

KBN CONNECTION

WINTER 2026
VOL. 17, ISSUE 1, EDITION 86

KARE KORNER

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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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PUBLICATION GUIDELINES

Articles from guest authors may be submitted for publication in the KBN Connection. Priority will be given to subject matter regarding Kentucky nurses, dialysis technicians, and licensed certified professional midwives. Articles should not exceed 1,000 words in length unless approved by the Editor. **Contact KBN Connection Editor for more detailed instructions.**

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

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STATISTICS CORNER

APRN-CNM:	183
APRN-CNP:	13,724
APRN-CNS:	119
APRN-CRNA:	1,877
CMA I:	2,212
CMA II:	138
DT Credential:	629
LCPM:	49
LPN:	12,383
Medicinal Cannabis:	342
RN:	78,354
SANE Credential AA:	485
SANE Credential PA:	78
SRNA Certification:	46,333
Total:	156,906



President's Message

A Commonwealth of Care: A Profession with Purpose



Kentucky is a state shaped by people who care. Our history and identity are rooted in service—neighbors helping neighbors, communities supporting families, and professionals dedicating their careers to the public good. Few professions reflect that collective purpose more profoundly than nursing.

Nursing is both a calling and a public trust. It is a profession grounded in standards designed to protect patients, promote safety, and ensure competence across the continuum of care. With more than 96,000 licensed nurses and nursing support personnel, nursing remains the largest licensed healthcare profession in the Commonwealth. The reach of nursing extends into every setting where health and healing intersect—acute care, long-term care, behavioral health, community and public health, schools, ambulatory clinics, and emerging models of virtual care. This breadth is not incidental; it is foundational to the wellbeing and resilience of our communities.

Purpose sits at the core of our profession. Nurses do more than perform clinical tasks—we respond to the human experience of health and illness. We support families in moments of vulnerability, stabilize communities in moments of crisis, and help bridge the gaps created by geography, resources, and access. Our work has both individual and societal impact.

Yet purpose alone cannot sustain a workforce. Kentucky must continue to strengthen the infrastructure that supports nursing education, licensure, mobility, and professional development. The faculty shortage remains a national and statewide concern. Clinical access and rural workforce distribution shape healthcare delivery. New care models are emerging faster than regulatory frameworks typically adapt. These challenges require coordination across regulators, educators, employers, and policymakers.

The Kentucky Board of Nursing plays a unique role at this intersection. Our mission to protect the public extends beyond licensure and discipline. It includes fostering pathways into the profession that are high-quality, efficient, and aligned with the needs of the Commonwealth; enabling mobility and reciprocity for nurses; supporting faculty and academic capacity; and ensuring that data informs decision-making across workforce, education, and regulation.

There is much to be optimistic about. Kentucky's nursing workforce continues to demonstrate resilience, professionalism, and commitment. Students continue to choose the profession at a time when public trust in nurses remains among the highest in the nation. Nurses are actively shaping the future of care—whether at the bedside, in education, leadership, policy, research, or advocacy.

The theme of this edition—*A Commonwealth of Care: A Profession with Purpose*—captures both our identity and our direction. Nursing exists to protect the public and strengthen the communities we serve. As we enter 2026, that purpose remains our anchor and our charge.

Kentucky's nurses embody a Commonwealth of Care—one patient, one community, and one purpose at a time.

Yours in Nursing,

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



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Nursing Continuing Education Notes

► **Annual CE Requirements** – Annual CE must be completed every year between November 1st – October 31st. Find information on annual CE requirements by license type on the KBN website at <https://kbn.ky.gov/continuing-education/Pages/Continuing-Education-Requirements.aspx>

► **Reminder:** Alzheimer’s Disease and Other Forms of Dementia CE Requirement. All nurses are required to complete a continuing education course regarding Alzheimer’s disease and other forms of dementia.

► **When?** Must be completed by October 31, 2027, for nurses who were licensed on or before July 15, 2024. Anyone licensed after July 15, 2024, has three years from the date of their initial licensure to complete the course. Nurses who completed the course on or after July 15, 2024, do not need to repeat it.

► **Hours?** One (1) contact hour of nursing CE. This is a one-time requirement.

Additional information on this and other one-time content-specific CE requirements is available at <https://kbn.ky.gov/continuing-education/Pages/Content-Specific-Continuing-Education-CE-Courses.aspx>.

► **KBN Free Courses:** The KBN is currently offering several CE courses for free. One is specifically designed to meet the Alzheimer’s Disease and Other Forms of Dementia requirement. Access KBN Free CE at <https://kbn.ky.gov/continuing-education/Pages/KBN-Free-CE.aspx>

Nurses may complete CE through any provider approved to offer nursing CE by the KBN, another state board of nursing, or one of the national nursing organizations listed in 201 KAR 20:220.

- **Document Maintenance.** Each nurse must complete CE that meets their own CE requirements and keep all CE documents for at least five years in the event of an audit.
- **KBN Nurse Portal – Manage Profile - CE Document Storage** Nurses may upload their CE documents via the KBN Nurse Portal. This is optional and is not required for renewal; however, should a nurse be selected for the CE Audit, they will be required to upload all their CE documents at that time. Click here for instructions on uploading CE in the KBN Nurse Portal.

Helpful CE Tips:

- Do not wait until the last day to take CE.
- Be sure to complete course evaluations immediately to ensure the completion date is in the correct earning period.
- Uploading CE certificates into the KBN Nurse Portal immediately after completing a course is a great way to keep your documents in order and be ready if you are selected for the CE Audit.
- Check your Nurse Portal Message Center and the KBN website frequently to ensure you have all the information you need.
- CE is based on renewal of your nursing license.

Know the Difference - Retired from Work - Retired with KBN

- o If you are retired from nursing and you continue to renew your license, you are still required to complete annual CE.
- o If you do not want to complete CE and are no longer working, contact the KBN to retire your nursing license with the Board so you are no longer required to renew the license or complete CE.

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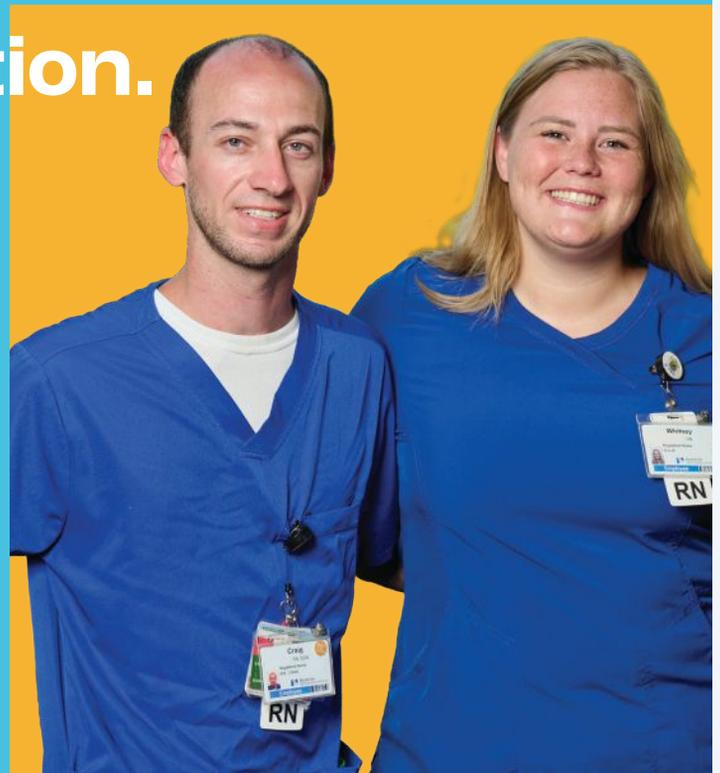
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APRN COMPLIANCE CORNER

Medical Cannabis Certifications Written by APRNs

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



The Office of Medical Cannabis (OMC) has provided information to clarify the use of telehealth appointments for the purpose of issuing written certifications for renewal of medical cannabis cards. A medical cannabis practitioner cannot meet with a qualified patient via telehealth and issue a renewal written certification to the patient if the practitioner has not previously seen the patient in-person.

One of the requirements to issue a written certification to a qualified patient involves establishing a bona fide practitioner-patient relationship. To do that, the medical cannabis practitioner must complete an initial in-person examination and assessment of the patient's medical history and current medical condition. KRS 218B.10(1)

Accordingly, to issue a written certification to a qualified patient, a medical cannabis practitioner's first visit with that patient must be in-person, and that is the case even if the patient has previously received a written certification from another medical cannabis practitioner within the same practice group.

Kentucky law requires an in-person examination with a medical cannabis practitioner for an initial written certification. Subsequent written certifications, including those issued for renewal applications, may be provided electronically or during a telehealth consultation if the certification is issued by the same practitioner who completed the initial in-person examination.

Again, a medical cannabis practitioner can only issue a written certification to a qualified patient via telehealth if the practitioner has established a bona fide practitioner-patient relationship during the course of an in-person appointment with that specific patient.

Please contact the Kentucky Office of Medical Cannabis or visit their website for additional information.

References

<https://kbn.ky.gov/advanced-practice-registered-nurse/Pages/Medicinal-Cannabis.aspx>

<https://kymedcan.ky.gov/practitioners/Pages/default.aspx>



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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 Legislative Research Commission (LRC).
- A public hearing on this administrative regulation was tentatively set for September 23, 2025. However, no requests were received, and the hearing was cancelled.
- Written comments from the public were due by September 30, 2025; none were received.
- On October 14, 2025, the regulation was considered by the Administrative

Regulation Review Subcommittee (ARRS) and passed to the legislative committee of jurisdiction.

- On November 12, 2025, the regulation was considered by the Interim Joint Subcommittee on Health Services (IJCHS), and it was passed.

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; that 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; 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. However, no requests were received, and the hearing was cancelled.
- Written comments from the public were due by September 30, 2025; none were received.
- On October 14, 2025, the regulation was considered by the Administrative Regulation Review Subcommittee (ARRS) and passed to the legislative committee of jurisdiction.
- On November 12, 2025, the regulation was considered by the IJCHS, and it was passed.

201 KAR 20:410

This administrative regulation concerns the expungement of disciplinary records.

The amendment adds definitions to clarify what documents may be expunged. It provides that physical records that have been expunged may be destroyed; amends to track statutory expungement language; shortens the period before and expungement may be requested and that it does not start until the terms have been met, provides that 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. However, no requests were received, and the hearing was cancelled.
- Written comments from the public were due by September 30, 2025; none were received.

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- On October 14, 2025, the regulation was considered by the Administrative Regulation Review Subcommittee (ARRS) and passed to the legislative committee of jurisdiction.
- On November 12, 2025, the regulation was considered by the IJCHS, and it was passed.

201 KAR 20:476

This administrative regulation concerns Dialysis Technician (DT) credentialing requirements for initial credentialing, renewal, and reinstatement.

The amendments remove reference to paper applications and update the associated material incorporated by reference, incorporating recent regulatory changes to DT training requirements.

Promulgation:

- On August 19, 2025, the DT Council was informed of the planned changes to the regulation.
- On September 18, 2025, the Governance Committee considered and approved the changes.
- On October 23, 2025, the Board considered and approved the changes.
- On November 12, 2025, staff filed the regulation with the LRC.

201 KAR 20:490

This administrative regulation concerns Licensed Practical Nurse (LPN) infusion therapy scope of practice.

The amendments update the Material Incorporated by Reference (MIR) to the current editions and require the LPN nurse to demonstrate and validation of competency for infusion therapy procedures under the in-person and direct supervision of a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist.

Promulgation:

- On September 19, 2025, the Practice Committee considered and approved the changes.
- On October 23, 2025, the Board considered and approved the changes.
- On November 12, 2025, staff filed the regulation with the LRC.

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SUMMARY OF BOARD ACTIONS BOARD MEETING – OCTOBER 23, 2025

SWEARING IN OF NEW BOARD MEMBER

Arthur Ryan was sworn in by General Counsel, Jeff Prather, as an RN Board member. Mr. Ryan fills the vacancy created by Jacob Higgins's term expiration.

PRESIDENT'S REPORT

Audria Denker, Board President, recognized and thanked Andre Stuckey, Human Resources Administrator, for planning the strategic retreat. She also thanked board members and staff for being so engaged at this year's retreat.

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 [2026-2028 budget, PON annual reports, KBN 2025 annual report, 2026 National Forum of State Nursing Workforce Centers nursing roundtable]; KBN Outreach; Personnel Professional Development; Training for Board Members.

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

Approval of 2026 Meeting calendar

- It was moved and seconded to accept the 2026 KBN Meeting Calendar as written, 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 reports of the August 21, 2025 and September 18, 2025 Credentials Review Panel meetings, which were approved by acclamation.

EDUCATION COMMITTEE

Education Committee Report – September 18, 2025

- It was moved and seconded to accept the September 18, 2025 Education Committee report, which was approved by acclamation. The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

Education committee objectives 2025-2026

- The 2025-2026 Education Committee objectives be approved as submitted.

Education committee scope and functions 2025-2026

- The 2025-2026 Education Committee scope and functions be approved as submitted.

Beckfield College, PN, ASN, & BSN – Florence site visit report

- Approve the requirements to be met as stated in the site visit report with bi-annual progress reports providing evidence to those requirements, beginning April 30, 2025, and Beckfield PN, ASN and BSN Programs, remain an approved school of nursing.

Big Sandy CTC ASN request for extension to full accreditation deadline

- The Big Sandy C & TC ASN Request for Extension to Full Accreditation Deadline be approved as submitted.

Bluegrass CTC ASN recommendation on initial status

- Bluegrass CTC be moved from initial to approved status.

Northern Kentucky University Request for Extension of Interim Program Administrator

- The Northern Kentucky University, BSN – Highland Heights Request for Extension for Interim Program Administrator be approved as submitted.

Sullivan University, ASN – Lexington notification of change of curriculum

- The Sullivan University, ASN – Lexington Notification of Change of Curriculum be approved as written.

Sullivan University, ASN – Louisville notification of change of curriculum

- The Sullivan University, ASN – Louisville Notification of Change of Curriculum be approved as written.

PRACTICE COMMITTEE

Practice Committee Report – September 19, 2025

- It was moved and seconded to accept the September 18, 2025 Practice Committee report, which was approved by acclamation. The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

Practice committee scope and functions

- The 2025-2026 Practice Committee scope and functions be approved as submitted.

Practice committee objectives

- The 2025-2026 Practice Committee objectives be approved as submitted.

Advisory Opinion Statements

AOS #16 Roles of Nurses in the Administration of Medication via Various Routes

- Advisory Opinion Statement AOS #16 Roles of Nurses in the Administration of Medication via Various Routes, be approved by the Board, as submitted.

AOS #32 The Role of Nurses in Procedural Sedation, Analgesia and Airway Management in Various Settings

- AOS #32 The Role of Nurses in Procedural Sedation, Regional Anesthesia and Analgesia, and Airway Management in Various Settings, be approved by the Board, with specified revisions.

AOS #27 Components of Licensed Practical Nursing Practice

- Advisory Opinion Statement AOS #27 Components of Licensed Practical Nursing Practice, be approved by the Board, as submitted.

RN/LPN Comparison Chart

- RN/LPN Comparison Chart, be approved by the Board, with specified revisions.

AOS #30 Roles of Nurses in School Nursing Practice

- Advisory Opinion Statement AOS #30 Roles of Nurses in School Nursing Practice, be approved by the Board, with specified revisions.

- Further, Committee Members requested a workgroup be established to review this opinion with stakeholders when it is up for revision again.

201 KAR 20:490 Licensed practical nurse infusion therapy scope of practice

- Proposed amendments to 201 KAR 20:490 Licensed practical nurse infusion therapy scope of practice, be approved and promulgated by the Board, as submitted.

CONSUMER PROTECTION COMMITTEE

Consumer Protection Committee September 18, 2025 Report

- It was moved and seconded to accept the September 18, 2025 Consumer Protection Committee report, which was approved by acclamation.

GOVERNANCE COMMITTEE

Governance Committee Report – September 18, 2025

- It was moved and seconded to accept the September 18, 2025 Governance Committee report, which was approved by acclamation. The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

201 KAR 20:476 Dialysis Technician credentialing requirements for initial credentialing, renewal, and reinstatement

- Proposed revisions to 201 KAR 20:476 Dialysis Technician credentialing requirements for initial credentialing, renewal, and reinstatement, be approved and promulgated by the Board, as submitted.

ACTION ON LICENSES

- It was moved and seconded that one (1) order, with no exceptions filed, discussed in closed session be accepted as presented, which was approved by acclamation.

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 October 2025.



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PRESIDENT'S REPORT

Audria Denker, Board President, announced that a beloved member of the nursing community, Dr. Sammy Moser, passed away recently. She made a profound impact on the nursing profession and will be greatly missed.

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 [KBN 2025 annual report, Renewals]; 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 reports of the October 23, 2025 and November 20, 2025 Credentials Review Panel meetings, which were approved by acclamation.

EDUCATION COMMITTEE

Education Committee Report – November 20, 2025

- It was moved and seconded to accept the November 20, 2025 Education Committee report, which was approved by acclamation. The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

Jefferson Community and Technical College, ASN – Shelbyville, site visit report

- Approve the requirements to be met as stated in the site visit report with quarterly progress reports providing evidence to those requirements, beginning January 30, 2026, and Jefferson Community and Technical College - Shelbyville Campus ASN Program remain on initial status pending their January progress report.

University of Kentucky, BSN – Lexington, site visit report

- Approve the requirements to be met as stated in the site visit report with bi-annual progress reports providing evidence to those requirements, beginning May 30, 2026, and University of Kentucky BSN Program, remain an approved school of nursing.

Continued on page 16>>

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PRACTICE COMMITTEE

Practice Committee Report – November 21, 2025

- It was moved and seconded to accept the November 21 2025 Practice Committee report, which was approved by acclamation. The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

Advisory Opinion Statements

AOS #14 Roles of nurses in the implementation of patient care orders

- Advisory Opinion Statement (AOS) AOS #14 Roles of Nurses in the implementation of Patient Care Orders, be approved by the Board, as submitted.

AOS #17 Roles of nurses in the administration of “PRN” medication and placebos

- Advisory Opinion Statement (AOS) AOS #17 Roles of Nurses in the administration of “PRN” Medication and Placebos, be approved by the Board, as submitted.

DIALYSIS TECHNICIAN ADVISORY COUNCIL

Dialysis Technician Advisory Council Report – August 19, 2025

- It was moved and seconded to accept the August 19, 2025 Dialysis Technician Advisory Council report, which was approved by acclamation. The following committee recommendations were moved and seconded and were

approved by acclamation after discussion and presentation of background materials:

DT Advisory Council scope and functions

- The 2025-2026 Dialysis Technician Advisory Council Scope and Functions, as presented, be approved.

DT Advisory Council objectives

The 2025-2026 Dialysis Technician Advisory Council Objectives, as presented, be approved.

Dialysis Technician Advisory Council Report – November 25, 2025

- It was moved and seconded to accept the November 25, 2025 Dialysis Technician Advisory Council report, which was approved by acclamation.

GOVERNANCE COMMITTEE

Governance Committee Report – November 20, 2025

- It was moved and seconded to accept the November 20, 2025 Governance Committee report, which was approved by acclamation. The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

Revised strategic plan

- The proposed changes to the strategic plan be approved, with the following committee revision:



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VA



**U.S. Department
of Veterans Affairs**

- o Correct a typo, and define ICRS instead of using the abbreviation.

LICENSED CERTIFIED PROFESSIONAL MIDWIVES ADVISORY COUNCIL

Licensed Certified Professional Midwives Advisory Council Report – December 4, 2025

- It was moved and seconded to accept the December 4, 2025 Licensed Certified Professional Midwives Advisory Council report, which was approved by acclamation.

ACTION ON LICENSES

- It was moved and seconded that 10 orders, with no exceptions filed, discussed in closed session be accepted as presented, which were approved by acclamation.

HEARING TRANSCRIPTS

The following transcripts were provided for information only in closed session:

- KBN v. Daniel Phillips, RN – mini
- KBN v. Jermis Merrero, DT – mini

Note: Exhibits for the above cases were made available to Board members upon request.

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 December 2025

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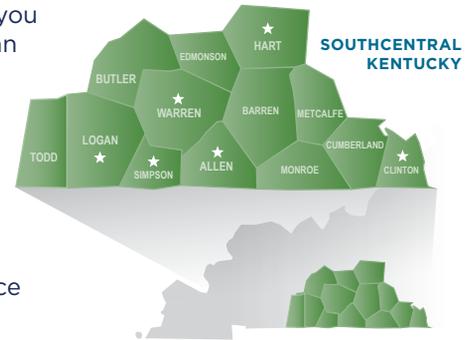


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KARE Korner

A Nurse's Story of Sobriety

Lisa A. Sosnin, BSN, RN
Compliance Nurse Investigator/Case Manager
Lisa.sosnin@ky.gov or 502-705-3862

“I’m still here. And I’m not done yet.” Tina Hoskins, RN



Addiction has a way of controlling your life, robbing you of joy, and creating such painful guilt and shame within you that you want to stay hidden from everyone. That is, until that fateful day when exposure reveals your secret to the world.

One nurse named Tina found herself locked in the throes of addiction until the day came when she could no longer hide her secret. She rose from the ashes of her addicted life, reclaimed her dignity, and began a journey of healing. Tina found her coworkers, manager, and friends were there for her during her time of rebuilding. She wasn't alone. Tina's friends uplifted, supported, and encouraged her to press forward and reclaim what addiction had stolen from her - a life filled with purpose and intention. Now, Tina speaks to groups and individuals about her past and the new chapter she is writing. Here is her story....

May 1, 2019 — the day everything changed.

At the time, I was a practicing nurse — a caregiver, a professional — but I was also an addict. I lived a life filled with contradiction: helping others heal while quietly falling apart inside. I carried the crushing weight of shame, fear, and guilt every day. I knew I had a problem, but I didn't know how to ask for help. And I was terrified of what would happen if anyone found out.

Eventually, the truth caught up with me. I lost my nursing license. I lost the identity I had worked so hard for. And for a while, I thought I had lost everything.

But by the grace of God, I was given the chance to begin again.

I entered monitoring with the Kentucky Board of Nursing (KBN) which demanded full honesty and 100% accountability. There was no room for excuses or denial. I had to show up, face myself, and take ownership of every decision and consequence. It was hard — but it saved my life.

What I didn't expect was this: the KBN wanted me to succeed. They didn't treat me like a failure or a number. They believed in second chances. They believed that nurses are human — that we can make mistakes and still be worthy of redemption. That belief helped restore something in me I didn't know I had lost: my own belief in myself.

At the same time, I began attending AA meetings. I walked in scared, ashamed,

and unsure. But what I found was a room full of people who didn't look at me with judgment — they looked at me with understanding. I wasn't alone anymore.

I started working the 12 Steps, and it was through those steps that I began to truly change. They taught me how to let go, how to make peace with the past, and how to rely on a power greater than myself. For me, I had to let go and understand that I was only the “actor” in my life.

Before this I tried to control all aspects of my life and done so as if I was not only the “actor” but also the “director, stage producer, make-up artist, stunt double, and producer.”

I also sought behavioral health treatment which helped me address the root causes behind my addiction. Therapy gave me space to confront trauma, manage emotions, and learn healthy coping skills. For the first time in a long time, I felt like I was actually healing.

The best advice I can give is this: never lose hope and always find ways to make yourself happy. In sobriety, I rediscovered joy — simple, genuine joy. I started reading again. I began trying things I never would've considered before. One of those things? Alpaca yoga. Yes, really. I stretched awkwardly in a field surrounded by fuzzy, curious animals, and I laughed until my stomach hurt. If you've never laughed at yourself while doing something completely outside your comfort zone, you are truly missing out. And if you really want to laugh invite your coworkers. Several of my fellow nurses joined me but the look on the nephrologist's face when I invited him was worth the laugh for just asking.

I decided that being an addict would not be the only part of my story. And it definitely wouldn't be the end of it.

Today, I'm sober. I'm a nurse again — restored in more ways than one. I show up for life with honesty, humility, and a deep sense of gratitude. I know who I am now, and I know how far I've come.

Recovery isn't something I check off a list. It's something I live, one day at a time. Some days are harder than others, but every single day is a gift.

If you're struggling, please hear this: you are not alone. You are not beyond help. And no matter how broken your story feels, it is not over. You still get to write the next chapter.

“I'm still here. And I'm not done yet.”

Tina Hoskins, RN.

Tina makes an excellent point in her testimony — you are not alone. She had coworkers who cared about what happened to her and looked beyond the addiction to see the real Tina. One such coworker is Chidinma Anyanwu, MSN, RN-BC, who remains a strong friend and staunch supporter of Tina Hoskins. Ms. Anyanwu shares her view...

A Compelling Story of a Nurse's Journey through Alcohol Addiction.

Tina is a friend and coworker. We met at Baptist Health Richmond some 15 years ago. I first met Tina when she was a dialysis nurse at the hospital. We always reported to each other when I had a patient needing dialysis. After some years, she transferred from dialysis to Medsurg/Telemetry nursing. I was one of her preceptors when she transitioned to the Medsurg/Telemetry floor. We developed a friendship from there, both on and off the floor.

Tina is a Daisy Award-winning Medsurg/telemetry/dialysis nurse whose journey into addiction began at an early age due to a family history of alcohol use. Her

story highlights the dangerous notion that healthcare professionals are immune to the diseases they treat, such as addiction.

Tina has been a nurse for 24 years. She has been a Medsurg/telemetry nurse and is currently a dialysis nurse. Her patients love her, and her colleagues, including me, value her as a team player. She is always ready to help her coworkers and everyone she works with. On a hectic floor, having a coworker like Tina on shift always makes the day tolerable. Despite her professional accolades, Tina was a master at hiding the demons she was fighting with alcohol to maintain a sense of normalcy. She describes hitting rock bottom, eventually passing out, and being found by coworkers who reported her to the Director of her unit.

Her stages of recovery involved asking for help instead of denying the truth when confronted. This led to her nursing license being suspended rather than terminated, a path for nurses who enter alternative-to-discipline programs offered by the Kentucky Board of Nursing (KBN). She had to become a unit secretary, which she was grateful for and

Continued on page 20>>

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Continued from page 19>>

good at. She attended and participated in all the activities and meetings required of her in the recovery program.

Tina's return to practice involved a period of strictly monitored probation that required attending AA meetings, submitting urine tests, and working with mentors, after which she was eventually trusted to have her nursing license reinstated and to resume her career as a professional registered nurse.

Lessons learned from Tina's situation are that her addiction was fueled by several factors, such as genetic predisposition, high work stress, and easy access to alcohol. Many nurses face one form of addiction or another and hide it, but Tina chose to seek help and turn her life around. She is currently the head dialysis nurse at the hospital where she works and a life coach at the local Alcoholics Anonymous office, where she specializes in helping other recovering addicts in the community. She has been invited as a guest speaker to talk about her journey and encourage others to seek help early.

By May 1, 2025, Tina celebrated six years of sobriety, noting that self-awareness, self-reflection, self-care, and changed behavior were the best ways she used to rebuild her life.

I believe that Tina's journey emphasizes that recovery for a nurse isn't just about stopping alcohol use or any addiction but about overcoming professional stigma and the daily choice to prioritize sobriety. Chidinma Anyanwu, BSN, RN-BC

There are many nurses like Tina who are silently battling the disease of addiction, and there are countless friends and family members who are anxiously waiting for their friend and loved one to see the truth – the addicted nurse is not alone. The KBN wants to help you or your loved one to find a way forward. If you or another nurse is suffering from a SUD, please contact the KARE for Nurses Program today at KBNComplianceMonitoring@ky.gov or call 502-871-1430. Lisa A. Sosnin, BSN, RN – Compliance Nurse Investigator/Case Manager, lisa.sosnin@ky.gov or 502-705-3862

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Practice Corner

Scope of Practice - Can I Do That?

Have you ever wondered if a particular task was in your scope or practice?

A nurse's scope of practice is defined in Kentucky Nursing Laws by license type. See, KRS 314.011. These definitions provide a structured outline of the scope of practice based on the education and training required for a nurse, depending on the license type they hold. It is important to note that a nurse's scope of practice is dependent on their individual educational preparation and clinical competency. Each nurse is responsible and accountable for making decisions based on their education and experience, and for practicing with reasonable skill and safety. See, KRS 314.021. One way to demonstrate educational preparation and clinical competence is to attend training and relevant certifications in a particular area. Create a portfolio of training, workshops, and continuing education that demonstrates the acquisition of additional knowledge and clinical competency.

Advisory Opinions

There are times when a particular question is not addressed in statute or regulation. The KBN receives and reviews inquiries related to the scope of practice of nurses seeking additional guidance. When multiple inquiries are received on the same practice matter, the Board may issue an Advisory Opinion.

An Advisory Opinion may be added to an existing Advisory Opinion Statement (AOS) for wider dissemination.

It is important to note that AOSs are the Board's opinions on what constitutes safe nursing practice and provide guidance to nurses. They do not have the force and effect of a statute or regulation. Each opinion is based on comprehensive research and review of Kentucky Nursing Laws, established standards of practice, and current evidence-based practices.

Over the last few years, the KBN reorganized and revised AOS based on body systems to group related matters. Additionally, a text box was added at the top to identify the nursing interventions and nurses' roles in most opinions. Resources and references are listed at the bottom of each opinion. Many of the opinions include a grid of procedures or tasks with check marks indicating whether each item falls within the scope of practice of a particular nurse.

Unsure where to begin when looking for an advisory opinion? Access the Kentucky Board of Nursing Advisory Opinion Content Index. This document provides a list of the scope-of-practice content discussed for each opinion, by number and title.

Continued on page 22>>

Kentucky Board of Nursing Advisory Opinion Content Index

Advisory Opinion	Scope of Practice Content
 <p>AOS #3 Recommended Course Content Infusion Therapy for Registered Nurses and Licensed Practical Nurses</p>	<p>Information Related to:</p> <ul style="list-style-type: none"> ➤ LPN and RN Infusion Therapy Educational Requirements
 <p>AOS #7 Roles of Nurses in Stapling, Suturing, and the Application of Topical Adhesives</p>	<p>The Role of Nurses in the Performance of:</p> <ul style="list-style-type: none"> ➤ Stapling and Suturing <ul style="list-style-type: none"> • Removal of Staples and Sutures ➤ Application of Topical Adhesives
 <p>AOS #8 Nurses Practicing in the Perioperative Setting</p>	<p>The Role of Nurses in the Perioperative Setting:</p> <ul style="list-style-type: none"> ➤ Registered Nurse First Assistants (RNFAs) ➤ Registered Nurses (RN) with Surgical Assistant Credentials ➤ APRN First Assistants
 <p>AOS #9 Role of Nurses in Assessment, Staging, and Treatment of Wounds</p>	<p>The Role of Nurses in the Performance of:</p> <ul style="list-style-type: none"> ➤ Wound Assessment, Staging, and Treatment <ul style="list-style-type: none"> ▪ Surgical/Mechanical Wound Care/Debridement

To ensure each AOS is current and evidence-based, the KBN reviews AOS on a 2 to 3-year schedule and when issues arise. Check out the Advisory Opinion Statement Index to see each AOS by number, title, and the most current issue or revision date.

Advisory Highlights

In this article, we will review a couple of AOS, AOS #41 RN/LPN/APRN Scope of Practice Determination Guidelines, AOS #27 Components of Licensed Practical Nursing Practice, and the Kentucky Board of Nursing RN/LPN Scope of Practice Comparison Chart.

AOS #41 RN/LPN/APRN Scope of Practice Determination Guidelines, last revised in October of 2024, provides guidelines to determine one's scope of practice as well as links to relevant Kentucky Nursing Laws and a Decision Making Model for Determining Scope of Practice for nurses. The decision-making

model provides a flowchart to determine whether a particular activity or intervention falls within the nurse's scope of practice.

AOS #27 Components of Licensed Practical Nursing Practice, last revised in October of 2025, identifies the LPN's role working under the direction of an RN, APRN, physician, physician assistant, or dentist, listing key aspects. The KBN RN/LN Scope of Practice Comparison Chart is a companion document to AOS #27 that identifies differences in the roles across several components of nursing practice and the responsibility of each.

More questions?

The KBN website provides additional information on practice under the "Practice Tab." You can review the scope of practice tabs for general information by license type, and access answers to frequently asked questions.

Additional questions related to practice may be submitted to the Professional Practice Branch at Professional Support Contact Form.

Advisory Opinion Statement Index

Looking for something specific? Review the [KBN AOS Content Index](#) to easily locate specific nursing interventions and topics.

TOPIC	AOS	Issued/Revision Date
AOS #3	Recommended Course Content Infusion Therapy for Registered Nurses and Licensed Practical Nurses	10/2024
AOS #7	Role of Nurses in Wound Closure Procedures	06/2024
AOS #8	Role of Nurses in the Perioperative Setting	02/2025
AOS #9	Roles of Nurses in Assessment, Staging, and Treatment of Wounds	12/2023
AOS #10	Roles of Nurses in Women's Health Across the Lifespan	12/2023
AOS #11	Role of Nurses in the Performance of Gastrointestinal and Genitourinary Procedures	10/2024
AOS #13	Roles of Nurses in Psychiatric-Mental Health Nursing Practice	12/2023
AOS #14	Roles and Responsibilities of Nurses in the Implementation of Patient Care Orders	12/2025
AOS #15	Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel	06/2025

DASH DIET



DIETARY APPROACHES TO STOP HYPERTENSION

Long-term benefits for the heart and overall health

DASH DIET SERVINGS BY FOOD GROUP

Include multiple servings of these food groups in your diet every day.

Count these groups by the week rather than the day.

Whole Grains **6–8** servings

examples
1 slice of bread
½ cup cooked rice/pasta
½ cup oatmeal/cereal
5–6 crackers
6" tortilla

Vegetables **4–5** servings

examples
1 cup raw vegetables
½ cooked vegetables

Fats & Oils **2–3** servings

examples
1 tsp oil/butter
1 Tbsp mayonnaise
2 Tbsp salad dressing

Fruit **4–5** servings

examples
1 small fresh fruit
2 Tbsp dried fruit
½ cup fruit juice

Low-fat/Fat-free Dairy **2–3** servings

examples
1 cup milk/yogurt
1 oz cheese

Lean Protein **≤6** servings

examples
1 egg 1 oz lean meat, fish, or poultry
1 Tbsp peanut butter

Nuts & Seeds, Beans & Peas **4–5** servings per week

examples
½ cup cooked legumes
½ cup nuts
2 Tbsp nut butter
2 Tbsp seeds

These recommendations are based on a 2000-calorie diet.
The illustrations provide examples of serving sizes.

Following the DASH diet can help lower your blood pressure and reduce your risk for heart disease and stroke. Healthy blood pressure is

120
/ **80**

Sweets & Added Sugars **≤5** servings per week

examples
1 Tbsp sugar
1 Tbsp jelly/jam

TIPS FOR SUCCESS

- If you are lactose intolerant, try yogurt, hard cheese such as cheddar or swiss, and lactose-free milk.
- Buy fresh fruits and vegetables in season when possible. Frozen fruits are a nutritious, cost-effective option all year round as well as canned vegetables with no added salt.
- Experiment with herbs and spices to enhance flavor without adding excess salt.
- How you eat and how you move go hand in hand when it comes to health. Look for fun new physical activities to enjoy.
- Don't let yourself get overwhelmed! Make gradual, manageable changes to your routine.
- Celebrate successes and forgive slip-ups. Habits take 3-4 weeks to create, so keep moving forward!

Reproducible Handout: For more information on dairy and the DASH Diet, scan the QR code or visit: WinnersDrinkMilk.com



Frequently Asked Questions

Q1: I live in a noncompact state. How do I get a compact multistate license?

Only nurses who declare a compact state as their primary state of residence may be eligible for multistate license. As a resident of a noncompact state, you may apply for a license by endorsement in a compact state. Your eligibility will be limited to a single state license that is valid in that state only. As a resident of a noncompact state, you can have as many single-state licenses as you wish, but are not eligible for a multistate license.

Q2: Where is the compact application and what is the application fee?

Use the state board of nursing (BON) application for licensure by exam or by endorsement, as found on your BON's website. Licensure fees vary by state. If your legal residence is in a state that joined the compact as of Jan. 19, 2018 (Florida, Georgia, Oklahoma, West Virginia and Wyoming), and you hold a single state license in that state, then you should complete the application for a multistate license on your BON website.

Q3: I live in a compact state and have a license. How do I know if my license is multistate? How do I get a compact license?

If your legal residence is in a state that joined the compact as of Jan. 19, 2018 (Florida, Georgia, Oklahoma, West Virginia and Wyoming), and you hold a single state license in that state, then you should complete the application for a multistate license on your board of nursing website.

If your legal residence is in one of the original compact states and you held a multistate license on July 20, 2017, you may already have a compact license due to being grandfathered. If you're unsure of your licensure status, use the Nursys® QuickConfirm tool at www.nursys.com. This report will indicate "multistate" or "single state" in the status column. When you click on "Where can the nurse practice?" you will see a map (or a list) of all states where you hold the authority to practice.

Q4: I have a compact license. How long can I work in another compact state?

There is no time limit. As long as you maintain legal residency in the state that issued your multistate license and you remain in good standing, you may practice in other compact states.

If you were to take an action (while practicing in another NLC state or otherwise) which would change your legal residency

status (see example below), then you have given up legal residency in that home state and you must now apply for license by endorsement in the new state of residence. The new license issued will replace the former license.

For example, a nurse has legal residency in Arizona and practices temporarily in Colorado for six months under the Arizona multistate license. While the nurse is practicing in Colorado, her Arizona driver's license expires. Rather than renewing the Arizona driver's license, the nurse obtains a Colorado driver's license. Because a Colorado driver's license is only issued to a Colorado resident, the nurse has now become a Colorado resident unintentionally. Nurses must be careful not to take actions that would change their state of legal residency, when practicing in another state where they temporarily reside.

Q5: What if I move to another compact state?

When permanently relocating to another compact state, apply for licensure by endorsement and complete the Declaration of Primary State of Residence form within the application, which can be found on your board of nursing's website.

You may start the application process prior to or after the move. You should not delay applying once you have moved. There is no grace period.

- If you are moving from a compact state, you may not wait until your former multistate license expires before applying in your new state of legal residency. You can only practice on your former home state license until the multistate license in the new NLC home state is issued.
- If you are moving from a noncompact state applying to a compact state in advance of the move, you may be issued a single state license or your application may be held until you move and have proof of legal residency at which time you may be issued a multistate license.

Q6: My primary state of residence is a noncompact state; it is also where I am licensed. I am applying for licensure in a compact state. Do I have to give up my current license?

No, you may choose to keep and renew your current noncompact state license.

Q7: I live in a compact state where I am licensed. How do I get a license in a noncompact state?

Apply for licensure by endorsement to the board of nursing in the state where you seek a license. You may be issued a single

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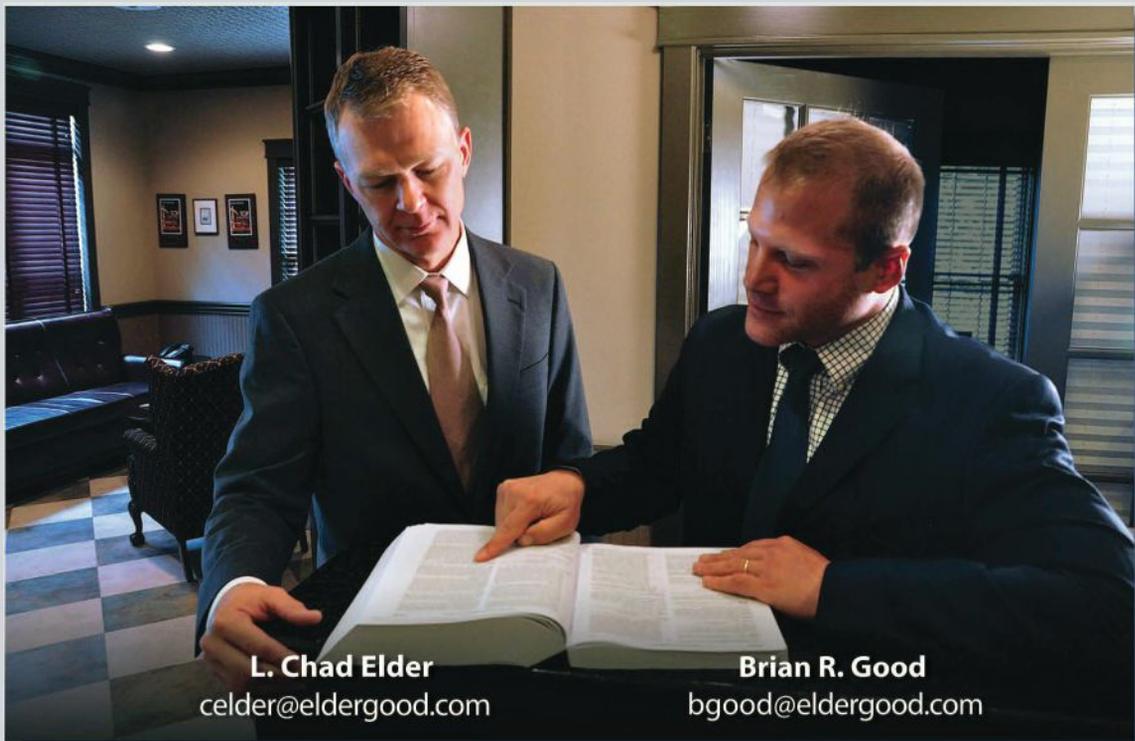
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Disciplinary Actions

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

Argent, Lillian Louise	RN License 1145753; APRN License 3009872	Union, KY	Eff. 9/30/25
Calhoun, Jameka	RN License 1172610	Owensboro, KY	Eff. 11/7/25
Copper-Willis, Allison	RN License 1082364	Richmond, KY	Eff. 11/18/25
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Imposition of civil penalty for practice without a current active license or temporary work permit	16	Imposition of civil penalty for falsification of an application for licensure	52
Imposition of civil penalty for failure to meet mandatory continuing education requirement	77	Imposition of civil penalty for a positive drug screen	10
Imposition of civil penalty for a practice issue	57		



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