely returning to work. You need to acknowledge that health care professionals are not immune to developing an SUD and you should ignore stereotypes of what a “typical” person with a SUD looks like. It is important for nurses to not only be aware of the warning signs of SUD, but to also be cognizant that SUD is a disease that can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender. This will help you to identify issues in a co-worker or colleague because you will be able to see behaviors and performance without the notion of “nurses wouldn’t do that” or “someone like her would never have an SUD.”

Nurses that educate themselves about the behavior changes, physical signs and signals of drug diversion will help not only their colleagues with SUD, but also protect patients.

NCSBN SUD Resources
NCSBN offers a variety of resources designed to help you identify nurses with SUD:
- The “Substance Use Disorder in Nursing” video, at ncsbn.org/sud, helps nurse managers and nurses identify the warning signs of SUD, and provides guidelines for prevention, education and intervention.
- The “Understanding Substance Use Disorder in Nursing” online course was developed as a companion to the video. The cost of the course is $30. Upon successful completion of the course 4.0 contact hours are available.
- There is an additional course, “Nurse Manager Guidelines for Substance Use Disorder” for nurse managers. The cost of the course is $30. Upon successful completion of the course 3.0 contact hours are available. Both courses are approved by the Alabama Board of Nursing. Register for the courses at learningext.com.
- Other related materials can be found at ncsbn.org/sud.

Karen’s supervisor Ann notices changes in Karen’s demeanor and behavior, and decides to more closely monitor her practice. Ann also looks for medication irregularities or discrepancies, record falsifications and any patterns of complaints by patients. Following hospital procedure and investigating the situation, Ann questions Karen about her performance and behavior. Initially denying that she has a problem, when confronted with evidence of her impaired practice Karen tearfully discloses her SUD. The hospital recommends treatment describing her options and that she may be eligible to return to work once she successfully completes a treatment program, and agrees to an employee assistance program or an alternative-to-discipline program with random monitoring and aftercare. Karen complies and begins recovery.
Pursuant to Section 335.062 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 by sections 335.001 to 335.096, or any person to enter into a settlement, to surrender 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 entry 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 list of 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

Hasenahl, April Toni
Saint Louis, MO
Registered Nurse 20090008893
On March 24, 2011, at 22:50 Licensee received a patient on the Step-down unit in the cardiac recovery and surgical step-down unit at the hospital. The patient had a physician’s order for telemetry. There was a telemetry box with a cardiac monitor attached to the patient, but the telemetry box was not set up in the main station at the hospital as is required for the system to work. Licensee did not attempt to monitor the patient’s cardiac rhythm herself every four hours. Instead, she was documented as monitoring the patient’s rhythm from the Philips telemetry monitoring system satellite monitor on the unit itself. On March 25, 2011, at 00:08 and 03:56 Licensee documented that the patient has an “irregular heart rate,” was in “atrial fibrillation,” and that there was no pulse. It was also documented that the patient’s electrodes status was “intact.” Since the patient was not in the telemetry monitoring system, Licensee was documenting the patient’s condition based off of information of the case. The facts presented are considered 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 continued...

Belcher, Emilee Lyn
Columbia, MO
Registered Nurse 2010032377
On April 8, 2015, Licensee was informed by a co-worker that patient CB was refusing his medication and was acting strangely. Licensee failed to notify the doctor for a sick call encounter with patient CB for a complaint of weight loss; Licensee documented that patient CB refused vital signs and a weight check. Licensee failed to obtain a physical assessment or sign a refusal form from patient CB. Licensee documented that patient CB was withdrawn and that she was going to refer patient CB for a complaint of depression; Licensee documented that patient CB refused vital signs and a weight check. On April 21, 2015, Licensee engaged in a sick call encounter with patient CB for a complaint of weight loss; Licensee documented that patient CB was “increasingly weak.” Licensee documented that she recommended a referral to the doctor for a sick call; however, Licensee failed to submit her referral. On April 25 and 26, 2015, Licensee documented that patient CB refused to take his mental health medications. Licensee failed to obtain signed consent from patient CB for referral to a complaint of weight loss; Licensee documented that patient CB would be referred to mental health; Licensee did not submit her referral. On April 27, 2015, patient CB was “increasingly weak” and told that nurse that the student nurse would contact her. Licensee did not document that Licensee did not obtain a physical assessment or sign a refusal form from patient CB. Licensee did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf by the quarterly due date of October 1, 2015. The Board did not receive a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of October 15, 2015. The Board did not receive proof of support group attendance by the quarterly due dates of July 23, 2015, or October 23, 2015. The Board did not receive proof of any completed hours by the documentation due date.

Censure continued...

Schneider, Tammy Diane
Columbia, MO
Registered Nurse 2007020019
Licensee falsified the patient’s medical record by indicating that the patient received a medication which she had not administered to the patient. Censure 05/19/2016

Davis, Candace N
St. Robert, MO
Licensed Practical Nurse 2011010056
From September 10, 2015, until January 21, 2016, Respondent failed to call to NTS twice (1) day further on October 30, 2015; December 1, 2015; December 7, 2015; and, December 28, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf by the quarterly due dates of April 21, July 23, 2015, or, October 23, 2015. The Board did not receive proof of support group attendance by the quarterly due dates of July 23, 2015, or October 23, 2015.

Censure 04/13/2016

Reich-Gage, Christina Michelle
Clever, MO
Licensed Practical Nurse 2014037870
On July 3, 2015, and September 21, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of October 23, 2015. The Board did not receive an updated chemical dependency evaluation submitted on Respondent’s behalf by the quarterly due dates of April 21, July 23, 2015, or, October 23, 2015. The Board did not receive proof of support group attendance by the quarterly due dates of July 23, 2015, or October 23, 2015.

Censure 04/13/2016

Euer-Frankman, Elizabeth Renee
O Fallon, MO
Registered Nurse 2000163400

Censure 04/12/2016

Censure continued on page 12
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Censure 04/13/2016

The requested sample.

Watkins, LaQuita Michelle

Columbia

Licensed Practical Nurse 2015035766

On December 21, 2015, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. Respondent entered into a treatment plan to obtain a better understanding of addiction. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of January 5, 2016; however, it was submitted later and it was submitted late by the employer. The Board did not receive the evidence of support group attendance by the quarterly due date of January 5, 2016.

Censure 03/24/2016

Sutton, Sean D

Kirkwood, MO

Licensed Nurse 2007035859

On February 29, 2012, Licensee withdrew one (1) lorazepam tablet and one (1) morphine tablet for two different patients from the Pyxis. Neither medication was scanned, counted, documented in Epic, or documented as wasted. On March 23, 2012, Licensee withdrew six (6) Xanax pills for a patient. Licensee scanned and administered two (2) of the pills for the patient, and the remaining four (4) pills were not scanned, charted, wasted, or returned. On March 23, 2012, Licensee pulled three (3) Cymbalta pills from the Pyxis. One (1) pill was scanned and administered to the patient. The remaining two (2) pills were unaccounted for. On March 26, 2012, Licensee pulled a Fiorinal with Codeine for a patient, but the medication was not scanned, charted, wasted, or returned.

Censure 05/19/2016

Williams-Jones, LaTasha Nicole

Kansas City, MO

Licensed Practical Nurse 2014042221

Respondent failed to properly call, or failed to complete the electronic processing, to NTS on twenty-six (26) days. Further, on October 7, 2015, and November 17, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample.

Censure 04/13/2016

Walker, Alvin T

St Peters, MO

Licensed Practical Nurse 044721

Respondent failed to call in to NTS on eight (8) days. Further, on December 10, 2014, Respondent called NTS and was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive proof of support group attendance by the due date of number 23, 2015.

Censure 04/14/2016

Censure continued from page 10

PROBATION

Censure continued...

Censure continued from page 10

Censure continued...

PROBATION continued...

Finally, on October 7, 2015, and November 17, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive proof of support group attendance by the due date of number 23, 2015.

Censure 04/14/2016

Censure 04/13/2016

PROBATION

Censure continued...

PROBATION continued...

PROBATION

CENSURE continued from page 10

PROBATION continued...

PROBATION

CENSURE continued...

PROBATION continued...

PROBATION continued...

PROBATION continued...

PROBATION continued...
On October 24, 2014, Licensee, while at her desk in the agency office doing paperwork, fell asleep. She was awakened by a staff and then went to her car to get some additional paperwork, and then fell asleep in the car. Licensee was initially terminated by the agency but asked to be retained, stating that the medications she was on were causing her to be sleepy. Licensee failed to answer calls and/or respond to agency supervisors on Thanksgiving day, Thursday, November 27, 2014 when on call. Licensee was called into the agency and requested nursing assistance. Licensee eventually texted an agency supervisor on Friday, November 28, 2014, stating that she had been asleep. Licensee continued to either not answer her nursing visits or did them sporadically and/or did not respond to calls consistently from the agency for the remainder of the weekend. Licensee also drew various lab specimens on 3-4 patients the week but did not bring them to an actual lab. When Licensee returned her work items to the agency, several labelled vials for patients were missing. Licensee was supposed to see patient M on Wednesday, November 26, 2014. Several days later, another nurse reported to patient M’s residence. Patient M had evidence of venous ulcers, cellulitis and swelling that had not been documented by Licensee, nor was a physician’s order for-cause drug screen. Licensee’s drug screen confirmed a failed test. On or about April 15, 2015, Licensee agreed to submit to a for-cause drug screen. The screen revealed missing medications in the cardiovascular lab. In December 2013, the Director at the hospital conducted a review of the Pyxis report. The report showed that Respondent canceled the removal of Tramadol a total of fifty-two times between November 19, 2013, and December 22, 2013. Respondent admitted that she had removed Tramadol from the Pyxis without a legitimate prescription.

Reeves, Celena Olivia
Mountain View, MO
Licensed Practical Nurse 2011037509
On or about March 6, 2014, Respondent, while at work at the facility as an LPN, was observed by facility coworkers to have slurred speech, an unsteady gait, to be very sleepy, and exhibiting a “blank” look. On November 9, 2014, Respondent was asked to submit to a for-cause drug screen by the facility, which was positive for marijuana. Probation 04/06/2016 to 04/06/2019

Owens, Courtney Diane
Albany, MO
Registered Nurse 2005024351
On January 14, 2016, Respondent pled guilty to the following offenses: Violation of the Nurse Practice Act and Felony possession of marijuana. When questioned, Respondent admitted to smoking marijuana with a terminally ill friend in Colorado on February 15, 2014. Probation 04/06/2016 to 04/06/2019

Link, Sherry B
Sikeston, MO
Licensed Practical Nurse 026936
On or about March 17, 2014, hospital administration received information indicating that Respondent’s drug test was positive for marijuana. When questioned, Respondent admitted to smoking marijuana with a terminally ill friend in Colorado on February 15, 2014. Probation 04/06/2016 to 04/06/2019

Ward, Joy L
Republic, MO
Registered Nurse 104054
On or about March 17, 2014, hospital administration received information indicating that Respondent’s drug test was positive for marijuana. When questioned, Respondent admitted to smoking marijuana with a terminally ill friend in Colorado on February 15, 2014. Probation 04/06/2016 to 04/06/2019

Gleason, Gillian
Kansas City, MO
Registered Nurse 2011009704
In December 2013, the Director at the hospital conducted a review of the Pyxis report. The report showed that Respondent canceled the removal of Tramadol a total of fifty-two times between November 19, 2013, and December 22, 2013. Respondent admitted that she had removed Tramadol from the Pyxis without a legitimate prescription. Respondent further stated that she had been taking Tramadol out of the Pyxis for her own personal use. Respondent failed to cooperate with the Board during its investigation in that she failed to respond to the Board’s letter requesting her response to the complaint and she failed to return telephone calls made to her by the Board’s investigator. Probation 04/12/2016 to 04/12/2021

Koons, Phillip Neil
Republic, MO
Registered Nurse 2014008234
From April 15, 2014, until the filing of the Probation Violation Complaint on January 28, 2016, Respondent failed to call in to NTS on thirty days. In addition, on December 17, 2015, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to have a collection site provide a sample for testing on December 17, 2015. In addition, on seven separate occasions, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 20.0 is suspicious for a diluted sample, which is deemed a failed test. On December 7, 2015, Respondent submitted a hair sample for random drug screening. That sample tested positive for the presence of marijuana and methamphetamine. Probation 04/12/2016 to 04/12/2021

Hammonds, Krystle Nicole
Maplewood, MO
Registered Nurse 2007026859
On or about September 1, 2015, the hospital’s pharmacy manager reported that Licensee was withdrawing drugs from the Pyxis system for patients that did not have orders for the drugs and was not properly documenting waste. Licensee admitted to agency managers that she had removed Tramadol from the Pyxis without a legitimate prescription.

Probation continued...
diverted narcotics from the hospital while working there. She specifically admitted to diverting Dilaudid for her personal use and did not have a prescription for Dilaudid.
Probation 04/15/2016 to 05/11/2016

Mulholland, Kristen A
Kansas City, MO
Registered Nurse 153471
Probation 04/15/2016 to 05/11/2016

Hospital administration conducted an investigation where they discovered that on November 10, 2014, November 12, 2014, and November 25, 2014, Licensee removed Oxycodone tablets from the Pyxis, but failed to document the administration or waste of the tablets; on November 21, 2014, Licensee failed to document the administration or waste of mg of hydromorphone; and, on two separate occasions on November 13, 2014 and on one occasion on December 1, 2014, Licensee failed to timely and accurately document and scan the administration of Oxycodone and Hydromorphone.
Probation 03/08/2016 to 03/08/2019

Testerman, Mark E
Kansas City, MO
Registered Nurse 153471
Probation 04/15/2016 to 05/11/2016

McKay, Stephanie Lynn
Hollen, MO
Licensed Practical Nurse 2010023173
Probation 04/21/2015 to 04/21/2018

On April 21, 2015, Licensee asked to leave work early to go to the pharmacy to pick up her prescriptions. On April 21, 2015, Licensee called the clinic regarding a prescription she received that did not have the total number of hydrocodone tablets that needed to be dispensed. The prescription was for the Licensee’s patient, Valium, because of the fact that the patient had been consuming alcohol; however, the patient insisted on the medication being administered, and the Licensee administered Valium to the patient. Licensee did not assess the amount of alcohol the patient had consumed, even though Licensee was aware he had been consuming alcohol. The patient vomited, and Licensee thereafter changed his BAC levels from “emesis.” Licensee then placed the patient in bed using a hoist lift instead of having him sit upright in order to protect his head and then found next to the patient’s bed on the floor and underneath the patient’s wheelchair. The patient then was unresponsive while lying in bed and Licensee called 911. The patient was unable to be revived and expired shortly thereafter. The patient’s autopsy showed his BAC level to be at .242 at the time of his death.
Probation 05/27/2016 to 05/27/2017

Reyes, Jennifer Lynn
Belton, MO
Registered Nurse 2010027386
Probation 05/07/2016 to 05/07/2021

On or about September 29, 2014, Licensee was employed by the company and, as part of her duties, was caring for a quadriplegic patient in the patient’s home. Licensee was assigned to administer patient’s Valium, because of the fact that the patient had been consuming alcohol; however, the patient insisted on the medication being administered, and the Licensee administered Valium to the patient. Licensee did not assess the amount of alcohol the patient had consumed, even though Licensee was aware he had been consuming alcohol. The patient vomited, and Licensee thereafter changed his BAC levels from “emesis.” Licensee then placed the patient in bed using a hoist lift instead of having him sit upright in order to protect his head and then found next to the patient’s bed on the floor and underneath the patient’s wheelchair. The patient then was unresponsive while lying in bed and Licensee called 911. The patient was unable to be revived and expired shortly thereafter. The patient’s autopsy showed his BAC level to be at .242 at the time of his death.
Probation 05/27/2016 to 05/27/2017

Russo, Michael David
Saint Louis, MO
Registered Nurse 2013042980
Probation 05/07/2016 to 05/07/2021

On April 21, 2015, Licensee asked to leave work early to go to the pharmacy to pick up her prescriptions. On April 21, 2015, Licensee called the clinic regarding a prescription she received that did not have the total number of hydrocodone tablets that needed to be dispensed. The prescription was for the Licensee’s patient, Valium, because of the fact that the patient had been consuming alcohol; however, the patient insisted on the medication being administered, and the Licensee administered Valium to the patient. Licensee did not assess the amount of alcohol the patient had consumed, even though Licensee was aware he had been consuming alcohol. The patient vomited, and Licensee thereafter changed his BAC levels from “emesis.” Licensee then placed the patient in bed using a hoist lift instead of having him sit upright in order to protect his head and then found next to the patient’s bed on the floor and underneath the patient’s wheelchair. The patient then was unresponsive while lying in bed and Licensee called 911. The patient was unable to be revived and expired shortly thereafter. The patient’s autopsy showed his BAC level to be at .242 at the time of his death.
Probation 05/27/2016 to 05/27/2017

Colley-Anglin, Tracey Lynn
Springfield, MO
Registered Nurse 2013029055
Probation 04/27/2016 to 04/27/2021

Licensee was employed as a registered nurse by a home health agency from November 17, 2014, through February 26, 2015. On February 26, 2015, agency administrators met with Licensee to discuss concerns with Licensee’s performance. The issues discussed with Licensee included poor time management, poor organizational skills, and poor documentation. Licensee arrived at the meeting and appeared fidgety, unorganized, and unable to focus. Agency administrators also wanted to talk to Licensee about a patient complaint about Licensee smelling of alcohol while on duty. Licensee resigned during the meeting. Licensee continued to contact agency patients after her resignation.
Probation 03/02/2016 to 03/02/2019

Gerard, Carla M
Lebanon, MO
Licensed Practical Nurse 2001026457
Probation 04/27/2016 to 04/27/2019

On or about September 29, 2014, Licensee was caring for patient RW in patient RW’s home. Licensee left patient RW’s home two hours early, at approximately 8:00 p.m., after she indicated to patient RW’s guardian that she felt ill. However, Licensee documented patient RW’s vitals and wrote a progress note through 10:00 p.m.
Probation 04/05/2016 to 04/05/2018

Murrell, Angela Renee
Linneus, MO
Licensed Practical Nurse 2001026457
Probation 04/27/2016 to 04/27/2019

On or about September 29, 2014, Licensee was caring for patient RW in patient RW’s home. Licensee left patient RW’s home two hours early, at approximately 8:00 p.m., after she indicated to patient RW’s guardian that she felt ill. However, Licensee documented patient RW’s vitals and wrote a progress note through 10:00 p.m.
Probation 04/05/2016 to 04/05/2018

Licensee was employed as a registered nurse by a home health agency from November 17, 2014, through February 26, 2015. On February 26, 2015, agency administrators met with Licensee to discuss concerns with Licensee’s performance. The issues discussed with Licensee included poor time management, poor organizational skills, and poor documentation. Licensee arrived at the meeting and appeared fidgety, unorganized, and unable to focus. Agency administrators also wanted to talk to Licensee about a patient complaint about Licensee smelling of alcohol while on duty. Licensee resigned during the meeting. Licensee continued to contact agency patients after her resignation.
Probation 03/02/2016 to 03/02/2019

On or about September 29, 2014, Licensee was caring for patient RW in patient RW’s home. Licensee left patient RW’s home two hours early, at approximately 8:00 p.m., after she indicated to patient RW’s guardian that she felt ill. However, Licensee documented patient RW’s vitals and wrote a progress note through 10:00 p.m.
Probation 04/05/2016 to 04/05/2018
August, September, October 2016

PROBATION continued...

Mision, Lisa J
Osage Beach, MO
Registered Nurse 107013

On or about December 5, 2014, Licensee documented that she gave patient MV IV morphine; however, the IV was discontinued on December 4, 2014. On or about December 6, 2014, Licensee documented that she administered Percocet to patient LS three times throughout the night. Patient LS informed Licensee’s co-worker, nurse DT, that she had taken any Percocet as documented by Licensee. Hospital administrators reviewed patient LS’s medication administration record and found Licensee documented administering Ambien to patient LS, which patient LS denied receiving. On December 18, 2014, Licensee agreed to submit to a for-cause drug screen. The drug screen returned positive for hydrocodone, oxycodone, and coumadin.

Probation 04/13/2016 to 04/13/2021

Heineken-Clauing, Stacey R
Belton, MO
Registered Nurse 150100

On March 12, 2015, the center conducted facility-wide drug screenings. Licensee attempted to submit synthetic urine for her drug screening sample. Licensee admitted to diverting wasted Morphine from the facility for personal use. Licensee did not submit a sample for screening on March 12, 2015, and that sample returned positive for Morphine. Licensee returned to work on May 11, 2015, after completing an outpatient drug rehabilitation program on May 6, 2015. On June 9, 2015, Licensee was observed by a co-worker attempting to steal a Fentanyl syringe from an anesthesia cart and trying to replace it with a saline syringe. When confronted by co-worker, Licensee admitted to facility administrators that she had attempted to steal the Fentanyl syringe.

Probation 05/04/2016 to 05/16/2016; Voluntarily Surrendered 05/16/2016

Voigt, Trisha Marie
Nevada, MO
Licensed Practical Nurse 2002029877

On January 25, 2013, Licensee was charged in Vernon County, Missouri, with the Class C felony Possession of a Controlled Substance Except 35 Grams or Less of Marijuana. Licensee’s case was dismissed with prejudice of a Controlled Substance Except 35 Grams or Less of Marijuana. Licensee’s case was dismissed with prejudice.

Probation 03/29/2016 to 03/29/2020

PROBATION continued...

Collier, Kevin R
O Fallon, MO
Registered Nurse 144391

On October 29, 2013, Licensee was working in the home of a patient who had just passed away. Licensee documented in the patient’s medical record that the patient’s narcotics were destroyed inside the home. Agency staff contacted the patient’s family on October 30, 2013. During the conversation, agency staff learned that Licensee had taken the narcotics out of the patient’s home and the patient’s family did not know what happened to the narcotics after they were removed from the home. Agency administrators requested that Licensee submit a sample for a for-cause drug test. The sample that Licensee provided tested positive for marijuana.

Probation 03/02/2016 to 03/02/2019

Mersinger, Toni Lee
Saint Jacob, IL
Registered Nurse 2009012187

The following medication errors were discovered:

a) On June 24, 2014, Licensee withdrew two Percocet tablets for patient MS at 07:34 and again at 09:54. Patient MS had orders for Percocet for every four hours as needed. Licensee documented the administration of two tablets of Percocet at 07:35. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 09:54, which were also withdrawn early and outside of the patient’s orders.

b) On June 26, 2014, Licensee withdrew two Percocet tablets for patient MM at 15:05. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 15:05.

c) On July 1, 2014, Licensee withdrew two Percocet tablets for patient AD at 07:47. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 07:47.

d) On July 1, 2014, Licensee withdrew two Percocet tablets for patient CB at 14:50. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 16:53.


f) On July 14, 2014, Licensee withdrew two Percocet tablets for patient CH at 14:10. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 14:10.

g) On July 17, 2014, Licensee withdrew two Percocet tablets for patient AJ at 14:25. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 14:25.

Probation 04/05/2016 to 04/05/2019

Gomez, JaCey Beth
Savannah, MO
Licensed Practical Nurse 2009029700

On or about March 6, 2015 the Licensee called a pharmacy and left a message stating she was A.W. APRN and requested a prescription of Lasix, a non-controlled substance, for herself. Licensee was not a patient at the clinic and she was not a patient of A.W. APRN. Licensee was terminated on May 8, 2015, for calling in an unauthorized prescription without the permission of the provider and for impersonating a provider.

Probation 03/02/2016 to 03/04/2016

REVOKED

Kelly, Jason Scott
Neville, MO
Registered Nurse 2001027066

Respondent did not complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the due date of January 28, 2016. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf by the due date of December 23, 2015. Respondent did not attend the meeting or contact the Board to reschedule the meeting.

Revoked 03/28/2016 to

Myers, Jenelle Kay
Pittsburg, KS
Registered Nurse 2006013097

The Missouri State Board of Nursing received information from the Kansas State Board of Nursing via the NURSYS website that the nursing license of Respondent was revoked in Kansas due to a final disciplinary action being taken by the Kansas State Board of Nursing in a Summary Order dated January 10, 2014. The Order revoking Respondent’s nursing license in Kansas found in pertinent part, in its “Findings of Fact,” that Respondent had called in unauthorized prescriptions for her husband by misrepresenting herself to a pharmacy as an employee of Dr.; testing positive for a controlled substance, specifically hydrocodone, without a prescription; pulling medications for patients for whom she was not assigned and who did not have orders for the medications; failing to document the administration or waste of medications she withdrew; withdrawing two (2) Vicoprofen tablets for a patient who was being discharged with no order for Vicoprofen and failing to document the administration or waste of the Vicoprofen that she withdrew under the patient’s name; failing to honestly and accurately report her history to the Kansas Nurse Assistance Program (KNAP); and failing to enroll in or contract with KNAP. The same found order continued on page 16

Missouri State Board of Nursing • Page 15
Lance, Bobbie Dale
Cutler, IL
Registered Nurse 20150099908
On May 7, 2015, Respondent pled guilty to the crime of theft over $500 but not over $1,000. Revoked 04/11/2016
Brokes, Crystal Lea
Bowling Green, MO
Licensed Practical Nurse 20110002394
On October 12, 2014, the infirmary nurse requested Vincodin from Respondent, who was in charge of narcotics that evening. Respondent removed the pills and placed them in a medication cup. She told the RN the package tore when she was removing the tablets so she put both of the pills in the cup. The RN did not question this until later when Patient DA had that the pills did not seem to be helping the pain as they did before. The RN remembered what the pills looked like that were given to the patient and the RN thought it was Paracetamol. Respondent failed to initiate telemetry for Patient DA. Patient DA was Respondent’s only patient that evening. Respondent removed the pills and placed them in a sharps container instead of the red sharps container. Respondent then admitted the she put the pills in a red sharps container instead of the correct sharps container.

Lance, Bobbie Dale
Cutler, IL
Registered Nurse 20150099908
On May 7, 2015, Respondent pled guilty to the crime of theft over $500 but not over $1,000. Revoked 04/11/2016
Brokes, Crystal Lea
Bowling Green, MO
Licensed Practical Nurse 20110002394
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Faries, Candida Lea
Perryville, MO
Registered Nurse 2005031887
On July 9, 2013, Respondent was observed by co-workers strolling her words and walking into walls. Her pupils were dilated and her eyes were rolling back into her head. She was also observed to be swaying back and forth and was unable to communicate effectively. She also appeared to be falling asleep while standing.

Respondent’s co-workers believed that Respondent was impaired. Count II - it was discovered that Respondent removed hydrocodone and oxycodone on five (5) different residents and did not administer the medication within an hour’s time on October 26, 2013. On October 27, 2013, Respondent signed out and removed hydrocodone and oxycodone for six (6) different residents and again did not administer the medication within an hour of removing the narcotics; however, she documented the administration of the medications withdrawn. On October 30, 2013, Respondent removed hydrocodone and oxycodone for four (4) residents within an hour’s time. After removing the pills, Respondent went to the nurse’s station and did not leave the station. Respondent documented administering the medications to the residents that she had withdrawn the medications for. Respondent admitted that she diverted the pills.

Revoked 03/30/2016

DeBraal, Darin L.
Jefferson City, MO
Licensed Practical Nurse 040373
From March 6, 2014, until October 6, 2015, Respondent failed to cooperate in the Board’s investigation.

Revoked 03/30/2016

Chandler, Amanda Lee
Ozark, MO
Registered Nurse 2012029849
Respondent failed to call in to NTS on forty-eight (48) days. On three (3) occasions, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening, but failed to report to a collection site to provide a sample. Respondent failed to report to a collection site to provide a sample for testing on four (4) occasions. On May 19, 2015, Respondent submitted her application to renew her license. On the Application, Respondent checked “yes” to the question: “Are you currently being investigated or is there any disciplinary action pending against you by any professional license?” On July 22, 2015, an administrator sent Respondent a letter requesting a notarized statement. Respondent failed to submit a statement. On October 8, 2015, Respondent was sent an e-mail again requesting a notarized statement. Respondent failed to send a notarized statement.

Revoked 03/30/2016

Whitlow, Jeannie Marie
Chaffee, MO
Licensed Practical Nurse 2002029852
Respondent assisted T.C. with paying bills. On or about July 23, 2013, Respondent wrote herself a check for $1,500.00 from the account of T.C. without T.C.’s knowledge. Respondent deposited T.C.’s insurance check into her personal account. As a result of Respondent’s actions, Respondent was placed on the Department of Health and Senior Services’ employee disqualification list on or about June 27, 2014, for twelve (12) years. Respondent failed to cooperate in the Board’s investigation.

Revoked 03/30/2016

Smith, Candice A
Sedalia, MO
Registered Nurse 149483
From March 6, 2014, until October 6, 2015, Respondent failed to call in to NTS on nine (9) days. Respondent was stopped calling NTS on October 7, 2015. Further, on September 22, 2015, and October 6, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on seven (7) separate occasions, Respondent failed to call NTS; however, those were days that Respondent had been selected to submit a sample for testing. Additionally, on two (2) separate occasions, May 8, 2014, and May 23, 2014, Respondent requested lab and submitted required samples which showed low creatinine readings. The Board did not receive an employer evaluation or statement of unemployment by the quality assurance of November 9, 2015.

Revoked 03/30/2016

McCurlcy, Katie Summer
Kansas City, MO
Registered Nurse 2011030744
On July 24, 2013, inconsistencies were noted in Respondent’s charting of controlled substances. A further audit of Respondent’s administration of controlled substances was performed and it was discovered that 7 mg of Dilaudid, 300 mcg of Fentanyl, 9 mg of Morphine, and 2 tablets of Lortab withdrawn by Respondent were not accounted for in the documentation. On July 25, 2013, Respondent’s supervisor requested that Respondent submit a urine sample for a for-cause drug test. Respondent consented to provide a urine sample for screening.

Revoked 03/30/2016

Bell, Kimberly Nicole
Liberty, MO
Registered Nurse 2003012780
From January 24, 2015 through January 31, 2016, Respondent failed to call in to NTS on ten (10) days. On May 1, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on five (5) separate occasions, June 27, 2015, August 28, 2015, September 9, 2015, October 12, 2015, and October 19, 2015, Respondent failed to call in NTS; however, these were days that Respondent had been selected to submit a sample for testing.

Revoked 03/30/2016
Respondent failed to call in to NTS on forty-one (41) occasions, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. On January 17, 2016, Respondent submitted a urine sample for random drug screening. That sample tested negative for the presence of cocaine. Revoked 04/13/2016

Respondent was required to obtain continuing education on or about December 19, 2015. As of the Probation of completion of Physical Assessment (Adult). The Board did not receive a thorough mental health dependency evaluation submitted on Respondent’s behalf.

Revoked 03/05/2016

Wiseman, Rhonda K
Fulton, MO
Licensed Practical Nurse 052194
Respondent failed to call in to NTS on or about December 19, 2015. As of the Probation of completion of Physical Assessment (Adult). The Board did not receive a thorough mental health dependency evaluation submitted on Respondent’s behalf.

Revoked 03/05/2016

Frazier, Miranda Lynn
Columbia, MO
Licensed Practical Nurse 2011030916
Respondent failed to begin the daily call-in process with NTS. The Board did not receive a thorough mental health evaluation submitted on Respondent’s behalf.

Revoked 03/05/2016

Wise, Adam
St. Louis, MO
Licensed Practical Nurse 2013020813
Respondent was required to refer to a lab and submitted the required sample which showed a high creatinine reading. On January 17, 2016, Respondent submitted a urine sample for random drug screening. That sample tested positive for Fentanyl. Licensee admitted to the Board’s investigator that she diverted on two (2) occasions.

Voluntary Surrender 05/12/2016

Heineken-Clauing, Stacey R
Bolton, MO
Registered Nurse 150100
Licensee voluntarily surrendered her Missouri nursing license effective May 17, 2016.

Voluntary Surrender 05/17/2016

Hammonds, Krystle Nicole
Maplewood, MO
Registered Nurse 2007020589
Licensee voluntarily surrendered her Missouri nursing license effective May 12, 2016.

Voluntary Surrender 05/12/2016

Wammack, India Nicole
Joplin, MO
Registered Nurse 2002030711
On or about May 7, 2015, Licensee’s drug screen tested positive for Fentanyl. On April 22, 2015, a Licensee admitted to the Board’s investigator that she diverted on two (2) occasions.

Voluntary Surrender 04/27/2016

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Eaton, John M  
Sullivan, MO  
Registered Nurse 070071  
Licensee was witnessed having a red face, slurred speech, an unsteady gait, and smelling of alcohol. Licensee admitted to drinking the night before, and still being under the influence the next morning while at work. Licensee refused to take a breath test because he knew it would be positive for alcohol. Licensee used an alcoholic beverage to an extent that his use impaired his ability to perform the work of a nurse.  
Voluntary Surrender 04/14/2016

Callaway, Christie J  
Branson, MO  
Registered Nurse 129759  
In June 2015, hospital administrators received reports regarding Licensee’s handling of narcotics. One coworker stated that a patient reported that they had not received pain medication that had been documented as being administered by Licensee. Another coworker stated that Licensee documented administering multiple doses of oral pain medication to a patient who could not swallow. An audit of Licensee’s medication documentation and administration revealed multiple discrepancies and practice concerns including failing to scan narcotics given to patients, holding onto narcotics for an extended time before administering or returning the narcotics, and failing to properly document the administration and waste of narcotics. On June 26, 2015, Licensee submitted a sample for a for-cause drug screen. The drug screen returned positive for oxycodone. On June 29, 2015, Licensee met with hospital administrators and admitted that she had diverted narcotics that had been documented as being given to patients.  
Voluntary Surrender 03/21/2016

Bove, Jeffrey J  
Arnold, MO  
Licensed Practical Nurse 2008028163  
On February 5, 2015, Licensee was informed by a nurse aide that a patient was having trouble breathing and foaming at the mouth. Licensee went to the patient room to check on the patient. Licensee directed the nurse aide to elevate the patient, clear the patient’s mouth of food particles, and inform the charge nurse on duty of the situation. Licensee then left the patient’s room and then clocked out and left the facility. Licensee failed to properly assess a patient having respiratory problems, and failed to document or report off on the patient’s change in condition. The patient was found shortly thereafter not breathing and with no pulse.  
Voluntary Surrender 03/21/2016
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  - Women’s Health Nurse Practitioner (WHNP)
  - Family Nurse Practitioner (FNP)
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