

COMMONWEALTH OF KENTUCKY



1914 - 1989

April 1989

Dear Reader:

The year 1989 marks a significant event in the history of nursing in the Commonwealth of Kentucky as we celebrate the 75th Anniversary of the establishment of the Kentucky Board of Nursing. On this special occasion, my sincere congratulations to the nurses of Kentucky who diligently provide safe and effective care for the citizens of the Commonwealth. The dedication of nurses to the betterment of health care has resulted in myriad accomplishments during the intervening years since 1914 when individuals were initially registered as nurses. It is because of nursing's courageous past and dynamic present, that today, the Board of Nursing possesses a reputation of national prominence for its leadership in the regulation of nurses, nursing education, and nursing practice. This celebration of 75 YEARS OF PROTECTIVE CARING is most deservedly a salute to Kentucky's nurses.

Those first nurses, whose pioneering spirit guided the enactment of a statute regulating nurses and nursing education in the second decade of this century, are held in awe. Their valiant resolve has made this year's celebration possible. Additionally, there has been a prevailing responsiveness to the needs of our citizens by the Members of the Kentucky General Assembly and the Executive Branch of our great Commonwealth along with all the individuals who have served as Members and Staff of the Board of Nursing. These groups are recognized, and likewise, their contributions throughout the years are applauded.

The vision of those who preceded us remains undaunted so long as safe and effective care is a standard held high and with pride by every nurse licensee. As we move nearer to the 21st century, there is even a greater accountability for the well-being of the recipients of nursing services in this time of advanced technologies, diverse socio-cultural issues, and economic complexities. By clearly focusing on the mission of public protection in fostering sound regulatory practices in nursing, our tradition of caring will continue with distinction in the years to come.

My best wishes to you as we celebrate together the achievements of the past; as we pledge cooperative efforts in the work of the present; and as we live our hope for the future.

Sincerely,

Sharon M. Weisenbeck

Sharon M. Weisenbeck, MS, RN
Executive Director

April 1989

Dear Reader:

We stand poised before a future of opportunity and challenge. As we enter the 21st century and approach our centennial as a Board, we are enriched by our heritage of 75 years of protective caring. As we respond to today's challenges with strength, wisdom, and united optimism, we will create a future of great promise for ourselves and for those for whom we care.

As we review our first 75 years, we are empowered to more effectively fulfill our mission of public protection. We also recognize the contributions of all Kentucky nurses who truly implement the Board's ideals for safe practice through the excellent care they provide.

We enter a new era of high technology in which ready access to accurate and current information enables us to make effective decisions. We must assure that this new era incorporates safe and effective nursing care, and that those who depend upon us do so with confidence and serenity.

It is a particular privilege to serve as President of the Kentucky Board of Nursing during this time of opportunity and celebration.

Sincerely,

Patricia A. Calico

Patricia A. Calico, DNS, RN
President

COVER: The anniversary celebration logo was designed by Kentucky Board of Nursing staff member Pamela Wells.

THE KENTUCKY BOARD OF NURSING: 75 YEARS OF PROTECTIVE CARING

IN THE BEGINNING

The last decade or so of the 19th and early years of the 20th centuries—the years historians call the Progressive Era—witnessed a number of reforms that improved the quality of nursing care. Among these was the movement to create nurse registration and examining boards. Designed for the protection of the public, as well as for the improvement of nurse training, governments created these independent agencies and charged them with administering the laws that regulated the practice of nursing. Although the first registration agency was created in 1891 by the Cape Colony of South Africa, it was in New Zealand in 1901 that the first independent licensing law was enacted. The concept of registration agencies was introduced in the United States in 1899 at a meeting of the New York State Federation of Women's Clubs, when one of the delegates demanded that state legislatures in this country design similar groups. By 1903, North Carolina, New Jersey, New York and Virginia had passed laws establishing a legal system of licensing for nurses. With the encouragement of the various nursing associations, every state in the union followed suit by the end of World War I. In Kentucky, members of the Association Alumnae of Trained Nurses of the United States and Canada (predecessor of the American Nurses' Association) worked with members of the Kentucky State Association of Registered Nurses (predecessor of the Kentucky Nurses' Association) and government leaders to develop legislation, and on March 13, 1914, the Kentucky General

Assembly created the Kentucky State Board of Nurse Examiners for Trained Nurses (Kentucky Board of Nursing).

Two months later, Governor McCreary appointed five members to the newly formed Board. Their mission was to meet periodically to adopt bylaws governing the requirements for registration of trained or graduate nurses and to implement the laws regarding nursing as approved by the legislature. They devoted their first meeting to determining salaries (\$5 a day for the members while engaged in Board activities and \$300 a year for the secretary), adopting a seal, and purchasing supplies. Six weeks later they began considering the applications submitted by "nurses desirous of registering under the waiver without an examination" as provided by law. Seventy-two were approved. The Board also drafted rules regarding training schools for nurses and determined the curriculum and textbooks to be used. Copies of the rules were distributed to all schools in Kentucky then providing nurse training.

EXAMINATION AND LICENSURE

The first licensing examination, a two day test covering dietetics, anatomy and physiology, materia medica, pediatrics, hygiene and bacteria, obstetrics, contagious and infectious diseases, ethics, and practical nursing was given in mid-November to fifteen candidates. The Board required a minimum grade of 70%. Test results were announced two days later; all but two of the applicants passed, and they successfully retook the test the following May. Except for

special occasions—which included providing additional examinations for those nurses who wished to join the Red Cross and serve America's doughboys, and the cancellation of the November 1918 examination due to the deadly Spanish flu epidemic—the licensing examinations were held each spring and fall. The examination fee was \$10; the annual registration fee was \$1. All Board expenses were paid from these monies.

Throughout the first two decades, the questions for the examinations were developed and graded by the Board's members. During the 1940s, however, they and other groups representing the nursing profession discussed a plan proposed by the National League of Nursing Education (Predecessor of the National League for Nursing). The plan called for the formation of a state board examination test pool to be created and operated by the states able and wishing to join. The tests, prepared from questions submitted by a committee appointed for that purpose, would utilize machine scored answer sheets. Although Kentucky's Board of examiners supported the proposal because the scoring would be done by experts familiar with the work, they decided to wait and study how the plan worked in other states. A 1944 opinion of the Attorney General discouraged the use of machine graded tests, for "the very object of the Nurse Law and the name of the Board implies a personal duty rather than a delegated duty. . . the members grade the papers on the respective subjects for which they prepare the questions." Five years later Kentucky commenced using the National Test Pool Examination which could be graded by machine.

Prior to 1926 the examinations were held at hotels or hospitals in Louisville and at the Capitol in Frankfort, but for the remainder of the decade they were conducted at the Board's office. During the early 1930s the Board again offered the examination at two different sites. Those nurses who held diplomas, had been in the state a minimum of a decade, and had ten or more years of experience in

hospitals or infirmaries connected with religious institutions could waive the examination and pay a \$10 fee for a license.

Despite publicity concerning the law requiring that nurses be registered, some practiced without a license. In 1937 the state Attorney General assigned a member of his office to assist the Board in locating individuals who practiced illegally. Once identified, these persons were offered a final opportunity to register "in the regular way" before being reported to the Attorney General's office for legal action. In 1938 the Board held a special essay examination for the errant practitioners wishing to conform to the law.

The Board's minutes are replete with notices about applicants who were denied licenses or had their licenses revoked. Disgraceful conduct was the usual reason given and included addiction to drugs and alcohol and theft from the school or hospital. Undoubtedly there also were a number of cases similar to the one of the 1930s involving a student nurse who "staid (sic) out over night in an automobile with a university student." The wayward nurse reportedly "drank something from a flask and. . . had no recollection of anything more until the next day." The Board's minutes do not reflect its actions but do suggest that its members pursue the investigation of the nursing student and her companion.

During the Board's second year it began to consider the question of registration by reciprocity of nurses who graduated from approved schools and who held certificates issued in states whose programs were recognized by the commonwealth. Throughout the first half of the century the Board studied the requirements of various states and negotiated with them for reciprocal licensing.

PRELICENSURE EDUCATION PROGRAMS

Much of the Board's time and effort concerned approving nurse-training programs across the state and upgrading the

academic requirements. Many of these schools were affiliated with hospitals that provided practical hands-on experience at the expense of sufficient academic preparation. Minimum requirements, instituted in the 1920s, included:

- hospitals using their surgical and children's wards for teaching should also be equipped with proper facilities for lecture and class instruction, including charts, manikins, skeletons, etc.
- hospitals with nursing schools should not permit untrained personnel (other than students) to fill in charts, give treatments or drugs or provide other care for patients.
- student nurses should keep records of cases they attended.
- on completion of their three year course, those students desiring to practice in Kentucky should immediately apply to the Board for licensing, for it was unlawful for anyone to practice without a license (or without having applied for one).
- students could apply to take the examination several months before graduation, providing they had passed all school examinations. Certificates of registration were not issued until after the students passed the state examination and received a diploma.
- hospitals could not give credit to students transferring from unaccredited schools, or from accredited institutions without favorable written reports from the school's superintendents of nurses. These reports attested to the students' character, deportment, and academic record.
- hospitals using student nurses had to have a graduate nurse on duty at all times.
- any change of a Superintendent of Nurses should be reported to the Inspector of Schools for Nurses.
- registered nurses were required to be at least 21 years old.

During the 1930s and 1940s more conditions were instituted. In addition to a diploma from an accredited school of nursing, registered nurses were required to have a high school degree, and the maximum age of nursing school candidates was raised from thirty-five to forty-two. The Board scrutinized transcripts and required baccalaureate degrees from nursing school faculty and specialized post graduate work for supervisors. Schools unable to meet the Board's standards were closed. By 1941 all nursing schools in Kentucky were accredited, and in 1943 the commonwealth's sixteen schools appeared on the approval list published by the American College of Surgeons. Although the Board discussed and encouraged the formation of nursing schools at the state's universities and colleges, apparently none opened until the late 1940s, when the board approved the school at Nazareth College operated by the Sisters of Charity of Nazareth of Kentucky community.

THE WAR YEARS

The depression and war years created serious problems for the nursing profession. Because of the nation's economy, nurses experienced a high rate of unemployment during the dark days of the 1930s. Consequently, the Board encouraged hospitals to "employ graduates in any position they were qualified to fill, even though such positions might not be considered nursing." The Board also hired a "vocational director" who helped promote the employment of nurses. Her suggestions included informing graduating students about the "endless" opportunities available to recipients of nursing degrees, using public service announcements on radio talk shows to promote nursing, and urging graduate nurses, especially black nurses, to pursue post nursing graduate courses in tubercular, psychiatric and other specialized areas. The vocational director encouraged public health agencies to widen their scope of practice and urged universities to offer courses in public health. The director's reports also included interesting observations.

Learning that there was not a county by county registry of practicing nurses, she instituted a survey of Kentucky's 120 counties and discovered that five were without registered nurses; many communities either lacked registered nurses or employed practical nurses in their stead because the latter commanded smaller salaries.

The sudden upswing in demand for nurses during the war years forced the Board to institute a number of changes and exceptions to their time-honored traditions. The fifteen nurses who failed the November 1940 examination, for example, received a special examination the following January so that they might enroll in the nursing services of the American Red Cross and thus "make their contribution to the National Defense Program." This special offering for those who did not pass the regularly scheduled test continued through the war years. Male student nurses, called to report to their draft boards, were permitted to take the February examination prior to their June graduation so that they could qualify for the nursing corps. Throughout the war years the number of examination applicants increased. In November of 1940, one hundred seventy-three applicants—many more than the usual number—took the test. Requests increased from married nurses who had permitted their licenses to expire but now wished to "help out" during the national emergency. Because these women had to acquaint themselves with the latest techniques and medications, the Board arranged and funded two refresher courses.

The demand at home increased for practical nurses. Therefore, the American Nurses' Association and Nursing Education Boards of Directors recommended that the profession assume responsibility for all types of nursing service and that non-professional health care workers be classified and assigned for duty according to levels of preparation and experience. The groups warned, however, that to prevent confusion concerning professional and non-professional preparation, courses offered to non-

professionals should not be conducted by the same institutions which conducted accredited schools.

THE POST WAR YEARS

The concern over the role of practical nurses continued in the post World War II period. State nursing leaders had expected the end of the war to terminate the great need for practical nurses. Instead, demobilization increased hospital admissions, and continuing shortages of nursing personnel multiplied the demand for practical nursing skills. Therefore, the Board advocated the granting of legal status to practical nurses under board licensure.

In 1950 the General Assembly passed a practical nurse bill. Its provisions required that practical nurse candidates complete a full year of study at board-approved practical nursing schools and pass an examination administered by the Board. The bill also authorized an assistant board of three practical nurse examiners to serve as non-voting consultants in matters relating to the education, licensure, and practice of practical nurses. Kentucky's first practical nurse examination, which had a \$5 fee, was given in 1950. By early 1953 some 2,073 candidates had taken the test; of these, 1,807 passed the examination.

During the next few years the Board broadened standards for practical nurses. It adopted curriculum programs, revised manuals, and denied requests for part-time courses of study. The Board would not sanction abbreviated programs for practical nurse candidates because it maintained that such courses would be inadequate. It encouraged all students to obtain full preparation in existing practical nurse schools. During the 1950s the board adopted the State Board Test Pool Examination for Practical Nurses, a national standardized test developed by the American Nurses' Association Council of State Boards of Nursing (the predecessor of the National Council of State Boards of Nursing, Inc.). The Board also established specific

guidelines for practical nurse admissions and transfer student admissions. By 1964 only graduates of state approved programs of practical nursing, with the exception of armed forces programs, were permitted to take the examinations.

In 1950 the General Assembly passed a professional nursing bill which defined the practice of nursing as being "the application of principles of the biological, physical or social sciences and nursing skills in the care of the sick, in the prevention of disease or the conservation of health." The bill changed the board's official name to the Board of Nursing Education and Nurse Registration. As now constituted, the new Board had seven professionally qualified members appointed by the governor. The Board employed an executive secretary and had the right to hire various ancillary personnel.

The Board continued its licensing and disciplinary functions, integrating the principle of annual renewal of licenses and fines for those who practiced with lapsed licenses. False statements to the Board by licensure applicants were punishable by a \$500 fine. By enforcing mandatory licensure laws the Board guaranteed the state's population that only qualified personnel would provide professional nursing care.

Under the aegis of the 1950 Nursing Practice Act, the Board set standards with a prescribed curriculum of study for professional nursing schools, and it accepted applications for Board approval from nursing schools. Upon receipt of an application, the Board reviewed the school's program and authorized an on-site survey of it. The executive secretary or an authorized Board employee carried out the investigation and then made a written report. The Board reviewed all reports and took appropriate action. It either granted approval or sought additional information. The Board also sent letters of inquiry to schools when the purpose of their program did not seem to be clearly defined and when there were other causes for concern. Specific problems often included a limited number of ac-

ceptable applicants, lack of appropriate preparation by nursing instructors, inadequate facilities for clinical practice, and an unacceptable overall pass-fail record on the licensing examination by program graduates. Deficiencies had to be detailed in writing and given without delay to the non-complying program.

In addition, the Board authorized inspection surveys of all schools of nursing, applying to them the same standards to which new programs adhered. By 1973 these school visits were conducted on a biennial basis. After a hearing, a school's failure to satisfy Board regulations and statutory requirements within a reasonable period of time would lead to program closure.

In the post World War II years a number of nursing schools associated with colleges and universities came into existence. Although most of the schools continued to provide three year hospital-based nursing courses leading to a diploma and to registered nurse licensure status, a new type of program, which would be four years in length, was established at Nazareth College in 1949 and at the University of Kentucky in 1953. These new programs graduated students who received baccalaureate degrees in nursing. The four year degree program heralded a new emphasis for Kentucky schools of nursing.

The national trend of moving nursing education from hospital-based programs to academic institutions was further stimulated with the development of a two year program leading to an associate degree in nursing. In May, 1956, the Board adopted a policy to "not give approval" to any such two-year nursing program. It reversed itself three months later, and granted approval for exploratory development of a two year program at Pikeville College. Undoubtedly, geographic isolation and area needs entered into the decision. A program was not implemented in Pikeville at that time, but a trend which would continue had been established. The first associate degree nursing

program in Kentucky was established at Henderson Community College in 1963. The 1960s and 1970s saw the transition from hospital-based diploma programs to associate and baccalaureate degree programs for registered nurses. In addition, colleges expanded offerings so that baccalaureate degrees could be obtained by nurses holding diplomas or associate degrees. The same examination for licensure would be given to both associate and baccalaureate degree nursing graduates.

The post war decades also brought new problems and new precedents concerning the status of foreign students and nurses educated abroad. Unable to obtain school records from their homeland, refugees from China, Hungary and other nations were required to take an entrance test for admission to any of the state's nursing schools. In 1956 the Board adopted a policy applicable to both registered and practical foreign nurses, requiring them to pass the State Board Test Pool Examination. Two years later the Board agreed to license without examination, faculty members who had received their education at foreign institutions and had "superior qualifications" in "mental nursing." During the 1960s applicants trained in Korea, Thailand, France, the Philippines, Spain, Taiwan and other nations, (as well as a number who had received their education and experience in the military) applied for licensure. A few received temporary permits until they could be examined for a permanent license; most, however, were denied permission to take the required test without additional education.

The number of applications received from foreign-trained nurses forced the Board to address the question of issuing "limited licenses." For several decades the Board had granted such documents to the British nurse-midwives employed by the Frontier Nursing Service in Leslie, Clay and Perry counties. In the early 1960s, however, the Board determined that these well-trained specialists must "meet all the qualifications" and be licensed as registered nurses. A

decade later the Board officially banned the issuing of temporary or limited permits to any foreign nurse. Rather, graduates of foreign nurses like those educated in the Commonwealth, must follow the prescribed licensing procedure if they wished to practice their profession in Kentucky.

DISCIPLINARY DILEMMAS

Investigating cases involving "immoral" behavior consumed the Board's time. Although the specific charge is unrecorded, in the 1940s, the Board brought disciplinary action against one of its own members. Permitting her to resign voluntarily, the Board stipulated that their recalcitrant colleague forfeit her license and resign her position as superintendent of a hospital.

Most disciplinary cases brought to the Board, however, involved drug use, a problem that has plagued the medical and nursing professions as well as society in general. Between 1960 and 1965 the Board revoked the licenses of ten nurses because of drug related activities. Such cases have increased in the subsequent years; at just one Board meeting in 1988 the Board took disciplinary action on at least fifteen such cases. Because of the escalating problem, the University of Kentucky College of Nursing developed a rehabilitation program designed to aid nurses impaired by substance abuse and/or emotional stress. Founded early in the present decade, Nurses Assisting Nurses (NAN) has received the endorsement of the Board and provides a valuable service to the profession, to the individuals who participate in the program and thereby, to the citizenry of the Commonwealth.

Prior to 1966, any individual could practice nursing so long as they did not use the title "registered nurse." Legislation enacted in that year protected not only the title but also the scope of registered nursing practice. As of January 1, 1967 no person could practice in Kentucky as a registered nurse without holding Kentucky registered nurse licensure. Similar protection was afforded the practice of licensed

practical nursing by 1978 legislation. (Previously entitled practical nurse, 1966 legislation had changed the title to licensed practical nurse.)

THE CONTINUING EVOLUTION

The 1970s brought additional changes to the practice of nursing in Kentucky. One of the most exciting was the 1978 revision of the Kentucky Nursing Practice Act which granted expanded responsibilities for registered nurses. It recognized advanced registered nurse practitioners (ARNPs), including nurse anesthetists, nurse midwives and nurse practitioners who had completed post-basic educational programs and obtained national certification in nursing specialties. This revision also provided for the creation of a Nurse Practice Council to advise the Board on matters relevant to advanced nursing practice. By the 1980s Kentucky boasted 83 nurse practitioners, 44 nurse midwives, and 87 nurse anesthetists. The 1982 revision of the Kentucky Nursing Practice Act protected both the title and scope of practice of advanced registered nurse practitioners.

Other significant revisions in 1978 were: the inclusion of the licensed practical nurse members of the Board as full voting members of the Board and the inclusion of the nursing process in the definition of nursing.

During the current decade the Board has increased in membership to eleven and then twelve members. The law requires that one of these be a citizen-at-large, "not associated with or financially interested in" the practice of nursing and that another be a nurse administrator. All members have voting rights. As required by the 1966 law, the Board is assisted by a seven member Advisory Council appointed by the Governor. These advisors represent state dental, medical, pharmaceutical, registered and licensed practical nursing associations, and hospital and long term care facilities. The Advisory Council functions as a constructive force in the interest of public protection.

To promote competency of licensees, mandatory continuing education for renewal of licenses was implemented in 1982 as authorized in the 1978 revision to The Nursing Practice Act. Throughout the 1980s, the Board has focused much of its attention on improving standards. The Board has continued to develop and refine regulations and developed policy manuals for continuing education; approved the use of special hearing panels for disciplinary cases; revised and refined the policies and procedures regarding disciplinary action; adopted a code of conduct for Board members; issued advisory opinions on nursing practice; created a credentials review panel; held numerous forums throughout the state regarding contemplated revisions in the Nursing Practice act; and adopted positions on such issues as educational preparation of current nurses and proposed allied health workers. In recent years, the Board's executive director as well as several Board members have assumed leadership roles in the National Council of State Boards of Nursing, and in 1987, the contributions of the Board were recognized by receipt of the Council's inaugural Member Board Award. This leadership helps keep Kentucky on the cutting edge of regulation in nursing.

The last decade has seen an explosion of biotechnical information dramatically changing the health care delivery system - open heart surgery, organ transplants, laser surgery, joint replacement, etc. - all have become daily if not routine procedures expanding the scope of nursing practice. In this era of rapidly expanding technology, the number and complexity of the issues facing the Board are also increasing as it continues to protect the safety and welfare of the public and deals with the challenging issues brought about by the skyrocketing demand for services provided by the uniquely expert practitioners of the art, science, and spirit of nursing. In 1989, Kentucky's 32,000 currently licensed registered nurses, 11,000 currently licensed, licensed practical nurses and 800 registered advanced

registered nurse practitioners, must deal with many professional demands as the 21st century approaches. In addition to the work of the Board, these demands will require the continued collegial efforts of nursing practice and education entities including the 180 providers of mandatory continuing education, 10 baccalaureate degree, 18 associate degree and 17 practical nursing prelicensure programs that currently hold Board approval.

As the Board celebrates its diamond anniversary, it can look with pride at seventy-five years spent in improving the quality of health care given to Kentucky residents. Much of the success is due to increasingly stringent regulations concerning the education and licensing of registered and licensed practical nurses. The success should also be credited to the dedication of the members and staff of the Board who continue with diligence in their efforts to protect the public. To them, the nursing community and the public issue their thanks and heartfelt appreciation.

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Deputy Executive Director
Kentucky Board of Nursing

KENTUCKY BOARD OF NURSING MEMBERS

1914-1989

1914-1919

Mary A. Alexander, RN**
Ella Green Davis, RN
Sophia S. Steinhauer, RN
Harriet Cleek, RN
Flora E. Keen, RN*
Mary E. Foreman, RN
Alleta A. Miller, RN
Ida Beckmann, RN
Alice M. Gagg, RN

1920-1929

Sophia Steinhauer, RN**
Mary E. Foreman, RN
Ida Beckmann, RN
Alice M. Gagg, RN**
Flora E. Keen, RN
Jane Hambleton, RN**
Emma L. Parmelee, RN
Sr. Mary Boniface, SCN, RN

1930-1939

Alice M. Gagg, RN**
Sophia S. Steinhauer, RN
Sr. Mary Boniface, SCN, RN
Flora E. Keen, RN*
Sue Parker, RN
Emma Hunt Krazeise, RN**
Agnes O'Roke, RN
Lauree Pottinger, RN
Myrtle Applegate, RN*
Honor Murphy, RN
Sr. Agnes Miriam Payne, SCN, RN
Daisy Hill Kail, RN

1940-1949

Emma Hunt Krazeise, RN**
Honor Murphy, RN*
Sr. Agnes Miriam Payne, SCN, RN
Daisy Hill Kail, RN
Helen Turner, RN**
Ruth Merrifield, RN**
Jessie Greathouse, RN*
Florence Gibson, RN
Sr. Margaret Teresa Sigman, SCN, RN
Florence Specht, RN
Lucy Roper, RN
Emma Stapleton, RN

1950-59

Helen Turner, RN**
Florence Gibson, RN
Emma Stapleton, RN
Jessie Greathouse, RN
Edna Henninger, RN
Mary Bisig, RN
Sr. Margaret Teresa Sigman, SCN, RN
Dora R. May, RN**
Marjorie C. Tyler, RN
Louise Schoo, RN**
Nadine Branson, RN
Doris Ann Koller Korfhage, RN
Dorothy Eveslage, RN*
Mary Frances Goblen, RN*
Sr. M. Evarista, SCN, RN
Sr. Clare, SCN, RN
Ruth Coppedge, RN
Martha N. Lyon, RN
Lavona Steilberg, RN
Laura E. Rouse, RN
Hazel F. Miranda, RN
Marie Bloemer, RN
Sr. Agnes Miriam Payne, SCN, RN

1950-59 (Continued)

Goldie Waskey, LPN
Grace Appel, LPN
Ethel Scofield Smith, LPN
Dresa Clough, LPN
Eunice Dunaway, LPN
Elizabeth Jenkins, LPN

1960-1969

Sr. Agnes Miriam Payne, SCN, RN**
Mary F. Goblen, RN*
Dr. Beulah Miller, RN**
Ruth Cole, RN**
Marie Bloemer, RN*
Sylvia Case, RN
Laura Rouse, RN
Eunice Dunaway, LPN
Elizabeth Jenkins, LPN
Ilda Stump, LPN
Mildred Metz, RN*, **
Martha Lyon, RN**, *
Sarah Patram, RN
Mary Alyce Wash, LPN
Sr. Cecilia Ann, Moix, SCN, RN*
Mildred Seyler, RN
Jeanette Cochran, RN
Marion Uterhart, RN
R.W. Keller, LPN
Lucy Erwin, RN**
Sally McCullough, LPN
Lois J. Merrill, RN
Fern Velosky, LPN
Eppie Marmion, RN**
Sr. Emily Nabholz, SCN, RN
(formerly Sr. Bernard Maria)
Mary E. Begley, LPN
Ruth Craddock, RN*
Sr. Kathleen Mary Bohan, SCN, RN
Dorothy Tohill, RN
Dr. Marcia Dake, RN
Irene DeMara, RN
Loretta Westfield, LPN
Mary Shirley, LPN
Lavona Steilberg, RN
Louise Schoo, RN
Ethel Scofield Smith, LPN

1970-1979

Agnes Vandy Stubbs, LPN
Catherine Starkey, RN
Sr. Mary Gerard Linder, RN*
Bola Cottrell, LPN
Marian Meyer, RN**
Imogene Carter, RN
Sylvester Snyder, LPN
Nadine Turner, RN*
Charlotte Denny, RN**
Doris McDowell, RN
Martha Knudson, RN*
Mary Kearney, RN*
Irma Bolte, RN**
Thelma Hannah, LPN
Janet Lattin, RN**
Elizabeth Devine, LPN
Gaynor Hatfield, RN**
Barbara Southworth, RN
Dorothy Powell, LPN
Madonna Combs, RN
Peggy Fishburn, LPN*
Lucille Wright, RN +
Dr. Marion McKenna, RN
Annie Blackshear, RN

1970-1979 (Continued)

Annette Castle, RN
Eppie Marmion, RN**
Ruth Craddock, RN*, **
Dr. Marcia Dake, RN**
Sr. Kathleen Mary Bohan, SCN, RN
Martha Lyon, RN
Dorothy Tohill, RN*
Irene DeMara, RN
R.W. Keller, LPN
Sr. Patricia Ferrell, SCN, RN
Mary Begley, LPN
Mary Shirley, LPN
Loretta Westfield, LPN
Sr. Carol Slater, OSF, RN
Romanza Johnson, Citizen-at-Large
Elizabeth Jenkins, LPN

1980-1989

Elizabeth Jenkins, LPN
Mary Kearney, RN
Martha Knudson, RN
Gaynor Hatfield, RN**
Peggy Fishburn, LPN*
Lucille Wright, RN +
Dr. Marion McKenna, RN**
Romanza Johnson, Citizen-at-Large
Elizabeth Devine, LPN
Annie Blackshear, RN
Barbara Southworth, RN
Madonna Combs, RN
Annette Castle, RN**
Dorothy Powell, LPN
Cheryl Westbay, RN +
Sandra Thornton, LPN
Nikki Bailey, Citizen-at-Large
Dr. Patricia Calico, RN**
Dr. Kathleen Bellinger, RN**
Sally Mullins, RN**
Shirley Scott, Citizen-at-Large
Thelma Hannah, LPN*
Barbara Mizell, LPN*
Glenda Bourne, RN**
Sylvia Carson, RN ++
Pamela Hagan, RN +
Barbara Veazey, RN**
Tassa Wigginton, Citizen-at-Large
Mauhee Edmondson, RN ++
Dr. Martha Erwin, RN
Ruth Ann Steele, LPN*
Virginia Jenkins, RN +
Angela Lasley, RN
Patricia Maggard, LPN
Susan Jones, RN
Wilma Jones, RN
Janice Oster, LPN

EXECUTIVE DIRECTORS

1914-1989

(Until 1952, the role of administrative agency head was assumed by a member of the Board. Beginning with the first appointment of a non-Board member, those individuals who have served as agency head are listed below.)

Lois Streuter, RN (March 1952-September 1954)
Marjorie Tyler Scott, RN (September 1954-September 1972)
Marjorie Glaser, RN (January 1973-July 1974)
Doris McDowell, RN (July 1974-February 1979)
Sharon Weisenbeck, RN (February 1980-Present)

** Served at least one year term as President
* Served at least one year term as Secretary
+ Served at least one year term as Vice President
++ Served at least one year term as Financial Officer

Kentucky Board of Nursing
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