



RN UPDATE

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ACCREDITATION

LICENSURE



PRACTICE

COMPLIANCE

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Multistate Regulation of Nursing

As reported in prior issues of *RN Update* in April and October 1997, telenursing and other interstate practice by registered nurses have escalated over the past few years. Most of this type of practice has been through electronic technologies such as satellite and telephone systems or the Internet. In 1996 Congress recognized the need for legislation to facilitate health care via telecommunications when it passed the Telecommunications Reform Act. This legislation calls for the development of standards for practice, policies for reimbursement, and the development of an infrastructure for telecommunications in health care. These trends caused the National Council of State Boards of Nursing, Inc. (NCSBN) to examine the barriers to cross state practice by registered nurses and licensed vocational nurses to improve access to care for consumers. The NCSBN is a not-for-profit organization whose membership is comprised of the boards of nursing in the 50 states, the District of Columbia, and five territories of the United States.

Practice across state lines occurs when a nurse in one state crosses a state line to practice or when, through telecommunications technology, the nurse teaches nursing, consults with other providers, or directly communicates with clients and their families in another state. The NCSBN recognized that the practice of nursing via electronic means was the practice of nursing and should be regulated by boards of nursing.

The current system of licensure has been in effect since the early part of this century. Recent changes in the practice environment have prompted the need for different regulatory models. In 1995 the NCSBN

appointed the Multistate Regulation Task Force to explore various models and bring recommendations to the membership. The goal of the Task Force was to propose models that could be "state based, nationally recognized, and locally enforced." Three years of study led to the development of the mutual recognition model of nursing regulation. The mutual recognition model and interstate compact to implement the model were adopted by the NCSBN's Delegate Assembly in August 1997 and December 1997, respectively. Information about the model and compact can be found on page 9 of this issue.

How quickly the model is implemented across the country depends upon the legislative actions of the states; it will take some time before a large number of states become participant or party states. Utah was the first state to pass the Interstate Compact into law (March 14, 1998). Implementation of the compact will not occur until after January 1, 2000 when the NCSBN's centralized data bank will be operational. Concerns have been raised about some provisions of the compact. The NCSBN has initiated discussions with professional associations to address these concerns. While the model represents a shift in the way regulation conducts its business, it creates a new system which removes many barriers to practice, addresses emerging trends and technologies, improves access to care, and maintains a system to protect the public from unsafe or incompetent practitioners.

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A Word from the Examination Department



Anne Garrett, PhD, RN

Board Proposes Changes In Temporary Permit Rules

At the May 1998 meeting of the Board of Nurse Examiners, the Board approved the publication of proposed changes to Rule 217.3 regarding Temporary Permit and Rule 217.12 concerning Designations for Registered Nurses/Title Deemed Misleading. The proposed rule change was driven by the same concern that originally led to the use of graduate nurse temporary permits: public safety.

The mission of the Board is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a registered professional nurse is competent to practice safely. The licensure examination is the primary mechanism that assures the public that new graduates are minimally competent to practice safely at entry into the profession. Temporary permits allow new graduates to practice professional nursing for as long as 90 days prior to licensure. During this 90-day period neither the public nor employers have any assurance from the regulatory arena that the new graduate is safe other than the belief that completing an approved nursing program should produce a safe practitioner who will be successful in demonstrating minimal competency on the NCLEX-RN® examination. However, this belief is false for at least 10% of graduates of Texas professional nursing programs as, on an average yearly basis, 10% of first time test takers fail the licensing examination. Additionally, the Board has dealt with an increasing number of new graduates who fail to surrender their permits and continue to practice after receiving notice that they failed the NCLEX-RN® examination, thus deceiving their employers and the public. Due to these safety issues and to changes in the circumstances that originally led to the use of temporary permits, the Board proposes to no longer issue temporary permits to new graduates.

The use of temporary permits for graduate nurses was a solution to the past problem of the long delay between graduation and licensure. Before 1994, the national licensure examination was offered only two times a year, in February and July. Candidates across the nation took the paper and pencil examination on these two dates. The new graduate then had to wait for six to nine weeks for the results. In 1994 the average time from graduation to licensure with use of the paper and pencil examination was 6 months. The risks of allowing potentially unsafe graduate nurses to practice professional nursing were weighed against the risk that preventing potentially safe entry-level nurses from practicing professional nursing also threatened public welfare. The

(continued on next page...)

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Temporary Permit Rules - continued

Board chose a two-pronged solution that was deemed appropriate at that time. Graduate nurses were allowed temporary permits to practice prior to passing the licensure examination [Rule 217.3 (a) (1)], thus allowing the public access to nursing care. However, to assure the public that an RN will be continuously monitoring the safety of the graduate nurse's practice, the graduate nurse permit holder is required to work under the direct supervision of a registered professional nurse and is prohibited from being placed in charge positions or working in independent practice settings [Rule 217.3 (a)(3)].

Technology has changed the nature of the problem. The NCLEX-RN® examination is now offered daily at 15 locations in Texas and at more than 200 sites nationwide. Graduates are guaranteed a testing date within 30 days of calling to schedule the test and receive the results of their examination in as little time as 10 days or within three weeks of testing. If graduates complete the application process immediately upon graduation, time from graduation to licensure may be as short as one month or less. Some graduates have been licensed within 13 days of graduation. The new graduate now exerts the majority of control over time to licensure, in contrast to the situation that existed prior to 1994 when the limited number of opportunities to test and length of time to receiving tests results were the controlling factors. The reality of the current situation is that there is no incentive for graduate nurses to exercise this control and become licensed as soon as possible because they can work up to 90 days on a temporary permit. The argument that the board's licensing process threatens public safety by limiting access to nursing care no longer is supported by factual evidence.

When proposals to discontinue temporary permits have been discussed in the past, the issues of the financial impact upon health care institutions and the new graduate's right to work have been raised as the major concerns. The current mandatory requirement that a registered nurse must provide close supervision of all graduate nurses practicing on temporary permits entails costs in salary and productivity to health care institutions. Because the new graduate can delay testing for up to three months, some institutions may be incurring unnecessary costs for new graduates who could be safe with less supervision, such as LVNs who have completed RN mobility programs. Comparison of the costs to the benefits of having the flexibility to decide on a case-by-case basis which newly licensed nurses need this degree of supervision and restriction in practice may show that elimination of permits will not create the financial burden which is projected. Employers can use the Board's Guidelines for Employment of Newly Licensed Graduates to decide when it is safe to expand individual responsibilities and independence.

The Board's mission supersedes the interest of any individual, the nursing profession, or any special interest group. The Board believes that the appropriate way for new graduates to protect their right to work as professional nurses is to become licensed as professional nurses as soon as possible after graduation. The proposed rule change makes the entry level requirements for nursing consistent with the entry requirements of other regulated professions such as medicine, dentistry, and law. These professions require new graduates to pass at least one or more parts of national or state licensure examinations before these entry-level professionals are allowed to practice as testimony that they are minimally competent to provide services to the potentially vulnerable public.

The proposed changes to Rule 217.3 and 217.12 will be published in the *Texas Register* with a 30-day comment period. Written comments may be sent to Katherine Thomas, MN, RN, Executive Director at the Board's office.



Proposed and Adopted Rules

by Erlene Fisher

At their March 12-13, 1998, meeting, the Board took the following action in relation to rules:

- *Proposed the repeal and a new Chapter 213 concerning Practice and Procedure. The language for the repeal and new rule was published in the May 1, 1998 issue of the Texas Register.*
- *No comments were received on the proposed amendments to §217.5 concerning Temporary License and Endorsement; and §217.7 concerning Failure to Renew License. The adopted rules were published in the May 15, 1998 issue of the Texas Register and became effective May 24, 1998.*

Readers Needed For NCLEX-RN® Examination

Sylvan Technology Centers has developed a pool of examination readers to help candidates with disabilities who need reading assistance. Readers will serve on an “as needed” basis and should have a health care background and familiarity with medical terminology. Individuals who are interested must be able to read carefully and distinctly and pronounce medical/nursing terms correctly. Readers will be paid an honorarium by Sylvan Technology Centers.

*Texas currently has 15 examination sites: *Abilene, *Amarillo, Arlington, Austin, *Bedford, *Corpus Christi, *El Paso, Houston, *Lubbock, Mesquite, San Antonio, *Sugarland, and Waco. The sites marked with an “*” currently have no readers.*

Individuals who are interested in becoming readers, including retired RNs, graduate nursing students, members of professional nursing organizations or members of other health care professions, please complete the form below and submit it to our office, Attn: Cheryl K. Rosipal, PO Box 430, Austin, Texas 78764-0430. Faculty members in pre-licensure nursing programs and individuals involved with NCLEX-RN® examination review courses are not eligible to be readers. Your information will be submitted to Sylvan Technology and, if selected, additional information will be mailed to you.



Name _____

Address _____

State _____

Zip Code _____

Telephone Number _____

Licensure Status (as applicable): _____ License #: _____

Testing Center (Site) _____

Notice to Graduate Advanced Practice Nurses

Rule 221.7 lists requirements for new graduates to receive authorization to practice in the advanced nursing role. The graduate APN who graduated January 1, 1996 and after, in addition to meeting the educational requirements, must take and successfully pass a Board approved national certification examination within two years of **graduation** from the advanced nursing program.

As we have now passed the first two-year period, there have been some APNs who have not met the certification requirement. Rule 221.7(2) states in part: "Failure to pass the examination after three attempts or failure to pass the exam within two years of eligibility will render the applicant ineligible to practice in the advanced practice role ." Those graduates who are practicing under a waiver from the certification examination must also complete their waiver requirements within this two-year time period.

The Board is contacting graduate APNs who have not completed these requirements to advise them of their status and that "the applicant must immediately return the Authorization to Practice document to the Board's office." Questions regarding this issue may be addressed to the BNE at (512) 305-6843 or (512) 305-6845.

Medication Error Information Available

Medication errors are one of the most common reasons for disciplining RNs by the Texas Board of Nurse Examiners (BNE). For this reason the BNE staff has compiled material for RNs in Texas on the subject of medication errors that includes resources available to the health professional which may be used to address this issue. Information includes discussion on "systems" improvement strategies, specifics related to addresses, web sites, etc. to obtain governmental materials and to report problems, common reasons for medication errors, commonly asked questions related to medication administration received at the BNE, a description of the BNE disciplinary process, and examples of recent medication error cases investigated by the BNE which resulted in disciplinary action. The information has been compiled from previous issues of the *RN Update*, federal governmental agencies, recent professional journals, and other relevant literature.

The material is available to Texas RNs either upon request to be provided as a single packet or through the BNE web site: www.bne.state.tx.us It is anticipated that the medication error packet will be used by RNs and nursing administrators for educational and procedural activities related to improving medication administration systems problems.



Workshop Update



The remaining "Update on Nursing Practice: 1997/1998" workshops for this calendar year will be presented at the following dates and locations:

Amarillo - July 22, 1998
Texarkana - October 1, 1998
El Paso - November 4, 1998

Registration deadlines are two weeks prior to the workshop date. We strongly suggest that your completed registration forms be sent back to us as soon as possible due to limited seating capacity.

What's New? THSteps Provides Medical Case Management

In the following article, the Texas Department of Health describes a new statewide case management program serving children in Texas.

THSteps has expanded to include comprehensive Medical Case Management services. Texas Health Steps (THSteps) is accepting applications from agencies as well as individual providers.

The program assists eligible recipients in gaining access to necessary medical, social, educational, and other services. Screening and intake, family assessment, identification of service needs, individual service plan development, service provision, coordination and follow-up are the elements of service which THSteps Medical Case Management will utilize to accomplish its goals.

Children and youth, ages one through 20, determined to have a health condition/health risk, to have special health care needs, to be medically fragile or complex are eligible to receive services from THSteps. Infants 0-1 year of age are eligible for Targeted Case Management for High Risk Pregnant Women and High Risk Infants (TCM/PWI). All eligible children who meet these criteria may receive one comprehensive and five follow-up visits before needing additional authorization. Services are reimbursed, fee for service by National Heritage Insurance Company (NHIC). The reimbursement rates are \$54.58 for a comprehensive visit and \$18.00 for follow-up visits. Follow-up visits may be done over the phone or in person.

The Texas Department of Health (TDH) is accepting applications from THSteps providers who are nurses, licensed in the State of Texas with a Bachelor's or advanced degree and at least one year of pediatric experience. To become a provider, one must submit an application and be approved by TDH before enrolling with NHIC (organization responsible for Medicaid billing).

For an application to be a provider of THSteps Medical Case Management services, contact the Director of Social Work at the TDH Regional Office

nearest you. For questions or comments regarding THSteps, call Margaret Bruch at (512) 458-7111, ext. 3045 or e-mail: Margaret.Bruch@tdh.state.tx.us.

Advisory Committee Actions

Advisory Committee on Education Continues Work on Rule 215

The Advisory Committee on Education (ACE) met on March 4, April 17, and May 20, 1998. ACE is in the process of evaluating and making recommendations for revisions to Rule 215 relating to Nursing Education. The committee began its work by reviewing nursing education rules from other states, accrediting organizations, and agencies. Among the issues being considered for possible rule revisions are: 1) altering the pass rate percentage requirement for nursing programs for first-time candidates on the NCLEX-RN® examination, 2) eliminating the need for minor curriculum changes, 3) developing rules to transfer administrative authority of nursing programs, 4) creating rules for innovative approaches to nursing education, and 5) reorganizing rules pertaining to clinical experiences. After the committee completes its review and revision of the nursing education rules, a draft of the proposed rules will be submitted to the Board for approval. Deans and Directors of professional nursing education programs in Texas will be asked to comment on the proposed rules. The next ACE meeting will be held in Austin on July 10, 1998.

Laws and Regulations Committee Develops Framework for Referencing Laws

The Laws and Regulations Advisory Committee met on May 20, 1998 in Austin, Texas. The Committee reviewed and accepted a conceptual framework by which laws and regulations can be grouped so that they can be more easily referenced by RNs in all specialties, roles and settings. The Committee has begun this classification of laws and regulations for the entry level RN and will continue its work at the next meeting on July 8 in Austin, Texas.



Practice Questions & Answers

by Sally Glaze, Ed.D., RN
and Helene Harris, RN, MSN, CNS

This Board receives numerous calls and letters regarding practice issues. In this column, responses are given to some frequently asked practice questions

Q: Our facility is situated close to the borders of the state and therefore we see and treat clients from Texas and the other states. As a consequence, two situations commonly occur: 1) Out-of-state physicians send in orders for their patients who reside outside of Texas but are treated in Texas since the patient may be temporarily visiting or staying in Texas; 2) Texas residents live in and are treated in Texas, but see a physician who is not in Texas.

Can we as RNs accept and carry out orders from out-of-state physicians?

A: The Board of Nurse Examiners previously agreed that RNs could accept orders from out-of-state physicians. This earlier opinion was based on the requirements of the Board of Medical Examiners who agreed that such orders were permissible. However, the Medical Practice Act and the related rules have since changed to require that physicians practicing from across the state lines into Texas are required to have a special purpose license in order to treat individuals in Texas. Nurses in Texas, therefore, may accept orders only from those physicians who are legally authorized to practice in this state.

Q: I am a home health nurse. Due to new Health Care Financing Administration (HCFA)/Medicaid surveying emphasis, my administrator has requested additional information to be included in my already complete nursing notes. Am I allowed to do this?

A. The Board of Nurse Examiners' Rule 217.11 (7) obligates the RN to "accurately report and document the client's symptoms, responses and status." A late entry by an RN may be noted if the details of the event are clearly recalled and documentation is not falsified. An addendum to the original note should be addressed as a "late entry" and should specify the current date the note was written, as well as the actual date the event occurred. For example:

12/2/97

Late Entry-On 10/30/97 a home health visit was made to verify the ambulation status of Mr. Green. Mr. Green still requires assistance with ambulation. This information was relayed to Dr. Jones. *J. Case, RN*

Q: What can the RN do to decrease the possibility of negative consequences and/or patient outcomes associated with delegation of nursing tasks to unlicensed persons?

A: The Board of Nurse Examiners' Rule 218.1 states in part: "The accountability for delegation of nursing tasks remains with the RN." With this standard in mind, prior to making a decision to delegate, the RN should examine several factors: 1) the particular setting, 2) the complexity of the task, 3) the skills of the unlicensed person and 4) the condition of the patient. Before a task is delegated by the RN, the RN must complete the requirements outlined in Rule 218.3. The RN may not delegate any task which requires *nursing judgement*.

Delegated tasks require the Right Task (as explained in Rule 218), the Right Person (competency of the unlicensed person), the Right Circumstances, the Right Communication and/or Direction by the RN to the unlicensed person and the Right Supervision.

**EDUCATION QUESTIONS AND ANSWERS**

By Donna Carlin, M.S.N., R.N.



The Board continues to receive questions about faculty members co-signing documentation by nursing students. While this subject was addressed in the RN Update in 1995, it is being raised again by both nursing faculty and staff nurses.

Q: As a faculty member supervising nursing students, am I required to co-sign all documentation written by the students in the client's records?

A: The Board does not require faculty to co-sign student entries. The co-signature indicates that the faculty member was present or observed all the activities that the student is reporting in the record. Without this presence or observation, we do not advise a faculty member's co-signature. If the faculty member assists or directly observes the student he/she could record a separate entry or co-sign the student's entry for that particular situation. The faculty should review the student's notes for accuracy and clarity.

Q: As a staff nurse, am I required to co-sign or sign-off student entries when they are caring for clients who are in my care? Do I have to chart at all when a student is caring for my patient?

A: As the RN assigned to a specific patient, regardless of whether or not the patient is being cared for by a student nurse, you maintain accountability for delivering the plan of care. Check the affiliate agency agreement between the nursing program and your employer. Most agreements have a statement which says that the RN staff retains accountability for patients. According to the Standards of Professional Nursing Practice from Rule 217.11 of the Rules and Regulations relating to Professional Nurse Education, Licensure and Practice you are required to perform nursing assessments regarding the health status of the client and accurately report and document the client's symptoms, responses, and status. Although nursing students may assess and chart on your clients, this does not relieve you of your responsibility to ensure that the assessment and documentation are accurate. You can certainly make additions to what is charted by student nurses based on your own observations, but there is no requirement by the Board that a staff nurse must co-sign or sign-off student entries.

Q: I am a staff nurse who works with a graduate nurse who holds a graduate nurse permit. Do I have to co-sign the GN's nurses notes?

A: New graduates holding a temporary permit to practice professional nursing as a graduate nurse (GN) are permitted to perform any function that falls within the scope of nursing practice for which they have received educational preparation and have demonstrated minimal competency. A GN must work under the direct supervision of an RN who is working on the same unit and is readily available to the GN for consultation and assistance. The BNE does not require the supervising RN to co-sign the GN's nurses notes.

Q: I am the Director of a BSN program. Our program uses preceptors for clinical experiences. When a preceptor works for an agency that our program does not use for any other clinical experience than the precepted experience, do we need to have both an affiliate agency agreement and a preceptor agreement?

A: If nursing students are working with preceptors employed by agencies that are not used for any other clinical experiences then a preceptor agreement is all that is required. The agreement must delineate the functions and responsibilities of the affiliate agency, clinical preceptor, and nursing program. It must be signed by the preceptor and a representative of the agency and nursing program. Affiliate agency agreements are required any time students have a clinical rotation in an agency and must specify the responsibilities of the program to the agency and the responsibilities of the agency to the program.



Multistate Regulation: The Mutual Recognition Model

“A Mutual Recognition Model of Nursing Regulation utilizing an interstate compact provides a mechanism for enabling mobility of nurses while maintaining a state-based system of licensure and discipline. It also expands the consumer’s access to safe and qualified nurses” (NCSBN, 1998).¹

The mutual recognition model depends upon a voluntary agreement between states to recognize nursing licenses granted by another state. Although state’s licensure requirements for nurses are not identical, they are very similar across the country. Implementation of the model can occur without states making changes to their licensure requirements. In this model the nurse is accountable to comply with the nursing practice laws and regulations in the state where the nurse provides services to the citizens of that state. This is comparable to the responsibility of someone driving an automobile in a state other than the one where the driver’s license was issued.

How Does the Model Work?

- Each state determines its own licensure requirements which are similar but may vary;
- States may enter into an agreement (see Interstate Compact) to recognize each others’ licensees;
- A license is issued in the state of residence and the nurse who is not under a disciplinary or monitoring requirement that prohibits practice across state lines may practice in any state participating in the compact; the nurse renews only one license and changes that license to the new state of residence when he/she moves to a new state; the nurse acknowledges that he/she is subject to other state’s practice laws; and
- The nurse will have only one licensure record; a centralized data bank of licensure and disciplinary information will be available to assist boards of nursing in licensure and disciplinary functions.

The following is a comparison of the current licensure model with the Mutual Recognition Model.

Current Model of Licensure vs. Mutual Recognition²

The following chart compares the current licensure process to the mutual recognition model for nursing regulation.

Current Model	Mutual Recognition
Initial Licensure 1. Apply and pay fee to state where expect to practice. 2. Comply with state requirements (not uniform). 3. Practice only in state(s) where licensed; accountable for state’s laws.	Initial Licensure 1. Apply and pay fee to state of residence (home state). 2. Comply with state requirements (not uniform). 3. Practice in any compact state, acknowledging account ability for each state’s laws.
Change to New State 1. Apply per time frame specified by new state and pay fee. Must meet state’s requirements for licensure. Issued by endorsement in new state. 2. Licensee may hold multiple licenses.	Change to New State 1. Apply to new state of residence and pay fee. Must meet new state’s requirements for licensure. Issued by endorsement by new state. 2. Relinquish old state license. Central database updated to reflect one license in new state. Licensee holds only one registered nurse and/or licensed practical/vocational nurse license at a time.
Renewal 1. Submit application and fee to state. 2. Renew in every state where license is held. 3. Receive license/registration with new expiration date.	Renewal 1. Submit application and fee to state. 2. Renew only in state of residence. 3. Receive license/registration with new expiration date.
Lapse/Re-entry/Reinstate 1. Apply to state, according to state’s laws. 2. Inactive status depends on laws of state of licensure.	Lapse/Re-entry/Reinstate 1. Apply to state, according to state’s laws. 2. Inactive status depends on laws of state of licensure.
Discipline 1. Action by state where patient was (or incident occurred, if no patient). 2. Standards used are those of disciplinary state.	Discipline 1. Licensure action taken only by state of licensure, regardless of where patient was or incident occurred. Information is exchanged between states as provided in compact. “Practice state,” where incident occurred, may apply non-licensure penalties such as fines or cease-and-desist orders. 2. Standards used are those of disciplinary state.

¹ Multistate Regulation Task Force Communique, National Council of State Boards of Nursing, April 1998.

² Ibid.

Multistate Regulation - continued

How Will the Interstate Compact Implement the Mutual Recognition Model?

An Interstate Compact was chosen as the method for implementation of Mutual Recognition. Interstate Compacts are agreements between two or more states to address a problem of multistate interest. There are over 200 interstate compacts in effect across the country. They govern areas such as taxation, corrections, health and natural resources. An interstate compact must be adopted by the state legislature as a statute. Once adopted by more than one state the compact is in effect. The states who sign on to the compact are called party states. The compact is enforceable as law and cannot be changed without the consent of all party states. As the nurse obtains licensure in his/her state of residence it is called the home state; party states where the nurse may practice are called remote states. In remote states, the nurse is granted the privilege to practice without obtaining an additional license and must comply with the practice laws in those states. The mission of boards of nursing is to protect the public. Under the current model, the nurse must have a license in every state where he/she practices and in the event that a violation of the practice act or regulations occurs, all states where the nurse holds a license may take action against the license. This protects citizens in all states where the nurse practices. Under the interstate compact, the home state may take disciplinary action against the license; the remote state may take non-licensure actions such as issuing fines or revoking the privilege to practice in that state. These mechanisms continue to assure that the public is protected from unsafe or incompetent practitioners. Communication between party states about licensure decisions is facilitated by the centralized data bank.

What is the Impact of the Mutual Recognition Model?

The mutual recognition model enables boards of nursing to recognize nurses licensed in other states while maintaining state autonomy and control over professional practice standards, scope and disciplinary actions. The model promotes mobility for nurses but maintains a state based regulatory system which protects the public. Nurses will no longer be required to present the same credentials in multiple states in order to practice nursing. Nurses will be required to obtain another license only if they change their state of residence and will renew only one license while practicing in any of the party states. The privilege to practice in other states will carry with it the responsibility to comply with applicable laws and regulations. State nursing laws and regulations are accessible on the National Council's WEB page (<http://www.ncsbn.org>). More "user friendly" interpretive information will need to be developed in the future.

The public will benefit by having a choice of qualified nurse providers who are readily available at locations convenient to the client. Enforcement of licensure and discipline will be enhanced through better communication between states which results in prompt action. These mechanisms will protect the public from unsafe practitioners.

Employers of nurses will benefit from having a more mobile workforce and the centralized data bank will contain the necessary information for licensure verification in one convenient location. The federal government's objective to increase availability of health care to rural and underserved areas may be improved by facilitating telecommunications and cross state practice using the Mutual Recognition Model.



EDUCATION REPORT

By Donna Carlin, M.S.N., R.N.

May 1998 Board Action:

Granted full accreditation based on survey visit and annual report with commendations, recommendations and requirements to be met:

Abilene Intercollegiate, Family Nurse Practitioner Program
Cisco Junior College, Abilene, ADN Program for Licensed Vocational Nurses

Continued initial accreditation based on survey visit and annual report with commendations, recommendation, and requirements to be met:

Houston Baptist University, Family Nurse Practitioner Program

Continued full accreditation based on survey visit and annual report with commendations, recommendations, and requirements to be met:

Angelina College, Lufkin, ADN
Odessa College, ADN

Continued warning based on survey visit and annual report with commendation, recommendations and requirements to be met:

Panola College, Carthage, ADN

Based on annual report-continued full accreditation with commendation:

Kilgore College, ADN
Midland College, ADN
Navarro College, Corsicana, ADN
Paris Junior College, ADN
San Jacinto College Central, Pasedena, ADN
South Plains College, Levelland, ADN
Tarrant County Junior College, Fort Worth, ADN
Temple College, ADN
Tyler Junior College, ADN
University of Texas at Pan American, Edinburg, ADN

(continued on next page...)

EDUCATION REPORT - continued

Based on annual report-continued full accreditation:

- El Paso Community College, ADN**
- Lamar University at Orange, ADN**
- San Jacinto College South, Houston, ADN**
- Prairie View A&M University, Houston, BSN**
- The University of Texas at El Paso, BSN**
- The University of Texas at Pan American, Edinburg, BSN**

Based on annual report-continued full accreditation with commendation, recommendations or requirements to be met:

- Laredo Community College, ADN**
- Tarleton State University, Stephenville, ADN**

Approved Phase I and Proposal for Initial Accreditation:

- Texas A&M International University, Laredo, BSN**
- Angelo State University, Advanced Practice Nursing Program**
Role: Clinical Nurse Specialist with a specialty in Medical/Surgical, San Angelo

TEXAS RNs PARTICIPATE ON NATIONAL COUNCIL COMMITTEES

The following Registered Nurses have volunteered their time to serve on committees for the National Council of State Boards of Nursing:

NCLEX-RN® examination Item Reviewers:

<u>NAME</u>	<u>EMPLOYER</u>	<u>SPECIALTY</u>
<i>Margaret Hiett Williams</i>	<i>Heritage Health Services for Sr. Adults</i>	<i>Psychiatric Nursing</i>
<i>Jill Purtee</i>	<i>Cook Children's Community Clinic</i>	<i>Pediatric Nursing</i>

NCLEX-RN® examination Item Writers:

<u>NAME</u>	<u>EMPLOYER</u>	<u>SPECIALTY</u>
<i>Vickie R. Bouffleur</i>	<i>Paris Junior College</i>	<i>Medical/Surgical Nursing</i>
<i>Rosemary Dixon</i>	<i>Houston Baptist University</i>	<i>Medical/Surgical Nursing</i>

NOTICE OF DISCIPLINARY ACTION

The following registered nurses had disciplinary action taken against their licenses. If you would like to receive additional information regarding the disciplinary action which has been imposed, please send your request to the Board of Nurse Examiners, Dept. of Investigations, P.O. Box 430, Austin, Texas, 78767-0430.

<u>NAME</u>	<u>LICENSE#</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Icie D. Ashe	626244	Reprimand with Stipulations	April 21, 1998
Jan Marie Babin	593454	Reprimand with Stipulations	April 21, 1998
Deborah Ann Bechtel	448344	Reprimand with Stipulations	June 9, 1998
Judy Ruth Benfield	553791	Reprimand with Stipulations	April 21, 1998
Lynellen Boaz	500067	Revoked	June 9, 1998
Judy Lynne Breuel	550794	Revoked	April 21, 1998
Holly Erin Butter	547002	Revoked	June 9, 1998
Maribel T. Castro	588661	Reprimand with Stipulations	April 21, 1998
Barbara Elaine Chumard	539120	Reprimand with Stipulations	May 21, 1998
Leisa A. Clark	628694	Reprimand with Stipulations	May 21, 1998
Pamela Jeannette Clark	249130	Warning with Stipulations	May 21, 1998
Ruth A. Johnson Clark	218433	Revoked	April 21, 1998
Jackie M. Day	599703	Reprimand with Stipulations	April 21, 1998
Denny Woodrow Enos	594499	Warning with Stipulations	May 21, 1998
James Dewitt Ferguson	606281	Revoked	April 21, 1998
Mary Jo Gadek	523113	Reprimand with Stipulations	April 21, 1998
Pamela Faye Glynn	550334	Reprimand with Stipulations	May 21, 1998
Gumersindo Oscar Gomez	621874	Revoked	June 9, 1998
Pamela S. Griffen	533427	Revoked	June 9, 1998
Dennis Lee Groomer	561266	Revoked	June 9, 1998
Tomiko M. Guthrie	618171	Warning with Stipulations	June 9, 1998
Tina Annette Hamilton	604104	Reprimand with Stipulations	April 21, 1998
Alma M. Harris	516970	Revoked	June 9, 1998
Caryn Trinetta Iverson	607024	Reprimand with Stipulations	April 21, 1998
Carolyn Ann P. Jacobs	235437	Warning with Stipulations	May 21, 1998
Valerie D. E. Jagoe	579464	Revoked	June 9, 1998
Kathy L. Barger Jones	225785	Revoked	April 21, 1998
Marklin M. Jones	250068	Warning with Stipulations	June 9, 1998
Laurie Kripp Kassir	601320	Reprimand with Stipulations	April 21, 1998
Lori Kay Kelley	600702	Reprimand with Stipulations	June 9, 1998
Monique Labodi	642929	Warning with Stipulations	April 21, 1998
Steven Jerome Luke	614288	Revoked	June 9, 1998
Jackie J. Mabile	540863	Reprimand with Stipulations	June 9, 1998
Helen Grace Mack	459167	Revoked	April 21, 1998
Gwendolyn Lanette Malone	583425	Revoked	June 9, 1998
Michael Shaun McConnell	572808	Reprimand with Stipulations	April 21, 1998
Craig T. McGinley	583567	Warning with Stipulations	April 21, 1998
Andle L. McMillen	540969	Revoked	June 9, 1998
Angeline Ruth Mooney	633385	Warning with Stipulations	June 9, 1998
Randall Wayne Morris	257907	Revoked	June 9, 1998
Janice Gail Muench	551677	Revoked	April 21, 1998
Glenna Sue Mullins	458564	Revoked	June 9, 1998
Joel Lane Newton	583790	Revoked	April 21, 1998
Michael Ray Nichols	230022	Warning with Stipulations	April 21, 1998
David Michael Painter	599499	Warning with Stipulations	June 9, 1998
Jude Paredes	618478	Reprimand with Stipulations	June 9, 1998
Kathy Eileen Petty	545478	Warning with Stipulations	April 21, 1998

DISCIPLINARY ACTION

- continued from previous page

<u>NAME</u>	<u>LICENSE#</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
<i>Ola M. Porter</i>	500602	<i>Reprimand with Stipulations</i>	<i>April 21, 1998</i>
<i>Marlene D. Puente</i>	610042	<i>Reprimand with Stipulations</i>	<i>April 21, 1998</i>
<i>Martha Elva Ramos</i>	248771	<i>Warning with Stipulations</i>	<i>April 21, 1998</i>
<i>Ginette Gisele Richard</i>	585923	<i>Reprimand to Stipulations</i>	<i>April 21, 1998</i>
<i>Carol Patricia Riekstins</i>	568437	<i>Revoked</i>	<i>June 9, 1998</i>
<i>David Alan Robison</i>	252081	<i>Reprimand with Stipulations</i>	<i>June 9, 1998</i>
<i>Gloria Segovia-Dear</i>	502188	<i>Enforced Suspension/Probation</i>	<i>June 9, 1998</i>
<i>Desiree A. Shaw</i>	508537	<i>Revoked</i>	<i>April 21, 1998</i>
<i>Billy Earl Smith</i>	584538	<i>Revoked</i>	<i>June 9, 1998</i>
<i>Brenda Marquer Smith</i>	616915	<i>Warning with Stipulations</i>	<i>June 9, 1998</i>
<i>Jennifer D. Smith</i>	513957	<i>Revoked</i>	<i>April 21, 1998</i>
<i>Mary V. Spencer</i>	502319	<i>Reprimand with Stipulations</i>	<i>May 21, 1998</i>
<i>Mary Louise Steuben</i>	435209	<i>Warning with Remedial Education</i>	<i>April 21, 1998</i>
<i>Kristin Ann Stewart</i>	529508	<i>Reprimand with Stipulations</i>	<i>April 21, 1998</i>
<i>Diane Frances Viale</i>	529078	<i>Reprimand with Stipulations</i>	<i>April 21, 1998</i>
<i>Debra Ann Wooten</i>	254309	<i>Warning with Stipulations</i>	<i>June 9, 1998</i>

The following individuals have voluntarily surrendered their license to practice professional nursing in the State of Texas.

<u>NAME</u>	<u>LICENSE#</u>	<u>DATE OF SURRENDER</u>
<i>Gaynell Arney</i>	553697	<i>April 27, 1998</i>
<i>Karen Louise Ashbaugh</i>	593421	<i>April 24, 1998</i>
<i>Michael John Baldwin</i>	593488	<i>March 30, 1998</i>
<i>M. Susan Boor</i>	558376	<i>March 11, 1998</i>
<i>Patti D. Brooks</i>	618920	<i>May 27, 1998</i>
<i>Julia Camille Browning</i>	553217	<i>March 26, 1998</i>
<i>Sandra J. Bryce</i>	246284	<i>April 3, 1998</i>
<i>Tonya Jane Cobb</i>	608209	<i>April 6, 1998</i>
<i>Lisa G. Devlin</i>	530620	<i>May 12, 1998</i>
<i>June Katherine Ferguson</i>	250073	<i>April 16, 1998</i>
<i>Dennis Alan Gilbert</i>	235921	<i>May 14, 1998</i>
<i>Deborah Lynne Harkins</i>	553677	<i>May 15, 1998</i>
<i>Carol J. Strait Holley</i>	227971	<i>March 12, 1998</i>
<i>Nikki Sue Horner</i>	594593	<i>March 10, 1998</i>
<i>Cindy Sue Hughett</i>	447456	<i>April 22, 1998</i>
<i>Dana Joyce Hunn</i>	502999	<i>May 15, 1998</i>
<i>Kathy Lynn Krainock</i>	595515	<i>March 13, 1998</i>
<i>Victoria Jane Maixner</i>	247993	<i>March 6, 1998</i>
<i>Kathleen McGinnis</i>	440835	<i>March 24, 1998</i>
<i>Stephen Mark Murphree</i>	572989	<i>April 3, 1998</i>
<i>Robert Caldwell Peacock</i>	419575	<i>March 31, 1998</i>
<i>Virginia Ann Scott</i>	542655	<i>March 25, 1998</i>
<i>Norma D. Shipley</i>	570794	<i>April 30, 1998</i>
<i>Joan Gale Smith</i>	549381	<i>May 15, 1998</i>
<i>Joieya Lee Smith</i>	588268	<i>April 28, 1998</i>
<i>Jaunita E. Thompson</i>	506518	<i>March 9, 1998</i>
<i>Donna R. Wojciechowski</i>	250902	<i>May 14, 1998</i>

As of June 9, 1998, ninety-nine (99) registered nurses have paid a fine for failure to comply with Board Continuing Education requirements.

Insufficient Funds

As of June 26, 1998, the following nurses appear on the records of the Board of Nurse Examiners as debits for failure to respond to notices of returned checks. Should any of these nurses be in your employ or seek employment with your agency/institution, please contact the Board's office. If any of these nurses are practicing in Texas as a registered nurse, they may be in violation of the Nursing Practice Act and would be subject to disciplinary action by the Board.

<u>NAME</u>	<u>LICENSE #</u>	<u>NAME</u>	<u>LICENSE #</u>	<u>NAME</u>	<u>LICENSE #</u>
<i>Asble, Alex Walter</i>	<i>564983</i>	<i>Filler, Marcia Ann</i>	<i>553220</i>	<i>Milam, Vicki Jeannette</i>	<i>639563</i>
<i>Bablitz, Nancy Elizabeth</i>	<i>553715</i>	<i>Fryer, Renee Marie</i>	<i>578735</i>	<i>Mitchell, Sandra</i>	<i>565160</i>
<i>Bargas, Virginia</i>	<i>257121</i>	<i>Glisson, James M</i>	<i>239549</i>	<i>Nims, Teresa Masadie</i>	<i>65233</i>
<i>Barr, Lori Anne</i>	<i>537652</i>	<i>Gunnels, Lorrie Ann V</i>	<i>623930</i>	<i>Olivier, Marie Claudia</i>	<i>514361</i>
<i>Buol, Kolleen Kay</i>	<i>516233</i>	<i>Guthrie, Kelly R</i>	<i>547982</i>	<i>Pangilinan, Julie</i>	<i>445792</i>
<i>Christian, John Grant</i>	<i>616298</i>	<i>Hess, Cathy Christine</i>	<i>628267</i>	<i>Payne, Traci Lee</i>	<i>569734</i>
<i>Conti, Angela Rose</i>	<i>552231</i>	<i>Howard, Dorothy</i>	<i>613705</i>	<i>Rae, Lisbeth Sue</i>	<i>538984</i>
<i>Cotterell, Jennifer Sandra</i>	<i>516426</i>	<i>Howell, Sharon</i>	<i>459387</i>	<i>Rosko, Lisa Marie</i>	<i>538707</i>
<i>De John, Ida C Caperna</i>	<i>424176</i>	<i>James, Karen Louise</i>	<i>577702</i>	<i>Sanderson, Brenda Mary</i>	<i>538111</i>
<i>Dennis, Patricia Ann</i>	<i>503975</i>	<i>Jenkins, Victor I</i>	<i>517158</i>	<i>Severtson, Marianne Maples</i>	<i>416386</i>
<i>Dever, Lorraine Marie</i>	<i>579468</i>	<i>Kirk, Sandra Andrews</i>	<i>521416</i>	<i>Sloane, Gail Theresa</i>	<i>550406</i>
<i>Dillon, Patricia</i>	<i>560309</i>	<i>Kishbaugh, Shari Elizabeth</i>	<i>575583</i>	<i>Vasquez, Emerald JD</i>	<i>207588</i>
<i>Falkner, Barbara Marie</i>	<i>587013</i>	<i>Kuntz, Eileen Marie</i>	<i>514331</i>	<i>Wilson, Vicki L</i>	<i>220897</i>
<i>Farra, Diane Rae</i>	<i>560781</i>	<i>Kurylo, Kim Diane</i>	<i>580995</i>	<i>Yoho, Amy Joyce</i>	<i>599381</i>
<i>Felkins, Bettye Lisa</i>	<i>557452</i>	<i>Masters, Mary Jane</i>	<i>550218</i>		

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Middle Name _____

SSN: _____ / _____ / _____

RN# _____

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City _____

St. _____ Zip _____

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ACKNOWLEDGEMENTS



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