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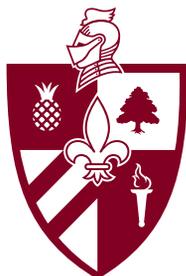
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Spring 2010, Edition 23

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Statistics Corner

As of March 26, 2010 KBN records show:

RN Active: 55,205
LPN Active: 14,464
RN Retired: 1,411
LPN Retired: 697
Adv. Reg. Nurse Practitioners: 3,820
Sexual Assault Nurse Examiners: 219
Dialysis Technicians Active: 540
Dialysis Technicians Inactive: 525

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EXECUTIVE DIRECTOR'S MESSAGE

“Our state cries out for our leadership in our time” - Patricia Calico, DNS, RN (Kentucky nurse)

THE KENTUCKY NURSE AS HEALTHCARE ADVOCATE — A CRITICAL ROLE

Federal legislation passed in recent weeks is likely to impact both the environment and provision of healthcare as we know it. While we can not be certain of what the healthcare future may hold, we can be certain of one thing: what will not change (and in all likelihood will grow) is the need for nurses to exercise their role and responsibility of being advocates—a role for which we are uniquely suited.

Nursing advocacy extends far beyond the patient care setting. As students we learn to assess patient needs and intervene in such a way that those needs are met. We recognize that failure to act as a patient advocate can lead to error, practice breakdown and poor outcomes. Through this publication, KBN has urged nurses to be professional advocates, stressing the importance of being aware of legislation and the impact legislation has on practice. We have reminded nurses of the need to be aware of and to advocate in the political process, since during each legislative session a number of bills are introduced that impact our ability to provide patient care and the environment in which we will provide care. We have asked that, whatever your opinion regarding critical issues, you make your thoughts known to your legislative representatives. We have encouraged your professional advocacy in areas of nursing education, safe and ethical practice and in support of new graduates. Our nurse advocacy role is one way that we represent and voice the very best that the profession has to offer.

In this issue of the KBN Connection, Dr. Patricia Calico, a nurse and former member of the Kentucky Board of Nursing eloquently reminds us that our advocacy role must extend far beyond the bedside. The need for nurse advocates extends to all aspects of our experience, particularly to our communities where the availability of resources and activities to sustain a healthy lifestyle are increasingly in jeopardy. Dr. Calico's commentary is based on a series of articles that she and her husband, Dr. Forrest Calico, a physician, authored for their community newspaper. This is a wonderful example of a nurse advocate in action.

The health status of our Kentucky communities impacts all. It influences work environments, school systems, neighborhoods and even the individual family's ability to thrive. The challenge facing each of us is to first become aware of the health status of our neighborhoods and communities, to assess rather than accept that status in relation to an optimum standard and then to determine the needs that must be met. It sounds daunting – but

it is really what we do each day as nurses.

What makes a healthy community? How does my community compare with others across the state and across the nation? How can I identify elements that would make a framework for assessing my community? Fortunately, there are a number of excellent resources available to assist us as we begin to think about our communities. I would encourage you to visit these websites, if for no other reason than to learn how Kentucky ranks on a number of health parameters. More importantly, I hope this information whets appetites and encourages many of you to take an active role in promoting health in our state:

- **Statehealthfacts.org** (www.statehealthfacts.org) is a project of the Henry J. Kaiser Family Foundation and is designed to provide free, up-to-date, and easy-to-use health data on all 50 states, covering more than 500 health topics.
- **Kentucky Health Facts** (www.kentuckyhealthfacts.org) provides ready access to key health data for Kentucky communities.
- **The Commission to Build a Healthier America** (www.commissiononhealth.org) was formed by the Robert Wood Johnson Foundation (RWJF) to investigate why Americans aren't as healthy as they could be and to look outside the health care system for ways to improve health for all. After studying prevention, wellness and the broader factors that influence good health the Commission issued 10 recommendations to “dramatically improve health for all Americans.” The recommendations cover the areas of Nutrition, Physical Activity, Tobacco, Early Childhood, Healthy Places and Accountability.
- **The Foundation for a Healthy Kentucky** (www.healthy-ky.org) is a non-profit, philanthropic organization working to address the unmet health care needs of Kentuckians. [Their] “approach centers on developing and influencing health policy, to promote lasting change in the systems by which health care is provided and good health sustained, to: improve access to care, reduce health risks and disparities, and promote health equity. The Foundation makes grants, supports research, holds educational forums and convenes communities to engage and develop the capacity of the Commonwealth to improve the health and quality of life of all Kentuckians.”
- **County Health Rankings** (www.countyhealthrankings.org) provides 2010 health rankings for all counties in the nation. The site contains information on overall health as well as contributing factors such as obesity and health care quality.

Charlotte F. Beason, Ed.D., RN, NEA



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PRESIDENT'S MESSAGE

Having just returned from the NCSBN's Mid-year Meeting in Chicago, I thought I would update you concerning events occurring on a national level that would be of interest and that may affect nurses in Kentucky. The theme of this year's meeting was "Pioneering the Path for Public Protection."

The first day of the conference, Dr. Beason and I attended a joint session for Presidents and Executive Directors involving the development of crisis management interventions and how to effectively communicate with the news media. The entire day was devoted to this topic with hands-on interviews and discussions.

The second day was filled with reports regarding ongoing national projects. The Kentucky Board of Nursing shined! Three of the four primary reports that were given were presented by KBN members or staff. As you can see, Kentucky continues to take a very active role at the national level.

The NCLEX Examination Committee report was given by Dr. Patty Spurr, KBN's Education Consultant and the Committee Chair. The report explained the new NCLEX-PN test plan that goes into effect April 1, 2011. As you know, the test plans are revised based upon practice analysis to keep the test plan updated with current practice within the jurisdictions of the NCSBN.

KBN's General Counsel, Nathan Goldman, Chair of the By-laws Committee, next presented the 2010 proposed By-laws Committee report. The recommended changes involved the election of officers to the NCSBN and the role of the Leadership Succession Committee.

The third report was given by Carol Komara, KBN Board Member, regarding the NCSBN's regulatory model for Transition to Practice. Mrs. Komara has been involved with the NCSBN on this project for over a year. Basically, this project establishes methods to assist new nurses in a smooth transition from school to work.

The other main reports were about the Uniform Licensure Requirements and Continued Competence. As you can see, there are a lot of exciting happenings at the national level in which we are involved. More information will be forthcoming as these projects develop.

A handwritten signature in black ink that reads "Jimmy T. Isenberg". The signature is fluid and cursive, with the first name being the most prominent.

Jimmy T. Isenberg, Ph.D., RN

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Opportunity

ANN TINO: KBN'S 2010 NURSE EXCELLENCE AWARD NOMINEE

by **Charlotte Beason, EdD, RN, NEA,**
Executive Director



KBN is pleased to honor Ann Tino, RN, Nurse Investigator as a recipient of the 2010 Kentucky Nurse Excellence Award. In her KBN role, Ann

is responsible for investigating complaints of violations of the Kentucky Nursing Laws, compiling and summarizing case material to determine if a violation has occurred. Many of you will recognize Ann as the author of the KBN Connection Disciplinary Case Studies that appear in the KBN Connection. Both academic faculty and facility administrators have acknowledged her columns as excellent teaching tools for students and nursing staff. Ann has also presented case studies to KBN board members and to staff as a learning tool.

A KBN employee since 2001, Ann holds certification in forensic investigation from the Council on Licensure Enforcement and Regulation. She is active in the NADDI organization and serves as Corresponding Secretary of the Kentucky Chapter. Ann has a baccalaureate degree from Spalding University, Louisville, Kentucky, and before coming to KBN she held positions in nursing leadership, pediatric nursing, and case management. She and her husband, Jay have four children ages three to eleven, and she is an active supporter of the school and community activities in which they are involved.

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In the wake of last August's massive flash flooding, our dedicated staff put forth a truly amazing effort to first evacuate the hospital, then have it up and running again within a week. In recognition of this extraordinary accomplishment, Modern Healthcare has presented Sts. Mary & Elizabeth Hospital with its Spirit of Excellence Award, for the category of C.A.R.E.S. (Compassion, Accountability, Respect, Enthusiasm and Service). We are certainly proud to receive this recognition. But we are even prouder to have a staff that has shown, without a doubt, just how much they really care about serving our community.



DONOR REGISTRY ENABLES INDIVIDUALS TO SAVE LIVES

By Jenny Miller Jones, Director of Education, Kentucky Organ Donor Affiliates



survey commissioned by the Health Resources and Services Administration in 2005¹. According to a 2008 phone survey done as part of “Drive For Life” grant project in Kentucky, 95 percent of Kentuckians also believe in donation, but only 25 percent have made their wishes known.

The easiest way for an individual to document their wish to be a donor is to join the state Donor Registry, where one’s wishes regarding donation will be carried out as requested. By signing the Registry, an individual’s wishes are documented electronically in a safe and secure database.

For Kentuckians, joining the Kentucky Donor Registry is as easy as logging on the secure website (www.donatelifeky.org) or signing up when you renew your driver’s license. The Donor Registry enables your family members to know that you have chosen to save and enhance lives through donation. Kentucky has “First Person

Consent” laws in effect, meaning that the wishes of an individual will be carried out as requested.

Up to seven lives can be saved with the donation of the heart, liver, lungs, kidneys and pancreas, and up to fifty lives can be enhanced with tissue donation, including restoring sight, helping burn victims and enhancing mobility through spinal and other surgeries.

April is National Donate Life Month, the perfect time to join the Donor Registry.

It would also be an ideal time to show support for organ recipients and donor families by purchasing a Donate Life specialty license plate! For more information on how you can help, please log on to the KODA website (www.kyorgandonor.org).

References: 1. Health Resources and Services Administration (HRSA), 2005. *National survey of organ and tissue donation attitudes and behaviors*, Rockville, MD

With over 105,000 men, women and children currently waiting for a life-saving organ transplant in the United States, it is imperative that people understand the need for donation. There is a national collaborative effort to help ease the donor shortage by working together and sharing best practices, and this has helped increase donation by ten percent annually. But as is often the case, the effort begins at home.

More than 90 percent of Americans believe that organ, eye and tissue donation is the right thing to do, yet only 30 percent of those same individuals have legally and properly documented their decision to donate, according to a Gallup

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Advanced Practice Registered Nurse

IT DOES MATTER WHAT OTHERS CALL YOU

By Suzette Scheuermann, Ph.D., RN, *Nursing Practice and Research Consultant*

For many years, Kentucky's Advanced Practice Registered Nurses (APRN) have been called Advanced Registered Nurse Practitioners or ARNPs. The title of ARNP is a protected title, in accordance with Kentucky Nursing Laws. The title ARNP itself does not reflect the designations of ARNP, which include the certified nurse anesthetist, certified nurse midwife, or clinical specialist. Legislation in Kentucky is about to change how we refer to ARNPs a.k.a. Advanced Practice Registered Nurses. **Have you ever wondered how these titles were chosen or why a particular title was used?**

The nurse practitioner role was first created in 1965 by Dr. Loretta Ford, EdD, RN, a nurse educator and public health nurse. Dr. Henry Silver, M.D. and Dr. Loretta Ford, RN, are credited with creating the first nurse practitioner program at the University of Colorado. This program was a pediatric nurse practitioner program. The first nurse to enroll in the nurse practitioner program was Susan G. Stearly. The title of nurse practitioner was used to identify nurses who acquired advanced clinical training that focused on prevention and treatment of common health problems. The first program was at the master's level, requiring a nursing license and experience in patient care for admission.

Too many titles

Since that time, a lengthy list of names has been used to describe nurse practitioners. Some of the titles were introduced by people and institutions outside of nursing. For example, names such as physician extender, physician associate, or mid-level provider have been used to refer to advanced practice registered nurses. However, these titles were not acceptable, could not be used by ARNPs, and are immediately rejected by most nurse practitioners. After all, APRNs provide nursing care, not

medical care. APRNs have moved beyond these characterizations and instead have presented the APRN as a competent and educated health care professional.

What is an APRN?

An Advanced Practice Registered Nurse (APRN) is a registered nurse who has completed an accredited graduate level nursing educational program; has passed a national certification examination that matches their educational preparation; has acquired advanced clinical skills and knowledge; and has practice experience built upon the competencies of a RN. An APRN practices direct patient care in at least one of four roles:

APRN-CNP: *Certified Nurse*

Practitioner

APRN-CNM: *Certified Nurse Midwife*

APRN-CRNA: *Certified Nurse*

Anesthetist

APRN-CNS: *Certified Clinical Nurse*

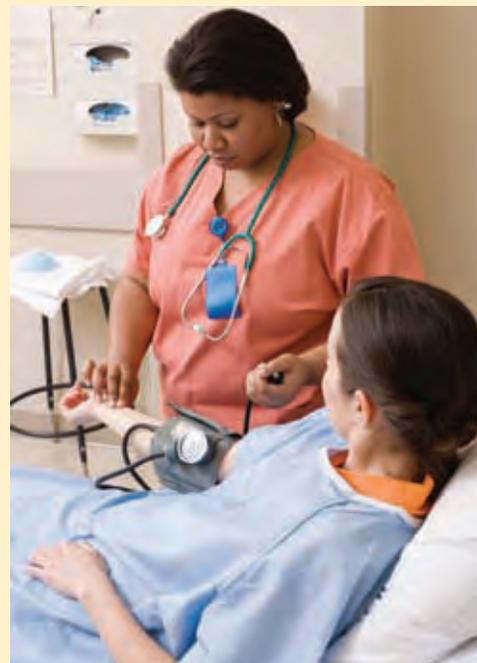
Specialist

The APRN practices in at least one population foci e.g. neonatal, women's health, pediatrics, adult/gerontology, psych/mental health, and family (across the lifespan).

Advanced Practice Registered Nurse

APRN will become the new title for advanced practice registered nurses in Kentucky. Recently passed legislation changing the title to APRN aligns advanced practice registered nursing in Kentucky to a consensus shared by 36 other states that have legislatively adopted and protected the APRN title. The APRN must legally represent him or herself (including in a legal signature) as an APRN and by their role (e.g. APRN-CNP). The title of APRN and role titles are legally protected titles and may not be used by any individual who does not hold the proper credentials.

Please do not use the title APRN until the KBN has informed you to do so. Regulations based on the new legislation must first be put into place.



It does matter what others call you

The title of APRN is used to distinguish the practice of the advanced practice registered nurse. The APRN title provides a unique and identifiable designation of advanced nursing practice that includes the four different roles. It does matter what nurse practitioners call themselves and how the public is educated about the role of APRNs. APRNs may not adopt or use titles created by others.

During this transition, APRNs must promote respectful collaboration among their peers about their change in title and inform their patients about the nursing care that they provide by sharing their title. The KBN will publish informative updates and practice guidelines to assist APRNs during these very important changes in their title and practice.

Making the title consistent for all advanced practice designations will reduce the confusion and assist practitioners with informing the public about the important role they provide consumers.

The APRN will see you now....

Reference: Aertker, J. (2010). Sticks and stones: It matters what others call you. Retrieved 3/15/2010 from www.advancweb.com.

DIALYSIS TECHNICIAN (DT) CREDENTIALING: UPCOMING CHANGES

On December 10, 2009, the Kentucky Board of Nursing approved revisions to 201 KAR 20: 470 Dialysis Technician credentialing requirements and training program standards. Updates to the regulation were recommended to the Board by the Dialysis Technician Advisory Council. The major changes included: submission of a background check for all DT applicants applying in Kentucky, evidence of National Certification in Dialysis at first renewal and thereafter, and changes to fees for reinstatement of the credential.

Criminal Record Report Required from Administrative Office of the Courts (AOC)

Once the changes are promulgated, all individuals who wish to be credentialed as Dialysis Technicians will be required to provide an Administrative Office of the Courts (AOC) Criminal Records Report with their application.

This request form and other information regarding DT credentialing are available on our website (www.kbn.ky.gov).

To be initially credentialed, the applicant is required to complete an approved Dialysis Technician course. After successful completion of the course, the Dialysis Technician submits an "Application for Dialysis Technician Credential", pays the initial credential fee of \$70, submits the AOC Criminal Record Report, and reports any misdemeanors or felony convictions within 90 days of final judgment. Once all requirements for application are met, the Dialysis Technician will be credentialed for 24 months.

National Certification Requirement at Renewal

Effective October 14, 2008, the Centers for Medicare and Medicaid Services established new national certification rules governing Dialysis Technicians working in renal dialysis centers. Federal Regulation 42 CFR 494.140 states all newly employed technicians must obtain national certification within 18 months of hire date. All currently employed Dialysis technicians have 18 months from the effective date, October 14, 2008, to obtain certification.

According to 201 KAR 20:470, a dialysis technician shall report to the Board the name of the national certification program that has issued his certification and provide a copy of the certification certificate to the Board. A copy of the certification certificate must be provided to the Board at renewal of the Kentucky Dialysis Technician Credential. Information about National Certification is available below:

- Certified Clinical Hemodialysis Technician (CCHT) offered by the Nephrology Nursing Certification Commission (NNCC) ~ \$195.00 effective 1/1/2010
East Holly Avenue, Box 56
Pittman, NJ 08071-0056
www.ncc-exam.org
- Board of Nephrology Examiners for Nursing and Technology (BONENT) ~ \$200.00

901 Pennsylvania Avenue, NW Suite 607
Washington D.C. 20006
www.bonent.org

- National Nephrology Certification Organization (NNCO) examination ~ \$245.00
1350 Broadway 17th floor
New York, NY 10018
www.ptcny.com

Adjustment of fees to encourage renewal not reinstatement

The revisions to the regulation also include an increase in the fee for reinstatement of a lapsed credential from \$70 to \$100. All other fees remain unchanged.

Other changes to the application process include removal of the picture identification and notary of the application previously required on the "Application for Dialysis Technician Credential." This change was made to align the application process more closely to existing procedures required to apply for a nursing license.

If you have questions about the changes, please contact the Kentucky Board of Nursing at 502-429-3300 for additional information.

DIALYSIS TECHNICIAN ADVISORY COUNCIL: CALL FOR NOMINATIONS

Call for nominations: Pursuant to KRS 314.145, KBN is seeking nominations for appointments to the Dialysis Technician (DT) Advisory Council. The council advises the KBN regarding qualifications, standards for training, competency determination of DT, and all other matters related to DTs. There are currently two vacancies: a Registered Nurse who regularly performs dialysis care for patients and a practicing DT. The appointment term is 4 years. Interested parties can download the nomination form from the KBN website (www.kbn.ky.gov) or send an email request to Suzette Scheuermann PHD, RN (suzette.scheuermann@ky.gov). Nomination forms can be submitted via mail to the KBN office or faxed to 502-696-5524.



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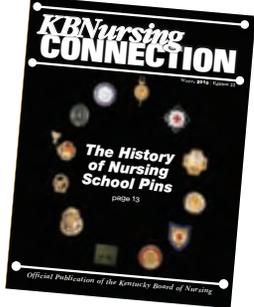
Kentucky River Community Care, Inc., a private, nonprofit, Community Mental Health Center in the beautiful mountains of Eastern Kentucky, is seeking a qualified candidate for a unique opportunity. This position will provide clinical care in an outpatient setting.

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Kentucky River Community Care, Inc., (KRCC) is a private, nonprofit Community Mental Health Center dedicated to improving the health and wellbeing of the people of our region. We help individuals and families in the eight counties of the Kentucky River region by providing mental health, developmental disabilities, substance abuse and trauma services. KRCC seeks to promote public safety, boost economic wellbeing and improve community and individual quality of life.

Please be sure to include the position to which you are inquiring about. EOE/AA.



ABOUT THE COVER

The Origin of Nursing School Pins

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Professional Nursing in Kentucky: Yesterday, Today, Tomorrow (2006)
by the Kentucky Nurses Association (www.kentucky-nurses.org)

Schools of nursing pins have been worn by American nurse graduates since at least 1880. The Board of Women Managers at Bellevue Hospital Training School in New York City had a pin designed by Tiffany's and awarded it to graduates seven years after the school was founded.

Pins/badges are a symbol of identification, much like a knight's symbol on his shield to differentiate friend from foe on the battlefield in the 12th century. In the

14th century, merchants and craftsmen formed guilds and adopted symbols to mark their common bond. Schools and universities also created symbols marking their identities. Precedent may have been set for nurses because Queen Victoria presented an especially made brooch to Florence Nightingale in 1855 to commemorate her work in the Crimean War, resembling a regimental badge.

Nursing may have adopted a school of nursing pin (and often distinctive caps

and uniforms) to show that they were professionally trained nurses, distinguishing them from [those] who had not had professional training. The pin may also have been a sign of the strong movement in the US for legal regulation of nurses, which first occurred in four eastern states in 1903.

Source: Eleanor Krohn Herrmann, Nurse Historian and Professor Emerita, University of Connecticut, Connecticut Nursing News (Mar-May, 2005).

The nursing pins used on the cover are from KBN's own nursing staff. The programs of nursing represented by KBN staff include:

- Berea College – Berea, KY
- Burge School of Nursing – Springfield, MO
- Charity Hospital School of Nursing – New Orleans, LA
- Eastern Kentucky University – Richmond, KY
- Holzer Medical Center – Jackson, OH
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KBN TELEPHONE CHANGES

By Sue Derouen, RN, Operations Manager

Some phone numbers at the Kentucky Board of Nursing (KBN) have changed. All staff now have direct phone lines, eliminating the need to call the main KBN number and enter extensions.

A complete listing of KBN staff numbers is shown on the KBN website (<http://kbn.ky.gov/board/staff>). For quick reference, a list of the most commonly used phone numbers is shown below.

Main Office Number:

502-429-3300 or 1-800-305-2042

Follow the prompts as instructed to reach the staff person you are calling

Main Fax Number: 502-429-3311

(Louisville Exchange)

Kentucky Nurse Aide Registry:

1-888-530-1919

Administrative Services Section

Supervisor

Maria Wheat

Phone: 502-429-3335 or

1-800-305-2042 x *3335

Accountant

Sherrie Singleton

Phone: 502-429-7189 or

1-800-305-2042 x *7189

Consumer Protection Branch

502-429-3300 or 1-800-305-2042

Credentials Branch

Manager

Joyce A. Bonick

Phone: 502-429-3331 or

1-800-305-2042 x *3331

ARNP Program Coordinator

Foreign-Educated Nurse Licensure

Ruby King

Phone: 502-429-3329 or

1-800-305-2042 x *3329

Fax: 502-696-5184

Endorsement Program Coordinator

Libby Brown

Phone: 502-429-3332 or

1-800-305-2042 x *3332

Fax: 502-696-3954

Examination Program Coordinator

Rachel Williamson

Phone: 502-429-3334 or

1-800-305-2042 x *3334

Fax: 502-696-3953

Reinstatement Program Coordinator

SANE Program Coordinator

Retired/Duplicate Cards

Mary Turner

Phone: 502-429-3330 or

1-800-305-2042 x *3330

Fax: 502-696-3952

Executive Office

Executive Director

Charlotte F. Beason

Phone: 502-429-3306 or

1-800-305-2042 x *3306

Fax: 502-696-3936

General Counsel

Nathan Goldman

Phone: 502-429-3309 or

1-800-305-2042 x *3309

Fax: 502-696-3938

Operations Manager

Sue Derouen

Phone: 502-429-3327 or

1-800-305-2042 x *3327

Fax: 502-696-5106

Executive Assistant

Diane N. Thomas

Phone: 502-429-3310 or

1-800-305-2042 x *3310

Fax: 502-696-3940

When KBN's automated phone service is activated, press the star key (*), then the extension of the staff person you are calling. The extension number may be entered as soon as the automated phone service is activated. All direct lines and fax lines use area code 502, as needed. Individual fax numbers are through the Frankfort exchange instead of the Louisville exchange.

Administrative Executive Secretary

Adrienne Harmon

Phone: 502-429-7175 or

1-800-305-2042 x *7175

Fax: 502-696-3964

Personnel Administrator

DeOndrea Bowdre

Phone: 502-429-7171 or

1-800-305-2042 x *7171

Fax: 502-696-5788

Kentucky Nurse Aide Abuse Registry

Main Registry Phone:

1-888-530-1919

KNAR Specialists

Julie Lobo

Phone: 502-429-3349 or

1-800-305-2042 x *3349

Fax: 502-696-3957

Lou Johnson

Phone: 502-429-3348 or

1-800-305-2042 x *3348

Fax: 502-696-3956

Sharon Minniefield

Phone: 502-429-3347 or

1-800-305-2042 x *3347

Fax: 502-696-3949

Information Technology Section

Information Systems Manager

Don Snow

Phone: 502-429-3344 or

1-800-305-2042 x *3344

Webmaster/Help Desk

Carrie Driscoll

Phone: 502-429-3343 or

1-800-305-2042 x *3343

Professional Support Branch

Education Consultant

Patricia Spurr

Phone: 502-429-3333 or

1-800-305-2042 x *3333

Practice Consultant

Sharon Mercer

Phone: 502-429-3307 or

1-800-305-2042 x *3307

Nursing Consultant

Suzette Scheuermann

Phone: 502-429-7184 or

1-800-305-2042 x *7184

Practice Assistant

Cheryl Skaggs

Phone: 502-429-7185 or

1-800-305-2042 x *7185

Education Assistant

Lila Hicks

Phone: 502-429-7179 or

1-800-305-2042 x *7179

Continuing Competency Program Coordinator

Mary Stewart

Phone: 502-429-7191 or

1-800-305-2042 x *7191

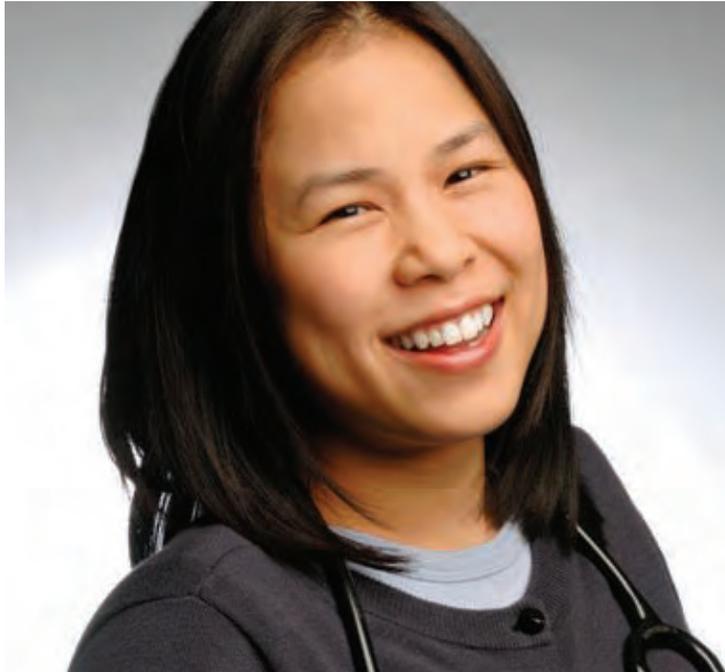
NISF Program Coordinator/

DT Coordinator

Richelle Livers

Phone: 502-429-7180 or

1-800-305-2042 x *7180



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- New \$800 million hospital under construction, slated for completion in 2011
- BSN residency program for new graduates, providing a mentoring transition from student to professional nurse
- Progressive, innovative College of Nursing; impressive and ongoing growth in research productivity
- The UK PhD Program in nursing is ranked 10th out of 99 private and public PhD programs in nursing (2008 Academic Analytics, LLC Report)
- The UK DNP program was the first in the nation

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To find out more, visit our Web site at www.mc.uky.edu/UKNursing or apply online at www.uky.edu/HR/UKjobs.

Call us at (859) 323-5851 or (800) 233-5851 with questions.

College of Nursing Opportunities:

For more information about all of our academic programs, including BSN, DNP, and PhD, and open faculty positions visit our Web site, www.mc.uky.edu/nursing, e-mail conss@uky.edu or call us at (859) 323-5108.



UK Chandler Hospital has been redesignated a Magnet Hospital in recognition of the outstanding nursing care at UK Chandler Hospital and Kentucky Children's Hospital. UK Chandler Hospital is the first in Lexington and the 38th among 6,000 hospitals in the nation to have earned this achievement. UK tuition benefit is available when you work for any University of Kentucky hospital.



CONSUMER PROTECTION CORNER

Dialysis Technicians

by **Ann Tino, RN, BSN, Certified Nurse Investigator, Consumer Protection Branch**

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of any nurse referenced in this article will not be revealed.

Did you know that the Kentucky Board of Nursing (KBN) is the regulatory board for all Dialysis Technicians (DTs) practicing in the state of Kentucky? In 2001, the Kentucky General Assembly passed House Bill 184 which established authority for the KBN to regulate DT practice, training, and credentialing. The DT Credentialing Requirements and Training Program Standards promulgated in 201 KAR 20:470 govern the training program standards and set forth criteria for Board approval of training programs. Many of the statutes and regulations mirror those which govern the practice of nursing in Kentucky. The Board has developed the scope of practice for DTs as well as guidelines for disciplining DTs. These are also similar to the rules and regulations that we as nurses are held to.

As of March 2010, there were 13 approved DT training programs in the Commonwealth and approximately 535 active DTs. Just like nurses, DTs must report any criminal conviction upon initial application for the credential or otherwise within ninety (90) days of entry of the final judgment while maintaining an active DT credential. KRS 314.109 specifically requires the Board to be notified in writing of any misdemeanor or felony criminal conviction, except traffic related misdemeanors other than operating a motor vehicle under the influence of drugs or alcohol, in this or any other jurisdiction. The person must submit a certified copy of the order and a letter of explanation for the Board's review. Depending on the nature of the conviction as well as other mitigating



circumstances, the Board has the authority to take no further action, resolve the complaint by entering into an agreed order (terms agreed to by both parties which specifies conditions under which the person would be allowed to practice as a DT), or the person can request an administrative hearing if the parties are unable to reach an agreement.

Since the Board began to regulate and monitor DTs, approximately 31 original applicants, renewals, and/

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