

KBN CONNECTION

FALL 2025
VOL. 16, ISSUE 4, EDITION 85

KARE KORNER

*"Life starts all over again
when it gets crisp in the
fall"*

APRN COMPLIANCE CORNER

*Can an APRN prescribe
Hormone Replacement
Therapy with
Testosterone Containing
Pellets?*

FROM CHARTS TO CHATBOTS: AI EMPOWERING THE NURSING WORKFORCE

AVOIDING DISCIPLINARY
ACTIONS

REGULATION
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**Published by the
Kentucky Board of Nursing**

312 Whittington Pkwy., Ste 300
Louisville, KY 40222-5172
Phone: 800-305-2042 or 502-429-3300
Fax: 502-429-3311
Web Address: <http://kbn.ky.gov>

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The Kentucky Board of Nursing protects the public by development and enforcement of state laws governing the safe practice of nurses, dialysis technicians, and licensed certified professional midwives.

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STATISTICS CORNER

As of January 6, 2025
(in-state and out of state)

APRN-CNM: 189
APRN-CNP: 13,681
APRN-CNS: 121
APRN-CRNA: 1,920
CMA I: 2,144
CMA II: 99
DT CREDENTIAL: 685
LCPM: 44
LPN: 13,022
MEDICAL CANNABIS: 420
RN: 79,518
SANE Credential AA: 511
SANE Credential PA: 76
SRNA Certification: 44,859
TOTAL: 157,289

KBN Connection circulation includes 90,000 licensed nurses, nursing students, certified professional midwives and dialysis technicians in Kentucky.

KBN Connection is funded in large part by advertisements. A portion of the publication costs are paid for by state funds. *KBN Connection* is provided free of charge to its readers. KBN receives no funding from this publication.

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President's Message

AI and the Future of Nursing in Kentucky: Preparing Today for Tomorrow's Transformation



A New Frontier for Kentucky Nurses

Artificial Intelligence (AI) is reshaping healthcare—and nursing stands at the center of that transformation. From electronic health records that predict patient risk to automated tools that assist with documentation and scheduling, AI has already entered the everyday workflow of nurses across the country.

In Kentucky, where our nurses serve in some of the most diverse care environments—from rural community hospitals and long-term care facilities to large academic medical centers—AI holds the potential to reduce administrative burdens, enhance clinical decision-making, and expand access to care.

But technology alone will not define the future of nursing. How Kentucky nurses prepare for, engage with, and lead the integration of AI will determine whether these innovations enhance or hinder the compassionate, patient-centered care that defines our profession.

Why It Matters Here and Now

Kentucky faces many of the same workforce challenges seen nationwide:

- Nursing shortages in rural and underserved regions
- Growing demand for home-based and community care
- Pressure to improve efficiency and outcomes amid limited resources

AI can help address these challenges—if implemented responsibly. Predictive analytics can identify patients at risk before deterioration occurs. Automated charting can free nurses to spend more time with

patients. Data-driven staffing tools can better align resources with need.

However, if nurses are not part of the design, decision, and deployment of AI tools, Kentucky's healthcare system risks adopting solutions that overlook the realities of nursing practice and patient needs.

The Kentucky Board of Nursing (KBN) has long been a leader in workforce readiness. As the profession evolves, KBN's role in guiding ethical, competent, and safe integration of AI into practice will be essential to protecting both the public and the profession.

AI can sound intimidating, but its essence is simple: it's about using data and algorithms to recognize patterns, make predictions, and support decision-making. For nurses, that might mean:

- **Clinical Support:** AI tools flagging early signs of sepsis or medication interactions.
- **Administrative Efficiency:** Systems that auto-populate documentation or manage scheduling.
- **Population Health:** Predictive models identifying communities at higher risk for chronic disease or hospital readmission.

These systems don't replace clinical judgment—they enhance it. A nurse's empathy, intuition, and situational awareness remain irreplaceable. AI provides another set of eyes; nurses provide the heart, context, and accountability.

How Kentucky Nurses Can Prepare

1. Strengthen Digital Literacy

Nurses don't need to be programmers, but understanding how AI systems work—and their limitations—is vital. Learn basic data concepts and documentation best practices and/or volunteer for your organization's informatics or technology committees.

2. Pursue Ongoing Learning

Kentucky's nursing programs and employers are increasingly integrating technology and informatics training. Participate in continuing education sessions that address technology, ethics, and data use in nursing. Advocate for AI and digital-health content in your organization's professional development plans.

3. Bring the Nurse Voice to the Table

Whether you work in a hospital, long-term care facility, or public health department, you understand workflow better than anyone. Get involved in pilot projects or committees evaluating new technology. Use your perspective to advocate for usability, fairness, and patient safety.

4. Model Ethical Stewardship

AI raises critical questions about data privacy, bias, and accountability. Kentucky nurses—guided by our Code of Ethics and commitment to advocacy—must champion transparency and fairness. Speak up if an AI tool produces biased or unsafe outcomes. Protect patient confidentiality when data is shared or analyzed. Support institutional policies that ensure human oversight in AI-supported decisions.

Overcoming Barriers in Our Commonwealth

Many rural and community-based facilities across Kentucky have limited access to advanced technology or training. To bridge this gap:

- **Collaborate regionally.** Partner with larger health systems or academic institutions to share learning and resources.

- **Mentor one another.** Experienced nurses can guide colleagues through new digital workflows, fostering confidence and competence.

Kentucky's nursing community has a long tradition of innovation—from early nurse-led clinics in Appalachia to statewide telehealth expansion. Our ability to adapt and lead through change is part of our heritage.

The Nurse of the Future: Kentucky's Opportunity to Lead

The nurse of the future will blend clinical skill with digital insight—balancing high tech with high touch. In Kentucky, that might look like a community health nurse using AI data to identify at-risk families before crises occur. An educator integrating simulation and AI-driven feedback into clinical training. A nurse leader collaborating with data scientists to design fair, patient-centered algorithms.

These are not distant possibilities—they are unfolding today. Kentucky nurses have the power to shape how AI strengthens, not substitutes, our sacred responsibility to care.

Call to Action

AI will continue to evolve—but so will we. The Kentucky Board of Nursing encourages every nurse to:

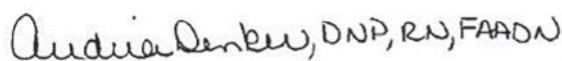
- Engage in lifelong learning about emerging technologies.
- Ask thoughtful questions about how AI is used in your workplace.
- Champion ethical and equitable application of new tools.
- Remember that no algorithm can replicate compassion, advocacy, and human connection.

Our goal is not simply to keep up with technology, but to ensure technology keeps up with us—with our standards, our ethics, and our mission to protect the people of Kentucky through nursing excellence.

As Florence Nightingale reminded us, nursing is both an art and a science. AI may change the science; it can never replace the art.

“As Florence Nightingale reminded us, nursing is both an art and a science. AI may change the science; it can never replace the art.”

Yours in Nursing,



Audria Denker, DNP, RN, FAADN, ANEF
President, Kentucky Board of Nursing

From Charts to Chatbots: AI Empowering the Nursing Workforce



Marvin Bright
Executive Staff Advisor/Public Information Officer
Kentucky Board of Nursing

Technology Meets Compassion in Modern Nursing

As healthcare continues to evolve, technology is shaping the way nurses deliver care, manage information, and connect with patients. Once known for clipboards and handwritten charts, today's nursing workforce is adapting to tools that can analyze data, predict patient needs, and even provide real-time support through artificial intelligence (AI). Far from replacing the nurse's vital human touch, AI is helping Kentucky nurses work smarter, faster, and with greater precision.

A New Era of Nursing

Artificial intelligence is no longer just a buzzword—it's rapidly becoming a trusted partner in patient care. AI-driven systems can scan thousands of data points in seconds, identifying trends that might take hours or days for humans to detect. In hospitals and clinics across Kentucky, nurses are already seeing the benefits. Automated documentation systems are reducing the time spent charting, allowing nurses to focus more on patient interaction. Predictive analytics are helping identify high-risk patients earlier, preventing complications before they happen. And wearable health devices—connected to AI-powered dashboards—are giving nurses real-time updates on patients' vitals and activity levels.

"AI isn't replacing nurses—it's amplifying their ability to care."

Chatbots and Virtual Assistants

One of the most visible forms of AI in nursing is the rise of chatbots and virtual assistants. These tools can answer routine patient questions, remind individuals to take medications, or help triage symptoms before an in-person visit. For nurses, this means fewer phone calls about non-urgent issues and more time for direct care. AI-powered assistants can also support nurse education by offering instant access to drug interaction data, evidence-based guidelines, and patient teaching resources—all in plain language.

Enhancing Decision-Making, Not Replacing It

AI doesn't make nurses obsolete—it amplifies their expertise. The most effective systems are those that complement critical thinking, not replace it. For example, decision-support software might flag abnormal lab results or suggest possible interventions, but the nurse still interprets that information within the broader context of patient care. As KBN continues to emphasize safe, evidence-based practice, nurses must stay informed about how AI-driven tools collect, store, and interpret health data. Understanding these systems not only improves care but also helps maintain ethical and legal standards in documentation and patient privacy.

Education and Adaptation

As technology expands, nursing education in Kentucky is evolving

as well. Many programs are now incorporating informatics, data literacy, and AI fundamentals into their curricula. Future nurses will graduate with not only clinical expertise but also digital fluency—the ability to use and evaluate emerging technologies responsibly. Continuing education will also play a key role. The Kentucky Board of Nursing encourages licensed nurses to explore CE opportunities related to AI, telehealth, and data security. Staying current ensures that Kentucky's nursing workforce remains both competent and competitive in this rapidly changing healthcare environment.

Did You Know? The Kentucky Board of Nursing offers online continuing education resources that include technology and informatics topics. Visit kbn.ky.gov to learn more.

Balancing Technology with Humanity

While AI can process data, it cannot replicate compassion, empathy, or the trust that nurses build with their patients. Those qualities remain at the heart of nursing. The challenge—and opportunity—lies in blending the efficiency of technology with the empathy of human care.

"AI helps me see the bigger picture faster, but my patients still need my eyes, ears, and heart."

Looking Ahead

From electronic charts to conversational chatbots, the tools of nursing have come a long way. As Kentucky continues to invest in healthcare innovation, nurses stand at the forefront of that transformation—bridging the gap between data and humanity, science and service. The future of nursing isn't about man versus machine—it's about man and machine, working together for better patient outcomes.

Challenges and Ethical Considerations

Despite its potential, integrating AI into nursing presents significant challenges. Ethical concerns, issues surrounding data privacy, and the importance of maintaining human-centered care represent key obstacles. In addition, the rapid pace of technological advancements often surpasses the development of regulatory policies and educational frameworks, creating a gap between AI's capabilities and its practical implementation in nursing settings.

Visit: <https://pmc.ncbi.nlm.nih.gov> for more information

Disclaimer

Nurses should be aware of their employer's and facility policies regarding the use of artificial intelligence in any professional capacity.

For Further Reading

Nursing Education and Technology Integration – <https://www.ncsbn.org>.



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APRN COMPLIANCE CORNER

Prescribing Guidelines for Testosterone

Marina McWilliams, APRN, MSN, NP-C, APRN
APRN Investigations Branch Manager



APRNs may be authorized to perform additional acts due to training and experience, such as prescribing treatment, devices, and order diagnostic tests pursuant to KRS 314.011(8). Hormone pellets are compounded implantable pellets for slow release of hormones that lasts four to six months, as such APRN's are unable to prescribe hormone pellets containing testosterone as it is a schedule III-controlled substance and, prescribing of schedule III substances is limited to a 30-day supply without refill. See KRS 314.011(8)(b). Upon review and discussion at the June 19, 2023, meeting it was the decision of the Board that:

The performance of the subcutaneous administration/insertion of hormone replacement therapy with pellet implants is within the scope of advanced practice registered nursing practice for the APRN who is educationally prepared and clinically competent.

Any testosterone supply provided in quantities or duration that are greater than 30 days requires an APRN to obtain a physician's order pursuant to KRS 314.011 (8)(b) for the administration of the hormone replacement therapy pellet implants and the performance of the procedure.

Advanced Practice Registered Nurse FAQ regarding the prescribing of Testosterone

Can an APRN prescribe Testosterone for more than a 30-day supply?

No, Testosterone is classified as a Schedule III controlled substance and may only be prescribed for a 30-day supply, with no refills.

Can an APRN prescribe Hormone Replacement Therapy with Testosterone Containing Pellets?

Hormone pellets are compounded implantable pellets for the slow release of hormones that lasts four to six months, as such APRNs are unable to prescribe hormone pellets containing testosterone as it is a schedule III-controlled substance, and prescribing of schedule III substances is limited to a 30-day supply without refills as outlined in KRS 314.011(8)(b).

Can an APRN perform subcutaneous administration/insertion of hormone replacement therapy with pellet implants?

Yes, it is within the scope of advanced practice registered nursing practice for the APRN who is educationally prepared and clinically competent.

Any testosterone supply provided in quantities or duration that are greater than 30 days requires an APRN to obtain a physician's order pursuant to KRS 314.011(8)(b) for the administration of the hormone replacement therapy pellet implants and the performance of the procedure.

*APRNs should be mindful that the pharmacy may want to fill the prescription with a 10 ml vial of Testosterone Cypionate Injection instead of four 1 ml vials due to cost for the patient. However, prescriptions should be written carefully to ensure that the medication is not being given for more than 30 days.

*Example: 400 mg of Testosterone Cypionate Injection (1 ml) to be injected every Friday morning by patient, 1 ampule vial to be dispensed, no substitutions.

In the above example, if a 10 ml vial was given to the patient, it would be enough supply for 10 weeks which exceeds the controlled substance prescribing guidelines for APRNs in Kentucky.

APRNs who practice in Kentucky are required by statute 201 KAR 20:057 to review their Prescription Drug Monitoring Program (PDMP) (KASPER) account: No less than once every six (6) months, an APRN who holds a DEA Controlled Substance Registration Certificate shall query and review the PDMP for the preceding six (6) months to determine if the information contained in the PDMP is correct. If the information is incorrect, the APRN shall comply with 902 KAR 55:110 and take the necessary steps to seek correction of the information, by:

- (a) First contacting the reporting pharmacy;
- (b) Contacting law enforcement if suspected fraudulent activity; or
- (c) Contacting the Drug Enforcement Professional Practices Branch, Office of Inspector General, Cabinet for Health and Family Services.

References

- AOS #10 Roles of Nurses in Women's Health Across the Lifespan <https://kbn.ky.gov/KBN%20Documents/aos10-prenatal-intrapartum-care.pdf>
- <https://kbn.ky.gov/advanced-practice-registered-nurse/Pages/aprn-hormone-replacement-therapy-with-testosterone-containing-pellets.aspx>
- <https://kbn.ky.gov/practice/Pages/advanced-practice-registered-nurse-faq.aspx>
- KRS 314.011 <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=56086>
- 201 KAR 20:057. Scope and standards of practice of advanced practice registered nurses.



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Protecting Patients & Upholding the Law:

Important Guidance for APRNs on Compounded GLP-1 Medications



On September 4, 2025, the Kentucky Board of Nursing (KBN) issued a notice to all Advanced Practice Registered Nurses (APRNs) licensed in Kentucky concerning the compounding of GLP-1 medications, including Semaglutide and Tirzepatide. This guidance is essential for protecting patients, complying with federal and state law, and maintaining safe prescribing practices.

Background: What You Need to Know

The KBN was recently informed by the National Association of Boards of Pharmacy (NABP) about troubling trends involving compounded versions of GLP-1 medications. According to the U.S. Food and Drug Administration (FDA), multiple complaints have been received about unapproved GLP-1 products being purchased and administered to patients.

These illegally obtained medications are often:

- Purchased from unauthorized third-party websites, and
- Labeled with:
 - The name of a state-licensed pharmacy that played no role in the drug's production or distribution; or

- The name of a fictitious pharmacy entirely.

In some cases, these medications are being dispensed without a valid prescription, putting patients at serious risk.

Your Responsibility as an APRN

APRNs are legally and ethically responsible for ensuring that all medications they prescribe or administer are:

- FDA-approved, and
- Sourced from a legitimate, state-licensed pharmacy.

KBN urges APRNs to be vigilant when acquiring medications for patient use and to avoid compounded medications that may be illegal or unsafe.

FAQ Highlight: Is Compounding GLP-1 Drugs Allowed?

A common question among APRNs is whether it's permissible to compound GLP-1 medications like Semaglutide instead of obtaining the commercially available product.

The answer is no.

The Kentucky Board of Pharmacy, referencing both federal and state regulations, has clarified the following:

- The Federal Food, Drug, and Cosmetic Act prohibits compounding “drug products that are essentially copies of a commercially available drug product.”
- In Kentucky, 201 KAR 2:076 further prohibits this practice unless specifically authorized by federal law under 21 U.S.C. § 353(a).

This regulation is enforceable by the Kentucky Board of Pharmacy for all individuals and entities licensed or permitted by the Commonwealth.

Where to Find More Information

APRNs are encouraged to review the following resources for up-to-date information and further clarification:

- U.S. Food and Drug Administration – www.fda.gov
- Kentucky Board of Pharmacy – pharmacy.ky.gov
- KBN Advisory Opinion Statements (AOS):
 - AOS #16: Roles of Nurses in the Administration of Medication via Various Routes
 - AOS #41: RN/LPN/APRN Scope of Practice Determination Guidelines
- KBN FAQ on GLP-1 Medications – kbn.ky.gov/faq

Final Thoughts

As prescribing professionals, APRNs play a critical role in safeguarding public health. Staying informed about legal requirements and clinical guidelines is not only a best practice—it's your professional duty.

For questions or further clarification, please contact the KBN Practice Branch or visit the KBN website at kbn.ky.gov.

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Kentucky Administrative Regulation (KAR) Update

201 KAR 20:161

This administrative regulation concerns Investigation and dispositions of complaints.

The amendments incorporate regulatory references to credential holders such as Dialysis Technicians and Licensed Certified Professional Midwives; provide Board members may be present for the ratification of a formal finding after the matter has been presented at hearing or resolved by agreement; add the term “PDMP”; and update guidance regarding violations that may be resolved with a consent decree.

Promulgation:

- On May 15, 2025, the Consumer Protection Committee considered and approved the changes.
- On June 26, 2025, the Board considered and approved the changes.
- On July 8, 2025, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation was tentatively set for September 23, 2025, but a request was not received, and the hearing was canceled.
- As of this writing, comments from the public are due by September 30, 2025.

201 KAR 20:162

This administrative regulation concerns disciplinary proceedings.

The amendments provide: for circumstances when a hearing may be held by the hearing officer without a panel; a board member with prior knowledge may be present with the full board to ratify a case after it has been presented at hearing; the hearing officer may issue a recommended order due to the respondent’s failure to participate in the proceedings; the Board, not the hearing officer, may reconsider a late filing once the recommended order has been submitted to it for adoption; that the failure of board staff to reach a charging decision within 120 days shall not constitute a defense to wrongdoing by the licensee.

Promulgation:

- On May 15, 2025, the Consumer Protection Committee considered and approved the changes.
- On June 26, 2025, the Board considered and approved the changes.
- On July 8, 2025, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation was tentatively set for September 23, 2025, but a request was not received, and the hearing was canceled.
- As of this writing, comments from the public are due by September 30, 2025.

201 KAR 20:215

This administrative regulation concerns continuing competency requirements.

The amendments remove reference to CE Broker.

Promulgation:

- On November 22, 2024, the Practice Committee considered and approved the changes.
- On December 19, 2024, the Board considered and approved the changes.
- On January 2, 2025, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation was tentatively set for March 24, 2025, but no requests were received.
- Written comments from the public were due by March 31, 2025, but none were received.
- On April 14, 2025, the Administrative Regulation Review Subcommittee (ARRS) reviewed the regulation, and it was passed to the Interim Joint Committee on Health Services (IJCHS) for consideration.
- On July 30, 2025, the IJCHS considered the regulation, and it was passed.

201 KAR 20:240

This administrative regulation concerns fees for applications and services.

The amendments update statutory citations and remove references to obsolete fines.

Promulgation:

- On January 16, 2025, the Governance Committee considered and approved the changes.
- On February 20, 2025, the Board considered and approved the changes.
- On March 4, 2025, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation was set for May 27, 2025, and written comments from the public were due May 31, 2025. A hearing was not requested, and no written comments were received.
- On June 10, 2025, the ARRS reviewed the regulation, and it was passed to the joint committee of jurisdiction for further consideration.
- On July 30, 2025, the IJCHS considered the regulation, and it was passed.

201 KAR 20:410

This administrative regulation concerns the expungement of disciplinary records.

The amendments add definitions to clarify what documents may be expunged. They provide that physical records that have been expunged may be destroyed; track statutory expungement language; shorten the period before and expungement may be requested, but the period does not start until the terms have

been met; provide an expungement may not be obtained if the individual has a pending investigation; and the most recent order must be eligible for expungement before older orders may be considered. The Board may expunge eligible orders without a specific request from the licensee.

Promulgation:

- On May 15, 2025, the Consumer Protection Committee considered and approved the changes.
- On June 26, 2025, the Board considered and approved the changes.
- On July 8, 2025, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation was tentatively set for September 23, 2025, but a request was not received, and the hearing was canceled.
- As of this writing, comments from the public are due by September 30, 2025.

201 KAR 20:600

This administrative regulation concerns standards for training programs for licensed certified professional midwives.

The amendments:

- Remove reference to the Midwives Alliance of North America (MANA),
- Standardize curriculum requirements with those determined by the North American Registry of Midwives (NARM), and
- Update material incorporated by reference.

Promulgation:

- On January 9, 2025, the Licensed Certified Professional Midwife (LCPM) Council reviewed the proposed changes to the regulation.
- On January 17, 2025, the Practice Committee considered and approved the changes.
- On February 20, 2025, the Board considered and approved the changes.

- On March 4, 2025, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation was set for May 27, 2025, and written comments from the public were due May 31, 2025. A hearing was not requested, and no written comments were received.
- On June 10, 2025, the ARRS reviewed the regulation, and it was passed to the joint committee of jurisdiction for further consideration.
- On July 30, 2025, the IJCHS considered the regulation, and it was passed.

201 KAR 20:620

This administrative regulation concerns Licensing requirements for licensed certified professional midwives.

The amendments updates fees for LCPMs, reducing them.

Promulgation:

- On January 9, 2025, the LCPM Council reviewed the proposed changes to the regulation.
- On January 16, 2025, the Governance Committee considered and approved the changes.
- On February 20, 2025, the Board considered and approved the changes.
- On March 4, 2025, staff filed the regulation with the LRC.
- A public hearing on this administrative regulation was set for May 27, 2025, and written comments from the public were due May 31, 2025. A hearing was not requested, and no written comments were received.
- On June 10, 2025, the ARRS reviewed the regulation, and it was passed to the joint committee of jurisdiction for further consideration.
- On July 30, 2025, the IJCHS considered the regulation, and it was passed.



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SUMMARY OF BOARD ACTIONS

BOARD MEETING – AUGUST 21, 2025

SWEARING IN OF NEW BOARD MEMBER

Monica Kennison was sworn in by General Counsel, Jeff Prather, as an RN Board member. Dr. Kennison fills the vacancy created by Missy Bentley's term expiration.

STAFF RECOGNITION – AMY WHEELER

JD Fleming, KBN Legal Services Supervisor, recognized Amy Wheeler, KBN Staff Attorney, for 10 years of service in Kentucky state government.

PRESIDENT'S REPORT

Audria Denker, Board President, reported that she and Kelly Jenkins, KBN Executive Director, attended the NCSBN Annual Conference, and provided some highlights from the meetings.

FINANCIAL OFFICER'S REPORT

- It was moved and seconded to accept the financial officer's report, which was approved by acclamation.

EXECUTIVE DIRECTOR'S REPORT

Kelly Jenkins, Executive Director, presented the Executive Director's report and included information on the following: Operations [Next budget cycle]; KBN Outreach; Personnel Professional Development; Personnel; Training for Board Members

- It was moved and seconded to accept the Executive Director's report, which was approved by acclamation.

GENERAL COUNSEL'S REPORT

Jeff Prather, General Counsel, presented the General Counsel's Report.

- It was moved and seconded to accept the General Counsel's report, which was approved by acclamation.

CREDENTIALS REVIEW PANEL

- It was moved and seconded to accept the report of the June 26, 2025 Credentials Review Panel meetings, which was approved by acclamation.

EDUCATION COMMITTEE

The following recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

MedQuest College, PN – Louisville Letter to KBN and KBN's Response

- The MedQuest College, PN – Louisville program be moved to approved status, with quarterly progress reports continuing through 2026.

ACTION ON LICENSES

- It was moved and seconded that 6 orders, with no exceptions filed, discussed in closed session be accepted as presented, which were approved by acclamation
- It was moved and seconded that 1 order, with exceptions filed, discussed in closed session be accepted as presented, which was approved by acclamation.
 - o Amber Powell recused herself from the

closed session discussion and vote due to a conflict of interest.

PERSONNEL ACTIONS

The personnel actions were provided for information only and discussed in closed session.

Other

The following items were provided for information only:

- KBN organizational chart, updated August 2025



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Lisa.sosnin@ky.gov or 502-705-3862

*“Life starts all over again when it gets crisp in the fall” –
F. Scott Fitzgerald.*

Starting over again in life can be challenging for anyone. Starting over can mean relocating to another home, changing professions, or ending complicated relationships. For nurses battling substance use disorder (SUD), the option to start over may seem impossible. However, there are several ways a nurse with SUD may start over in life. The first step is to admit they have a SUD. The second step is for the nurse to request in writing admission to the Kentucky Alternative Recovery Effort (KARE) for Nurses Program.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the definition of recovery is “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.” <https://samhsa.gov/substance-use/recovery>. The KARE for Nurses Program works with the nurse participant to establish consistent, healthy boundaries and behaviors so that they may return to safe nursing practice.

Part of these healthy boundaries and behaviors includes the nurse connecting with other people for support. Having a solid support system with family and friends helps the nurse with SUD deal with guilt and shame and encourages the nurse to work on their recovery.

One of the requirements of the KARE participant is to attend a minimum of three twelve-step or Board approved abstinence support group meetings per week and meet with an experienced sponsor at least twice weekly contact via phone call, in-person, or Facetime. The KARE participant must have a Monthly Meeting Documentation (MMD) Form with sponsor verification signed, completed, and submitted to their Compliance Nurse Investigator (CNI) by the 10th day of the following month. The CNI reviews the (MMD) form and sponsor verification as part of the five-year monitoring process to continue accountability in recovery. Accountability and consistency are keys to a successful recovery from addiction.

KARE has many success stories. One previous participant in the KARE Program, Jamie Simpson, RN, MSN, CNOR, worked hard to climb out of the pit of addiction. She established connections with a community of individuals who supported and encouraged her in recovery. She offered to share her story...

“Someone once said, “Addiction is giving up everything for one thing. Recovery is giving up one thing for everything”. This simple yet profound phrase has a poignant and succinct way of putting everything into perspective when trying to forge on in the battle of recovery. And recovery is just that, a battle, but it is a battle that can be won when the approach and attack are right!

My drinking career began a few years before my nursing career, probably during nursing school and quickly spiraled out of control. After about 11 years and the breakup of a long-term relationship it got even more out of control. I never got to the point where I was drinking before work or while at work. However, I woke up more mornings than not still under the influence from the night before. There is truly not a day that goes by that I don't give thanks that no patients were harmed while in my care during this time. I was not fit to care for them and was of sound mind enough to know this but carried on regardless.

This is what alcohol does to the mind, allows you to disregard your logic, and behave in ways that conflict with your true character. Writing these next few lines I fear will be difficult because I don't think I have ever admitted this in text and in doing so I am proving just how mind-warping alcohol can be, this isn't the way a rational, typical, level-headed person thinks and behaves, this is a look into the mind of someone who is so deep in their alcoholism the bit of logic that remains is desperate to break free.

I knew that I had a problem, I knew that going to work in the state which I was in was dangerous – even driving myself to work was perilous. I also knew that I needed to get caught at work, and risk losing my license in order to stop. I cannot stress this enough when I say, I KNEW that this was the only way I would ever stop drinking. This day finally came about 13 years into my nursing career... Thirteen years, how many patients did I put at risk in those years? I will never know the answer to this question, but I do know that it was by the grace of God no one was harmed while in my care.

I say this often, and stand by it, “the day I was caught at work, was one of the best days of my life, that was the day my life was spared”! I will say this also, it

Continued on page 16>>

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Continued from page 15>>

certainly did NOT feel that way at the time!!! It took quite a bit of time, and work to reach that conclusion but I found my way there and feel that way to this day. My life, my career, my relationships with God, family and friends were all spared because of that day. Everything I had lost, I recovered, and every relationship has been repaired. My career was restored and is now more distinguished than ever. The KARE program allowed all of this to be my reality. My experience in the KARE program was life altering, I found meetings, a sponsor, a support system which ultimately led to the rebuilding of my life and taking back all that I had lost to alcoholism, including my own identity, thoughts, and opinions. The restoration that took place within those 5 years, along with the challenges and hardships are experiences that will remain with me throughout my life and remind me of a time that I never want to revisit.

Kentucky nurses, if you have a need for KARE you have the power to take control of your substance use disorder and “remain faithful to your calling as a nurse” (L. Sosnin) by reaching out to those at KBN and self-reporting. There is so much hope here, and you can find a way to give up that one thing, to get back everything.” Jamie Simpson, RN, MSN, CNOR

Jamie’s success story is only one of hundreds told over the course of 20 years since KARE first began helping nurses fight SUD. If you or another nurse is suffering from a SUD, please contact the KARE for Nurses Program today at KBNComplianceMonitoring@ky.gov or call 502-429-3313. Lisa A. Sosnin, BSN, RN – Compliance Nurse Investigator/Case Manager, lisa.sosnin@ky.gov or 502-705-3862

The Board must disclose a nurse’s active participation in KARE. Under Kentucky Revised Statutes (KRS) 314.171(10), However, all other information regarding the participation is confidential except to “address the intervention, treatment, or rehabilitation needs of the impaired nurse,” or the nurse agrees to the release. KRS 314.171(6-8).




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What is the KARE for Nurses Program?

The Kentucky Alternative Recovery Effort (KARE) for Nurses is a confidential program developed and implemented by the Kentucky Board of Nursing. The purpose of the KARE for Nurses Program is to protect and safeguard the health of the citizens of the Commonwealth by identifying, assisting, and monitoring nurses whose ability to provide nursing care is compromised by a substance use disorder, so they may eventually return to competent and safe nursing practice.

The program recognizes that nurses are individuals who have dedicated their lives to helping others and may now be in need of assistance. The foundation of the KARE for Nurses Program is the belief that substance use disorders are treatable, and that a nurse's recovery and return to competent nursing practice is in the best interest of both the nurse and public health.

The KARE for Nurses Program maintains that a nurse should not lose their job or license due to a substance use disorder and offers an opportunity for treatment and monitoring. The program is administered with compassion, concern, and dignity for the nurse, while also prioritizing the best interests of the citizens of the Commonwealth.



Contact Us

To obtain further information or to seek admission to the Program, please use one of the following methods:

KARE for Nurses Compliance Branch

312 Whittington Parkway, Ste 300
Louisville, KY 40222

502-871-1430; 502-429-3313
Toll Free: 1-800-305-2042 ext. 6

502-429-1245

KBNComplianceMonitoring@ky.gov



KARE

Kentucky Alternative
Recovery Effort (KARE)
for Nurses



The Disease

Many people believe that nurses are immune to addiction by virtue of their intelligence and education. In reality, exposure, access, availability, and familiarity with medications often lead predisposed health professionals to develop a Substance Use Disorder (SUD). Manifestations of an SUD include, but are not limited to: recurrent substance use resulting in an inability to fulfill obligations at work, home, or school; recurrent substance use in physically hazardous situations (e.g., working while impaired or driving while impaired); development of tolerance leading to the use of greater amounts of substances and more frequent use; development of withdrawal symptoms when not using substances; and cravings or a strong urge to use substances.

SUDs are characterized by the use of drugs and/or alcohol despite potential adverse consequences. This compulsive use cycle may include periods where use is controlled, but these are typically followed by at least one episode of out-of-control use, which may result in significant consequences in one's life. Failure to recognize a SUD can exacerbate the problem and cause harm to oneself and others. This is a progressive disease that, if left untreated, can be fatal.

The Board believes that a SUD is a disease influenced by a myriad of factors, including environmental, biological, psychological, emotional, and genetic elements. A growing body of scientific evidence supports the understanding that SUDs are chronic but treatable diseases.

Services

The KARE for Nurses Program develops agreements based on the unique circumstances of each nurse. Monitoring can be facilitated in several ways, including the following:

- Assisting with identification, assessment, and referral to approved treatment providers;
- Monitoring participants for a period of at least five (5) years during early recovery;
- Providing education to nurses, employers, and other groups about the program; and
- Offering encouragement and support to help ensure participants are able to practice nursing in accordance with acceptable and prevailing standards of safe nursing care.



See the KBN website at
<http://kbn.ky.gov>
for additional information.

Eligibility Requirements

A nurse may access the program through self-referral, board referral, or referral from another entity (such as an employer). Admission to the KARE for Nurses Program is available to individuals who meet the following requirements:

- Are a Licensed Practical Nurse, Registered Nurse, or Advanced Practice Registered Nurse licensed in the Commonwealth of Kentucky, or an applicant for a credential issued by the Board;
- Submit a written request for participation in the program;
- Admit in writing to abusing or being dependent on alcohol and/or drugs;
- Have not been terminated from a similar program in this or any other state for noncompliance;
- Obtain a substance use disorder assessment performed by a Board-approved evaluator that conforms to Board guidelines;
- Agree not to be employed in any capacity in a patient care setting, or in one that requires licensure, until approved to do so by the Program staff; and
- Agree to the terms set forth in the agreement and in 201 KAR 20:450.

2024 KBN Workforce Data

Introduction

The Nursing Supply and Demand Dashboard is a product of the Kentucky Board of Nursing (KBN). Users have the ability to see information about nurses in five sections.

The first section, Nursing Supply, displays information around those with Kentucky Nursing Licensures. Information such as demographics and various employment metrics can be found here.

The second section, Enrollment & Grads, shows trends for enrollment, graduates, and faculty turnover by geography.

The third section, Projected Demand, shows 5-Year job projections for healthcare occupations by the Local Workforce Areas in Kentucky.

The fourth section, Hospital Vacancies, shows information around shortages, vacancy rates, and turnover rates for nurses.

The last section, Program Map, shows prelicensure nursing programs across Kentucky.

To access this information online: https://kbn.ky.gov/KBN%20Documents/KBN_Technical%20Documentation.pdf

Section 1: Introduction

The introduction is the landing page for this dashboard report. Descriptions are provided for each section. Users have the ability to click the Walkthrough Guide to see how dashboards are laid out, download technical documentation (this document), and an alternative, accessible, aggregate data file.

Section 2: Nursing Supply

This dashboard shows various metrics and demographics of nursing licensures. Users can select an Area Type (State, County, Area Development District, or Local Workforce Area) and see any region in Kentucky as well as Out-of-State/Unknown Location counts. More information about geographic regions can be found in the glossary.

The dashboard shows total licensure counts for APRN-CNMs, APRN-CNPs, APRN-CNSs, APRN-CRNAs, LPNs, and RNs, as well as breakouts by gender and race for the selected region. A grid on the right side of the dashboard can be filtered to specific employment metrics, including:

- Employment Position
- Employment Setting
- Employment Specialty
- Employment Status
- Excess Hours
- Highest Education
- Number of Positions
- Planning to Retire (in Years)
- Unemployment Reason
- Years Practiced as a Nurse

Please see the glossary for how responses were grouped into categories for each metric.

Section 3: Enrollment & Grads

This dashboard shows trends for prelicensure metrics. Users can select an Area Type (State, County, or Area Development District) and see any region in Kentucky. Trends and their year-over-year changes can be seen for the following metrics:

- Total Enrollment
- New Enrollment
- New Enrollment as a Percent of the Total Enrollment
- Total Graduates
- Graduation Rate
- Faculty Turnover Rate

Section 4: Projected Demand

This dashboard shows labor market information around Licensed Practical and Licensed Vocational Nurses, Registered Nurses, and Nurse Practitioners for Kentucky and its Local Workforce Areas. Users can select an Area Type (State or Local Workforce Area). Occupational Projections are a five-year projection and provided by Kentucky's Labor Market Information. Metrics on this dashboard include:

- Five-Year Projected Job Openings
- Five-Year Projected Change
- Five-Year Projected Exits from the workforce
- Five-Year Projected Transfers to other occupations
- 25th percentile wages
- 50th/median wages
- 75th percentile wages

Section 5: Hospital Vacancies

This dashboard shows data from the Kentucky Hospital Association's (KHA) 2024 Workforce Survey Report for nursing occupations. Data are from the 2023 calendar year. Their report provides an in-depth look at the non-physician hospital workforce in Kentucky. Users can filter by Area Development District or Statewide values. Metrics on this dashboard include:

- Shortage
- Vacancy Rate
- Turnover Rate

Section 6: Program Map

This dashboard shows a mapping tool created by the KBN showing Kentucky Prelicensure Nursing Program locations. This map shows prelicensure (RN and PN) nursing programs approved, or in the approval process, through the Kentucky Board of Nursing. Click on a program name from one of the program type headers (PN Programs, ASN Programs, BSN Programs, or MEPN Programs) or click an icon on the map to view a nursing program's address and website. You can view only a specific nursing program type by checking/unchecking the checkboxes next to the nursing program type headers. This map also lists potential clinical sites that prelicensure nursing program staff may contact to determine if the site has clinical availability that the program needs. Please

be aware that KBN staff has NOT communicated with any of the Potential Clinical Sites indicated. Healthcare sites that have the possibility of being able to provide necessary clinical availability to Kentucky nursing programs have been included on this map; however, nursing program staff will have to contact the sites to determine if their clinical needs may be met by any facility listed. To view the potential clinical sites, scroll to the bottom of the list and click the checkbox next to the Potential Clinical Sites header. This map also includes information about Kentucky's Area Development Districts (ADD's) and the Kentucky Hospital Association's (KHA's) Talent Pipeline Management (TPM) Program. The KHA has partnered with the Kentucky Chamber Foundation's Workforce Center to create the TPM program, which is designed for hospitals to build talent supply chains that support career opportunities in Kentucky by recruiting talent into Kentucky hospitals and educational programs and identifying and sharing regional best practices to support critical jobs needed for various types of healthcare settings. Click on a county name under Talent Pipeline Management (TPM) header to view contact information for ADDs and TPM regions. Please be aware that this information is provided by the Kentucky Board of Nursing as a public resource, and it is not an endorsement or recommendation of any entity, program, product, or service depicted herein.

Glossary

Dashboard: Nursing Supply

Metric: Total Licensures
 Definition: Total count of licensures.
 Data Source: Kentucky Board of Nursing
 Elements Information: Group = Total, Subgroup = All
 Dashboard: Nursing Supply
 Metric: Gender
 Definition: Total Count of Licensures by their response to gender.
 Data Source: Kentucky Board of Nursing
 Elements Information:
 Gender Female
 Gender Male
 Gender Non-binary

Dashboard: Nursing Supply
 Metric: Race
 Definition: Total Count of Licensures by their response to race.
 Data Source: Kentucky Board of Nursing
 Elements Information:
 Race American Indian or Alaska Native
 Race Asian
 Race Black/African American
 Race Choose not to answer
 Race Native Hawaiian or Other Pacific Islander
 Race Other Race
 Race White/Caucasian

Dashboard: Nursing Supply
 Metric: Employment Setting
 Definition: Total Count of Licensures by their response to the setting of their employment.
 Data Source: Kentucky Board of Nursing
 Elements Information:
 Employment Setting Ambulatory Care
 Employment Setting Community Health
 Employment Setting Government/Regulation
 Employment Setting Hospital
 Employment Setting Long-Term Care

Employment Setting Mental Health/Addiction Services
 Employment Setting Non-Nursing/Other
 Employment Setting Nursing Education
 Employment Setting Occupational/School Health Services
 Employment Setting Sales/Insurance & Benefits
 Employment Setting Travel Nursing/Consulting

Dashboard: Nursing Supply
 Metric: Employment Position
 Definition: Total Count of Licensures by their response to the type of position they are employed.
 Data Source: Kentucky Board of Nursing
 Elements Information:
 Employment Position Administration
 Employment Position APRN
 Employment Position Case Manager
 Employment Position Development/Education
 Employment Position Office/Staff Nursing
 Employment Position Other Degree

[Continued on page 20>>](#)



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Employment Position	Public Health Nursing
Employment Position	Quality Improvement/Assurance
Employment Position	School Health Nursing
Employment Position	Travel Nursing

Dashboard: Nursing Supply

Metric: Employment Specialty

Definition: Total Count of Licensures by their response to their specialty area of employment.

Data Source: Kentucky Board of Nursing

Elements Information:

Employment Specialty	Acute Care
Employment Specialty	Clinical/Primary Care
Employment Specialty	Community Health
Employment Specialty	Education
Employment Specialty	Executive/Administrative
Employment Specialty	Mental Health/Addiction
Employment Specialty	Non-Nursing
Employment Specialty	Quality Improvement/Assurance
Employment Specialty	Specialty Care
Employment Specialty	Surgical

Dashboard: Nursing Supply

Metric: Employment Status

Definition: Total Count of Licensures by their response to their employment/unemployment status.

Data Source: Kentucky Board of Nursing

Elements Information:

Employment Status	Employed in a field other than nursing
	Full-time
Employment Status	Employed in a field other than nursing on a per-diem basis
Employment Status	Employed in a field other than nursing
	Part-time
Employment Status	Employed in nursing or position that requires a nurse license full-time
Employment Status	Employed in nursing or position that requires a nurse license on a per-diem basis
Employment Status	Employed in nursing or position that requires a nurse license part-time
Employment Status	Retired from Work
Employment Status	Unemployed, not seeking work as a nurse
Employment Status	Unemployed, seeking work as a nurse
Employment Status	Working in nursing only as a Volunteer

Dashboard: Nursing Supply

Metric: Excess Hours

Definition: Total Count of Licensures grouped by their response to on average the number of hours over 40 hours they work weekly.

Data Source: Kentucky Board of Nursing

Elements Information:

Excess Hours	4-8 hours
Excess Hours	9-12 hours
Excess Hours	13-16 hours
Excess Hours	Greater than 16 hours
Excess Hours	Less than 4 hours
Excess Hours	Retired

Dashboard: Nursing Supply

Metric: Highest Education

Definition: Total Count of Licensures by their response to their highest level of educational attainment.

Data Source: Kentucky Board of Nursing

Elements Information:

Highest Education	Associate Degree
Highest Education	Baccalaureate Degree
Highest Education	Diploma-Nursing (RN)
Highest Education	Doctoral Degree
Highest Education	Masters Degree
Highest Education	Other Degree
Highest Education	Post Masters Certification
Highest Education	Vocational/Practical Certificate-Nursing

Dashboard: Nursing Supply

Metric: Number of Positions

Definition: Total Count of Licensures by their response to how many positions they currently hold.

Data Source: Kentucky Board of Nursing

Elements Information:

Number of Positions One
Number of Positions Three
Number of Positions Two

Dashboard: Nursing Supply

Metric: Planning to Retire (in Years)

Definition: Total Count of Licensures by their response to when they plan to retire.

Data Source: Kentucky Board of Nursing

Elements Information:

Planning to Retire (in Years)	3-5 years
Planning to Retire (in Years)	5-10 years
Planning to Retire (in Years)	10-15 years
Planning to Retire (in Years)	15-20 years
Planning to Retire (in Years)	Already Retired
Planning to Retire (in Years)	Greater than 20 years
Planning to Retire (in Years)	Less than 3 years

Dashboard: Nursing Supply

Metric: Unemployment Reason

Definition: Total Count of Licensures by the reported reason they are unemployed.

Data Source: Kentucky Board of Nursing

Elements Information:

Unemployment Reason	Benefits
Unemployment Reason	Difficulty in Finding a Nursing Position
Unemployment Reason	Disabled
Unemployment Reason	Inadequate Salary
Unemployment Reason	Lack of Resources/Support on the Job
Unemployment Reason	Other Reason
Unemployment Reason	School
Unemployment Reason	Stressed/Burned Out
Unemployment Reason	Taking Care of Home or Family
Unemployment Reason	Unhealthy Work Environment

Dashboard: Nursing Supply

Metric: Years Practices as a Nurse

Definition: Total Count of Licensures by the number of years they have practices as a nurse.



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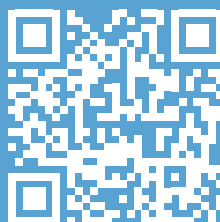
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Continued from page 20>>

Data Source: Kentucky Board of Nursing
Elements Information:

Years Practiced as Nurse	1-5 years
Years Practiced as Nurse	6-10 years
Years Practiced as Nurse	11-15 years
Years Practiced as Nurse	16-20 years
Years Practiced as Nurse	21-25 years
Years Practiced as Nurse	26-30 years
Years Practiced as Nurse	Less than 1 year
Years Practiced as Nurse	More than 30 years

Dashboard: Employment & Grads

Metric: Total Enrollment

Definition: Total count of enrollment in prelicensure programs.

Data Source:

Elements Information: 2021-2022 Total Enrollment, 2022-2023 Total Enrollment, 2023-2024 Total Enrollment

Dashboard: Employment & Grads

Metric: # Change in Total Enrollment

Definition: The difference in latest year of data and the penultimate year of data.

Data Source:

Elements Information: Calculation: Latest year Total Enrollment – Latest year - 1 Total Enrollment

Dashboard: Employment & Grads

Metric: New Enrollment

Definition: Total count of new enrollment in prelicensure programs.

Data Source:

Elements Information: 2021-2022 New Enrollees, 2022-2023 Total Enrollees, 2022-2023 Total Enrollees

Dashboard: Employment & Grads

Metric: # Change in New Enrollment

Definition: The difference in new enrollment between the latest year of data and the penultimate year of data.

Data Source:

Elements Information: Calculation: Latest year of New Enrollees – Latest Year - 1 New Enrollees

Dashboard: Employment & Grads

Metric: New Enrollment as a % of Total Enrollment

Definition: Total count of new enrollment in prelicensure programs relative to the total count of enrollment.

Data Source:

Elements Information: 2021-2022 % New Enrollees, 2022-2023 % New Enrollees, 2023-2024 % New Enrollees

Dashboard: Employment & Grads

Metric: % Change in New Enrollment

Definition: The difference in new enrollment as a percent of total enrollment between latest year of data and the penultimate year of data.

Data Source:

Elements Information: Calculation: Latest year % New Enrollees – Latest year - 1 % New Enrollees

Dashboard: Employment & Grads

Metric: Total Graduates

Definition: Total count of graduates from prelicensure programs.

Data Source:

Elements Information: 2021-2022

Graduates, 2022-2023 Graduates, 2023-2024 Graduates

Dashboard: Employment & Grads

Metric: Change in New Enrollment

Definition: The difference in counts of graduates between latest year of data and the penultimate year of data.

Data Source:

Elements Information: Calculation:

Latest year of Graduates – Latest year - 1 Graduates

Dashboard: Employment & Grads

Metric: Graduation Rate

Definition: The graduation rate from prelicensure programs.

Data Source:

Elements Information: 2021-2022

Graduation Rate, 2022-2023 Graduation Rate, 2023-2024 Graduation Rate

Dashboard: Employment & Grads

Metric: Change in Graduation Rate

Definition: The difference in graduation rates between the latest year and the penultimate year.

Data Source:

Elements Information: Calculation: Latest year Graduation Rate – Latest year - 1 Graduation Rate

Metric: Faculty Turnover Rate

Definition: The rate at which faculty exit from prelicensure programs.

Data Source:

Elements Information: 2021-2022 Faculty Turnover Rate, 2022-2023 Faculty Turnover Rate, 2023-2024 Faculty Turnover Rate

Dashboard: Employment & Grads

Metric: Change in Faculty Turnover Rate

Definition: The difference in Faculty Turnover rates between latest year and penultimate year.

Data Source:

Elements Information: Calculation: Latest year Faculty Turnover Rate – Latest year - 1 Faculty Turnover Rate

Dashboard: Projected Demand

Metric: Job Openings

Definition: A sum of change in employment, exits from the workforce such as retirement, and transfers from one occupation to a different occupation.

Data Source: Kentucky Labor Market Information, KYSTATS

Elements Information: Calculation: Change + Exits + Transfers

Dashboard: Projected Demand

Metric: Change

Definition: The amount needed for an occupation's employment to reach five-year projected levels (sometimes referred to as growth or decline).

Data Source: Kentucky Labor Market Information, KYSTATS

Elements Information: Change

Dashboard: Projected Demand

Metric: Exits

Definition: Those leaving the labor force (e.g. retirement).

Data Source: Kentucky Labor Market Information, KYSTATS

Elements Information: Exits

Dashboard: Projected Demand

Metric: Transfers

Definition: Those leaving an occupation for a different occupation (e.g. a Registered Nurse leaving to become a school teacher).

Data Source: Kentucky Labor Market Information, KYSTATS

Elements Information: Transfers

Dashboard: Projected Demand

Metric: Wage Information

Definition: Wages for each occupation collected from data from Labor Market Information.

Data Source: Kentucky Labor Market Information, KYSTATS

Elements Information: 25th Percentile, Median (50th), 75th Percentile

Dashboard: Hospital Vacancies

Metric: Shortage

Definition: The shortage counts as reported by KHA.

Data Source: Kentucky Hospital Association (KHA), 2024 Workforce Survey Report

Dashboard: Hospital Vacancies

Metric: Vacancy Rate

Definition: The vacancy rate as reported by KHA.

Data Source: Kentucky Hospital Association (KHA), 2024 Workforce Survey Report

Dashboard: Hospital Vacancies

Metric: Turnover Rate

Definition: The turnover rate as reported by KHA.

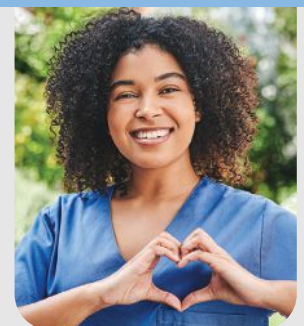
Data Source: Kentucky Hospital Association (KHA), 2024 Workforce Survey Report

Continued on page 24>>



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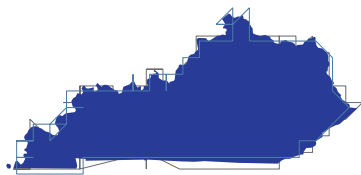
NURSING SUPPLY - All Licensures (2024)

Select Area Employed Type
State

Select an Area Employed Value
All

Select a Metric
Planning to Retire (in Years)

Year
2024



Licensures by Occupation

Total						78,040
111,664	188	16,164	150	2,048	15,074	
	CNM	CNP	CNS	CRNA	LPN	RN

Licensures by Gender

	CNM	CNP	CNS	CRNA	LPN	RN
Female	100.0%	90.8%	95.4%	55.9%	93.9%	90.8%
Male		9.2%	3.9%	44.0%	6.1%	9.2%
Non-binary		0.0%	0.7%	0.0%		0.0%

License by Race

	CNM	CNP	CNS	CRNA	LPN	RN
American Indian ..		0.4%		0.5%	0.5%	0.3%
Asian		2.2%		2.6%	1.1%	2.5%
Black/African Am..	4.4%	6.9%	1.3%	3.7%	14.2%	5.6%
White/Caucasian	94.6%	89.1%	98.1%	89.8%	83.0%	90.1%
Choose not to an..	1.0%	1.0%	0.6%	3.0%	0.6%	0.8%
Other Race		0.5%		0.5%	0.7%	0.7%

Licensures by Planning to Retire (in Years)

	CNM	CNP	CNS	CRNA	LPN	RN
Less than 3 years	8.51% (n=16)	1.91% (n=309)	9.33% (n=14)	5.57% (n=114)	4.22% (n=636)	4.37% (n=3,413)
3-5 years	4.26% (n=8)	3.97% (n=642)	16.67% (n=25)	6.74% (n=138)	6.37% (n=960)	6.04% (n=4,710)
5-10 years	13.30% (n=25)	9.74% (n=1,575)	24.00% (n=36)	12.45% (n=255)	11.28% (n=1,700)	10.57% (n=8,252)
10-15 years	14.36% (n=27)	17.55% (n=2,836)	14.67% (n=22)	19.24% (n=394)	14.67% (n=2,211)	13.23% (n=10,323)
15-20 years	24.47% (n=46)	23.14% (n=3,741)	18.67% (n=28)	22.46% (n=460)	18.59% (n=2,803)	17.41% (n=13,590)
Greater than 20 years	34.04% (n=64)	42.64% (n=6,892)	14.00% (n=21)	33.40% (n=684)	40.53% (n=6,109)	42.58% (n=33,230)
Already Retired	1.06% (n=2)	1.05% (n=169)	2.67% (n=4)	0.15% (n=3)	4.35% (n=655)	5.79% (n=4,522)

*Data from 2024 KY nurse license renewals (excludes those licensed after May 1, 2024).



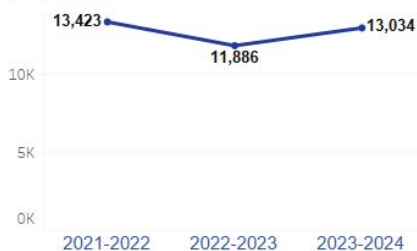
ENROLLMENT & GRADS - Statewide Prelicensure

Select an Area Type
State

Select an Area Value
Statewide

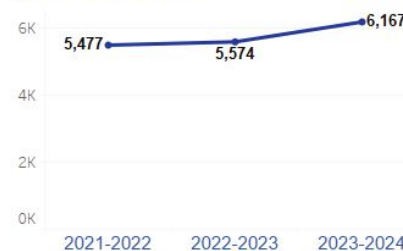
Total Enrollment

▲ 1,148 from Prior Year



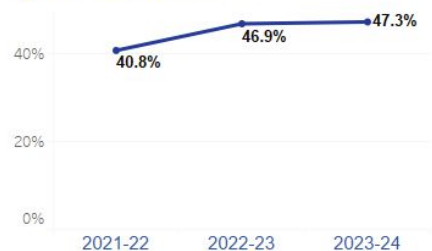
New Enrollment Counts

▲ 593 from Prior Year



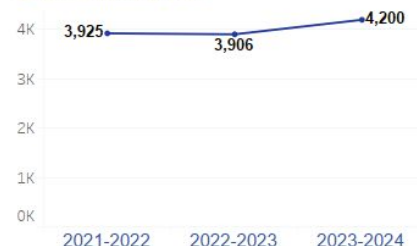
New Enrollment as % of Total Enrollment

▲ 0.4% from Prior Year



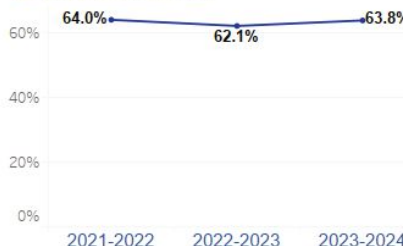
Total Graduates

▲ 294 from Prior Year



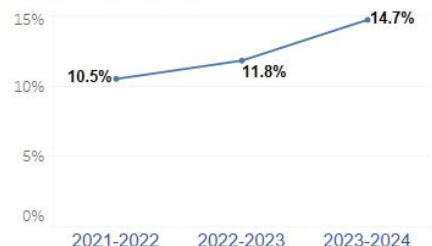
Graduation Rate

▲ 1.7% from Prior Year



Faculty Turnover Rate

▲ 2.9% from Prior Year



Continued on page 26>>

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PROJECTED DEMAND - Statewide

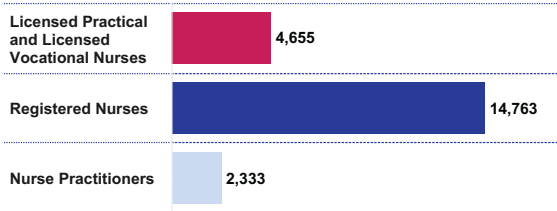
Five-Year Projected Demand (Source: KYLMI)

Select an Area
Statewide

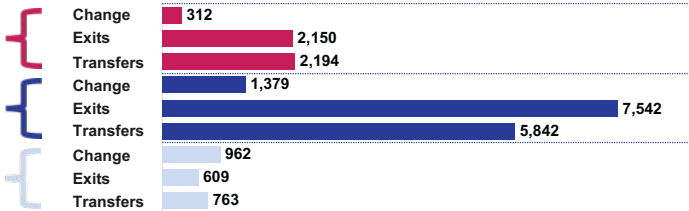
Understanding Five-Year Projected Job Demand (2022-2027)

Occupational projections are created for the state and each of Kentucky's Local Workforce Areas (LWA). **Change** is calculated as the amount needed for an occupation's employment to reach the five-year projected levels. Change is sometimes referred to as "growth" or "decline." **Exits** are referring to exits from the labor force, such as retirement. **Transfers** are those leaving an occupation for a different occupation. For example, a registered nurse leaving their job at one hospital for another is not considered a transfer. However, if a registered nurse leaves their job to become a school teacher, this would count as a transfer. **Total Job Openings** is a sum of change, exits, and transfers. Total Job Openings is a five-year projection (2022-2027). Data Source: Kentucky Labor Market Information at KYSTATS.

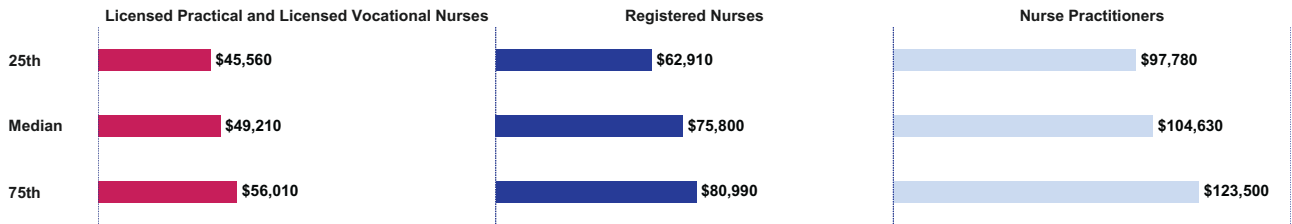
Total Five-Year Projected Job Openings



Breakout of Five-Year Projected Job Openings



Wage Information (Percentiles)



HOSPITAL VACANCIES - Statewide

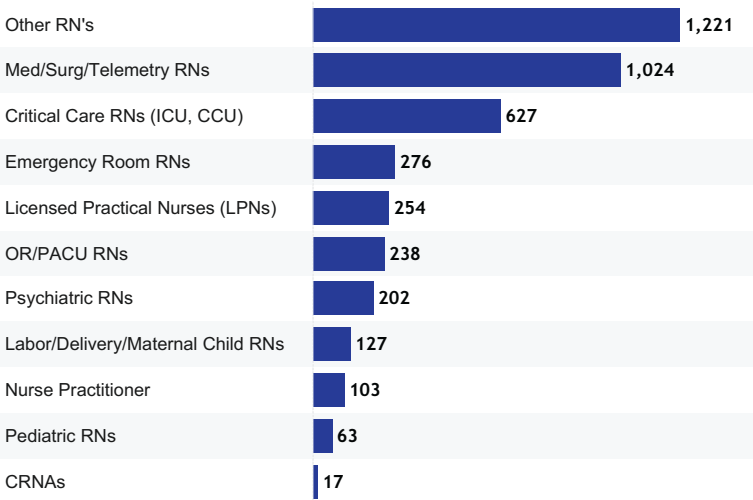
Shortages, Vacancy Rates, and Turnover Rates (Source: KHA)

Select an Area
Statewide

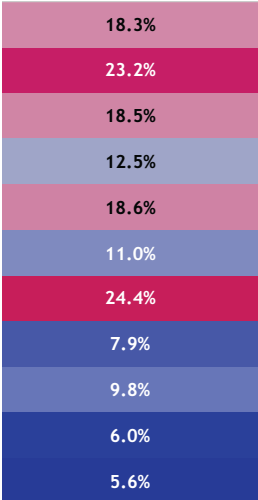
About the Data

Data are from the Kentucky Hospital Association's (KHA) 2024 Workforce Survey Report and show data for the 2023 calendar year. This report provides an in-depth look at the non-physician hospital workforce in Kentucky. Acute care and specialty hospitals from all of the Area Development Districts (ADD's) of the state participated in the survey. For more information, please see the report here: <https://www.kyha.com/wp-content/uploads/2024/08/KHAWorkforceSurveyReport-2024.pdf>

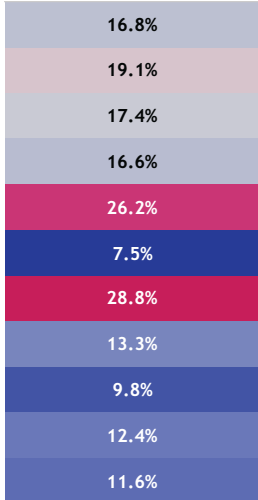
Shortage



Vacancy Rate



Turnover Rate



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BUZZED DRIVING

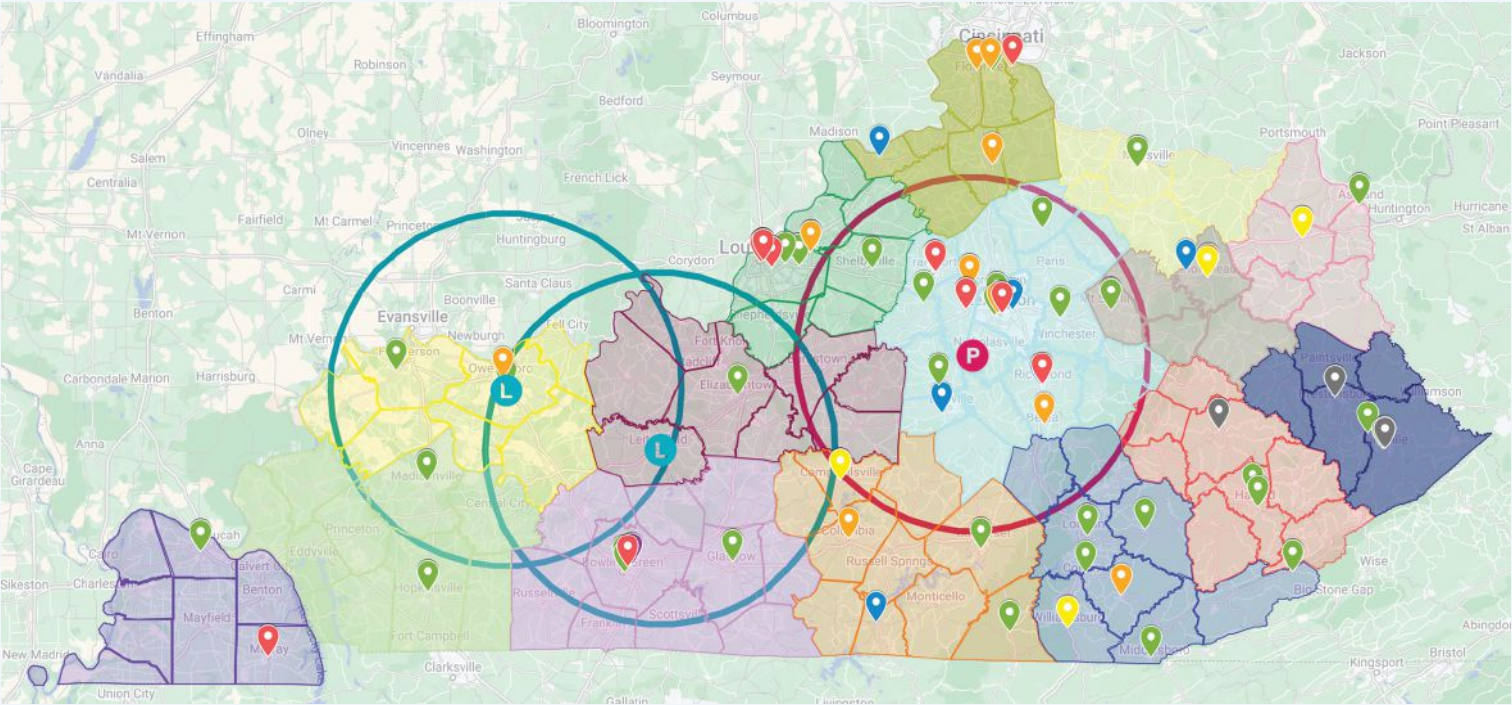
IS DRUNK DRIVING





KENTUCKY PRELICENSURE PROGRAMS

Prelicensure Nursing Program Map



PN Programs



MSN Programs



ASN Programs



DNP Programs



BSN Programs



Asbury University, BSN - Wilmore (Proposal)



MEPN Programs



Elizabethtown Community & Technical College, PN - Leitchfield (Letter of Intent)



Madisonville Community & Technical College, PN - Owensboro (Letter of Intent)



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Recruiter Information:

Tamela R. Cooke

tcooke@wellpath.us

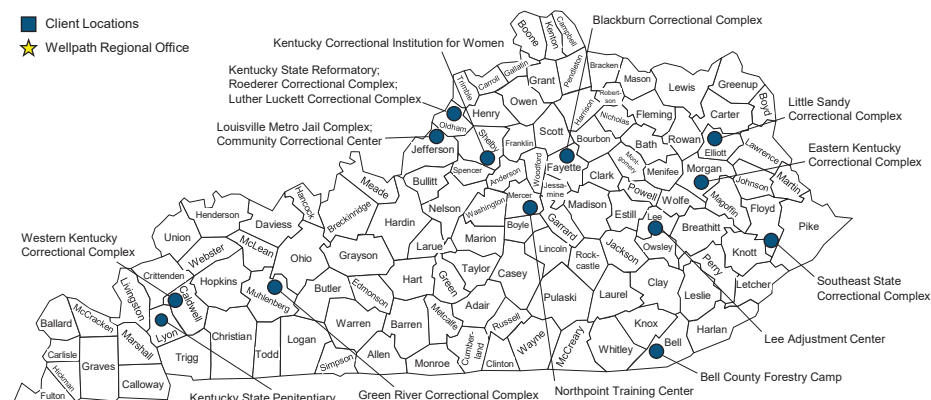
Michell Hedgespeth

nhedgespeth@wellpath.us



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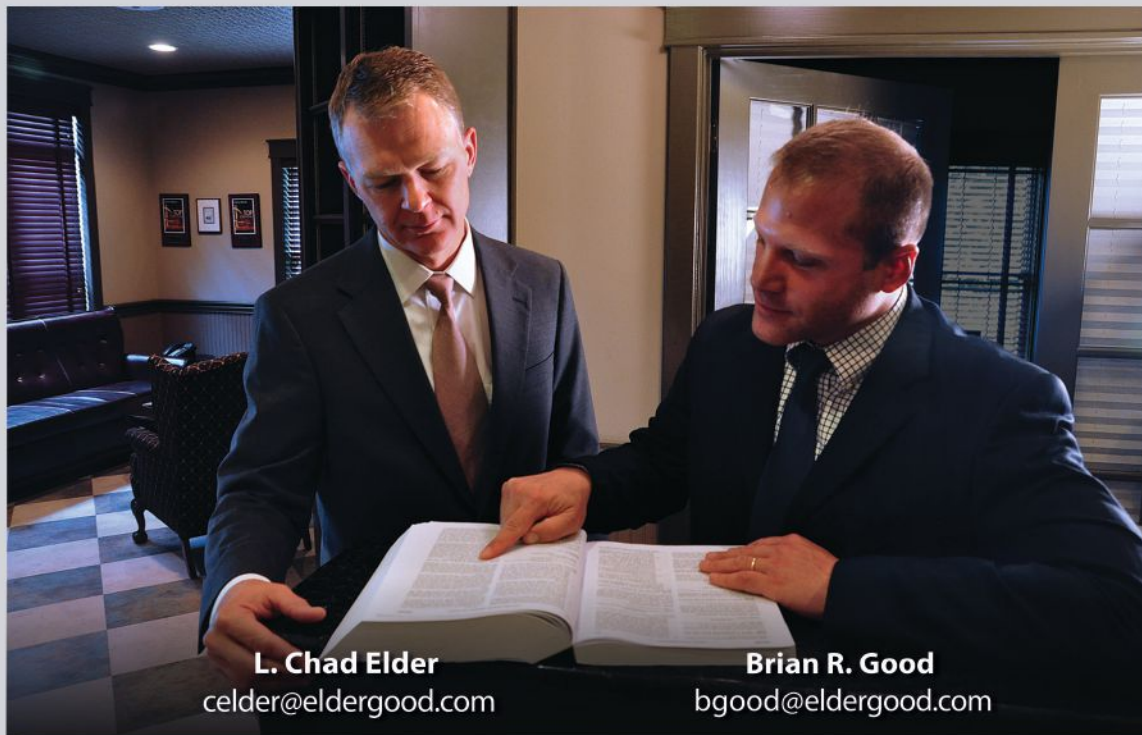
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Disciplinary Actions

Since the publication of the last edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by the Kentucky Nursing Laws (KRS) Chapter 314. Licensure status of licensees against whom temporary action has been taken may have changed since data collection and publication. Please visit the Kentucky Board of Nursing License Validation Portal at <https://kybn.boardsofnursing.org/licenselookup> to confirm current licensure status of individual nurses.

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IMMEDIATE TEMPORARY SUSPENSION OF LICENSE/CREDENTIAL

Burchett, Cassandra	RN License 1155403	Prestonsburg, KY	Eff. 9/10/25
Butler, Julie	RN License 1110409	Pembroke, KY	Eff. 6/26/25
Cockrell, Amy	RN License 1160159	Lexington, KY	Eff. 6/26/25
Freeman, Francine	RN License 4021977	Crowley, TX	Eff. 8/6/25
Goins, Zachary	RN License 1132579	Lexington, KY	Eff. 9/2/25
Hardin, Anna Louise	RN License 1107041	Lost Creek, KY	Eff. 7/8/25
Omar, Radwa	RN License 1129844;	Middlesboro, KY	Eff. 9/22/25
	APRN License 3008054		
Prater, Stephanie	RN License 1153925	Freeburn, KY	Eff. 9/4/25
Ritchie, Brandi Renee	RN License 1105760	Carlisle, KY	Eff. 8/15/25

LICENSE/CREDENTIAL SUSPENDED

Borders, Joshua	LPN License 2052589	Marion, KY	Eff. 8/21/25
Hubbell, Tarah Jean	RN License 1121038	Steele, KY	Eff. 7/2/25
Mills, Ernest Daniel	RN License 1141235;	Owensboro, KY	Eff. 6/26/25
	APRN License 3018697		
Perry, Jessica Leanne	RN License 1177741	Somerset, KY	Eff. 8/21/25
Rodriguez, Amy Renea	RN License 1117823	Hopkinsville, KY	Eff. 6/26/25
Thomas, Jordyn	RN License 1178550	Uniontown, KY	Eff. 8/21/25

PRIVILEGE TO PRACTICE SUSPENDED

Acquah, Chelsea	GA RN License 095343	Hiram, GA	Eff. 8/21/25
-----------------	----------------------	-----------	-------------------

LICENSE/CREDENTIAL DENIED OR DENIED REINSTATEMENT

Byrd, Mazi	RN Applicant by Endorsement	West Covina, CA	Eff. 7/15/25
Cain, Charles	LPN License 2051492	Fort Thomas, KY	Eff. 8/21/25
Contreras, Manuel Robert	RN Applicant by Endorsement	Owensboro, KY	Eff. 7/8/25
Coontz, Rhonda	LPN License 2023398	Harrodsburg, KY	Eff. 6/26/25
Dahl, Kyle	RN License 1148132	Louisville, KY	Eff. 6/26/25
Epling, Amber	RN License 1130002	Elkhorn City, KY	Eff. 6/26/25
Hess, Patricia Beth	LPN License 2041105	Russell, KY	Eff. 6/26/25
Jenks, Brittny Danielle	RN License 1151292	Brandenburg, KY	Eff. 6/26/25
Lambert, Kayla Beth	RN License 1169722	Banner, KY	Eff. 6/26/25
Lyon, Amy Nicole	RN License 1124901	Salyersville, KY	Eff. 8/21/25
Martin, Dorian R.	LPN Applicant by Examination	Nicholsville, KY	Eff. 9/10/25
Seaton, Sarah Anne	RN License 1148256	Newburg, IN	Eff. 8/21/25
Smith, Brenda L.	RN License 1105155	Murray, KY	Eff. 6/26/25

PRIVILEGE TO PRACTICE DENIED REINSTATEMENT

Ketron, Heather	TN RN License 175490	Burns, TN	Eff. 6/26/25
Melton, Kristin L.	TN LPN License 84901	Paducah, KY	Eff. 6/26/25

LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Henry, Marla Rae	RN License 1050261	Taylorsville, KY	Eff. 9/15/25
Langford, Sheila	RN License 1059928	Lexington, KY	Eff. 8/22/25
McAlpine, Lindsey	RN License 1124363;	Lexington, KY	Eff. 6/26/25
	APRN License 3011396		
Monroe, Jacklene Christiana	RN License 1142240	Lexington, KY	Eff. 8/28/25
Morris, Monica L.	LPN License 2039402	Pikeville, KY	Eff. 8/5/25
Naylor, Sharon Morgan	RN License 1089862;	Junction City, KY	Eff. 8/28/25
	APRN License 3005466		
Ross, Kirby Lauren	RN License 1122101;	Fort Thomas, KY	Eff. 8/7/25
	APRN License 3009596		
Shepler, Karyn Jean	RN License 1147667	Lexington, KY	Eff. 7/14/25
Smith, Savannah	RN License 1165618	Bowling Green, KY	Eff. 8/12/25
Starks, Abby Lynn	LPN License 2042852	Louisville, KY	Eff. 7/3/25

LICENSE/CREDENTIAL PLACED ON LIMITATION/PROBATION

Asher, Ashley Nicole	RN License 1118561	London, KY	Eff. 7/8/25
Cline, Tammy Lynn	RN License 1080383	Tomahawk, KY	Eff. 9/16/25
Combs, Dena C.	RN License 1089600	Lexington, KY	Eff. 7/9/25
Hogan, Paula Elizabeth	RN License 1126209	Stanford, KY	Eff. 7/23/25
Hurst, Lashaunda Rae	LPN License 2032899	Chandler, IN	Eff. 8/26/25
Meeks, Tonya	LPN License 2033233	Utica, KY	Eff. 8/7/25
Moore, Shannon Dawn	RN License 1097943	Harrodsburg, KY	Eff. 8/12/25
Polinske, Dezarae Hope	RN Applicant by Endorsement	Louisville, KY	Eff. 7/10/25
Rush, Heather Christina	RN License 1166101	Owensboro, KY	Eff. 7/21/25

LICENSE/CREDENTIAL REPRIMANDED

Atha, Joana	LPN License 2050866	Lexington, KY	Eff. 8/14/25
Brown, Pamela J.	RN License 1056214	Barbourville, KY	Eff. 7/8/25
Fillmore, Randall Clay	RN License 1175292	Irvington, KY	Eff. 8/13/25
Franchino, Jarrod	RN License 1176353	Stamping Ground, KY	Eff. 6/26/25
Goble, Tracy Lynn	RN License 1128630	Paintsville, KY	Eff. 7/8/25
Jackman, Taylor	RN License 4014058	Williamsburg, KY	Eff. 7/10/25
Leanhart, Amy Jo	RN License 1116175	Louisville, KY	Eff. 7/9/25
Lewis, Cierra	LPN License 2055826	Louisville, KY	Eff. 7/23/25
Matthews, Stephanie Carol	RN License 1104043	Louisville, KY	Eff. 7/24/25
McBride, Bethany Michelle	RN License 1170894	Maysville, KY	Eff. 8/5/25
McDonald, Angela Michelle	LPN License 2050377	Frankfort, KY	Eff. 8/28/25
Menendez Sanchez, Yaser	RN License 1167476	Miami, FL	Eff. 8/25/25
Miyasoto, Helen	LPN License 2048117	Southgate, KY	Eff. 6/25/25
Olson, Megan Ashlie	RN License 1164134	Lexington, KY	Eff. 9/11/25
Ray, Kaitlin Nicole	RN License 1152914	Greenville, KY	Eff. 7/9/25
Rohrman, Hilary	LPN License 2048827	Crestwood, KY	Eff. 9/22/25
Taul, Rebecca	RN License 1120489	Owensboro, KY	Eff. 7/9/25
Van Tatenhove, Jane	RN License 1057021	Lexington, KY	Eff. 6/24/25
Walker, Clarissa	RN License 1104888	Slaughters, KY	Eff. 8/12/25
Yocum, Leslie Ann	RN License 1126809	Carrollton, KY	Eff. 8/13/25

PRIVILEGE TO PRACTICE REPRIMANDED

Eyre, Ann Rae	WI RN License 96362	Waukesha, WI	Eff. 7/28/25
Mullins, Valerie	VA RN License 0001241543	Pound, VA	Eff. 9/8/25

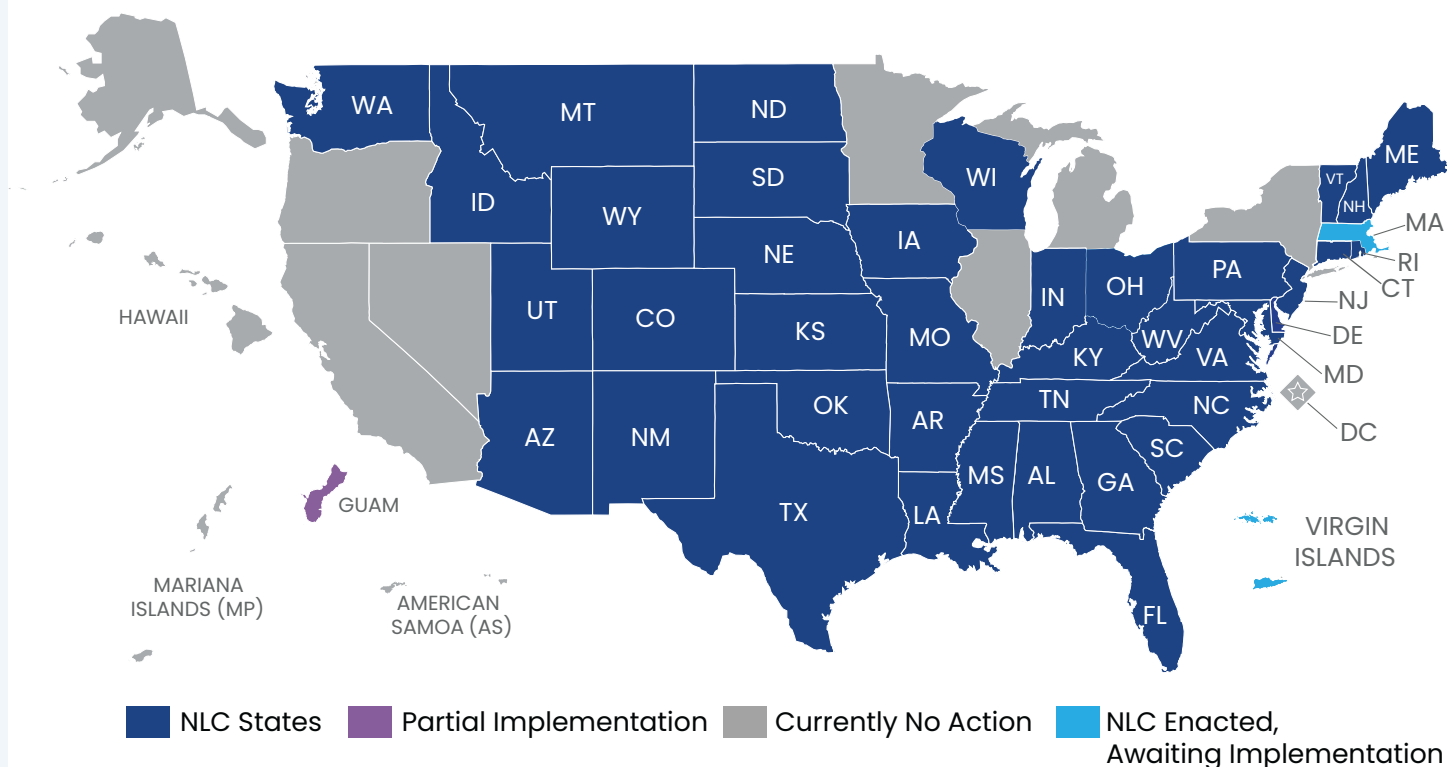
LICENSE CLEARED FROM DISCIPLINARY ACTION

Atha, Joana	LPN License 2050866	Lexington, KY	Eff. 8/26/25
Bowling, Penelope Lynne	RN License 1099434	Chavies, KY	Eff. 8/22/25
DeCilles, Korie Lee	RN License 1159830	Erlanger, KY	Eff. 8/5/25
Dial, Denice Wanda	RN License 1102526	Kirksey, KY	Eff. 7/24/25
Doom, Jessica Lee	RN License 1146896	Calvert City, KY	Eff. 6/24/25
Dotson, Gabriel Thomas	RN License 1173049	Phelps, KY	Eff. 8/5/25
Hamilton, Leigh	DT Credential 8002348	Georgetown, KY	Eff. 9/22/25
Hardin, Earon Leann	RN License 1161115	Taylorsville, KY	Eff. 6/30/25
Harris, Dusty Keith	RN License 1157094	Campbellsville, KY	Eff. 8/6/25
Hoskins, Tina Faye	RN License 1097180	Waco, KY	Eff. 8/14/25
Keathley, Jerri Nicole	RN License 1100995	Prestonsburg, KY	Eff. 7/9/25
Lawson, Cynthia Ann	RN License 1090630	Glasgow, KY	Eff. 9/12/25
Mills, Ernest Daniel	RN License 1141235; APRN License 3018697	Owensboro, KY	Eff. 7/11/25
Powell, Tiffany Florine	LPN License 2045416	Madisonville, KY	Eff. 8/12/25
Prestigiacomio, Casey Nicole	RN License 1139871; APRN License 3015000	Shepherdsville, KY	Eff. 8/6/25
Reynolds, Sean Matthew	RN License 1115949	Florence, KY	Eff. 7/24/25
Rodgers, Maria Elisabeth	RN License 1164055	Lanesville, IN	Eff. 7/24/25
Routon, Alicia Jayne	RN License 1094844	Columbia, KY	Eff. 8/5/25
Smith, Karen Sue	RN License 1082747	Smithland, KY	Eff. 8/27/25
Sullivan, Kelsey Lynn	RN License 4034448	Russell Springs, KY	Eff. 7/29/25
Tooley, Kelsey	RN License 1154278	Fairdale, KY	Eff. 8/25/25
Van Tatenhove, Jane	RN License 1057021	Lexington, KY	Eff. 7/9/25
Weaver, Ashley Nicole	LPN License 2038658	Mt. Washington, KY	Eff. 9/12/25
Wilson, Alexis M.	RN License 1155866	Leitchfield, KY	Eff. 7/7/25
Wooton, Tonya Denise	RN License 1087365;	Bardstown, KY	Eff. 6/24/25

CONSENT DECREES ENTERED FISCAL YEAR TO DATE

Imposition of civil penalty for practice without a current active license or temporary work permit	7	Imposition of civil penalty for falsification of an application for licensure	16
Imposition of civil penalty for failure to meet mandatory continuing education requirement	0	Imposition of civil penalty for a positive drug screen	2
Imposition of civil penalty for a practice issue	23		

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 NLC States	Nurses who hold an active compact license may now practice in this state.	Nurses who reside in this state may apply for a compact license as of the implementation date.
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Massachusetts*	No	Date to be determined
U.S. Virgin Islands*	No	Date to be determined

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