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The Kentucky Board of Nursing administers the Nursing Incentive Scholarship Fund (NISF) that is established by KRS 314.025. Scholarships are supplied by funds received from penalties and fines assessed by the Cabinet for Health and Family Services and the Office of the Inspector General (OIG), and by $5 from the nurse licensure renewal application fee. NISF provides scholarships to Kentucky residents attending approved prelicensure nursing programs (RN or LPN) or graduate nursing programs. The programs of nursing do not have to be located in Kentucky. The scholarship requires that a recipient must work full-time as a nurse in Kentucky AFTER graduation for one year for each academic year funded. The intent of the scholarship program is to address the nursing workforce needs throughout the Commonwealth and to give preference for these scholarships to financially needy residents, RNs pursuing graduate education (including BSN completion programs), and LPNs pursing education as an RN. NISF recipients are selected individually using the previously stated specified criteria.

The amount of the scholarship currently is $3,000 per academic year. NISF scholarships may be used for cost of living expenses, as well as school expenses. Students in prelicensure and BSN completion programs must complete a minimum of 15 credit hours per academic year for each $3,000 NISF award. Graduate nursing programs require completion of 9 credit hours per academic year. Students must also maintain a minimum grade point average that will allow continuation in the nursing program. The academic year is Fall, Spring and Summer semesters or quarters respectively. An applicant for a NISF award must be a Kentucky resident and have been admitted into program of nursing. Applications for the NISF are accepted from January 1 to June 1 each year. Additional information about the scholarship program, including the application form and instructions, can be found on the KBN website at http://kbn.ky.gov/nisf/Pages/default.aspx.

Over the last five years, 787 scholarships have been awarded to eligible candidates. In this current biennium, $970,500 was awarded in scholarships. The NISF program enables Kentucky to proactively address the nursing shortage that is prevalent across the country.
Fact:
Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

If you are 30 or older, ask your health care provider about getting an HPV test with your Pap test. Learn more at www.healthywomen.org/hpv.

This resource was created with support from Roche Diagnostics Corporation.
Questions are routinely received about laws and regulations related to advanced practice registered nurses (APRNs), designated as nurse practitioners (CNPs), certified in either primary or acute care, as well as what settings are appropriate for their practice. Frequent inquiries are made related to whether nurse practitioners certified as family nurse practitioners may appropriately practice in a hospital emergency department or a critical care unit, or even in an inpatient hospital setting.

The APRN and employer must first consider the kinds of patients the APRN will be expected to see, as well as the patients’ conditions. Then it must be determined if the nurse practitioner’s graduate nursing education and national certification align with the level of patient care that will be required for individual patients, regardless of the practice setting. Although some employers may be willing to credential CNPs to practice beyond educational preparation and certification, the CNP and employer have joint responsibility for adhering to the authorized scope of practice. APRNs in Kentucky are legally authorized to provide the care and treatment of patients/conditions for which they are prepared based on their accredited education program, national certification, and licensure. (KRS 314.011 and 201 KAR 20:056). KRS 314.021(2) states: “All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals’ educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.”

The current legal practice of advanced practice registered nurses in Kentucky is based on the APRN Consensus Model (2008), developed with the input of the nation’s nursing organizations. The Consensus document defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, and describes the emergence of new roles and population foci.

In order to relate to the requirements, consider the educational preparation of the Adult-Gerontology Acute Care Nurse Practitioner who has been certified by the American Nurses Credentialing Center or the American Association of Critical Care Nurses. These certification examinations are designed to validate that the nurse practitioner has the requisite knowledge to diagnose and manage complex, acute, and critically ill patient conditions, regardless of setting. However, the national certification examinations for Family (primary care), Adult-Gerontology Primary Care, or Pediatric Primary Care, are not certifications that are designed to verify the knowledge of the nurse practitioner to manage and treat critically ill and/or unstable patient. CNPs with the named national primary care certifications should not routinely manage nor treat critically ill or unstable patients in their daily practices. It is not legally permissible for a CNP with national certification in one of the mentioned primary care areas to engage in Acute Care practice without first obtaining the requisite formal graduate education and subsequent national certification in Acute Care. Eligibility for certification is linked to educational preparation.

Questions also arise when CNPs are practicing in an emergency department or urgent care setting. In these settings, CNPs who are nationally certified in Family (primary care), Adult-Gerontology Primary Care, or Pediatric Primary Care are educated and nationally certified to address “urgent” types of patient conditions, similar to patient conditions treated by primary health care providers in non-hospital settings. These CNPs are not prepared to manage individuals who present with critical and/or unstable conditions commonly associated with acute care. Examples of critical and/or unstable conditions include patients experiencing acute myocardial infarction, pulmonary edema, acute respiratory failure, severe traumas, amputations or near amputations. These conditions are provided as examples and do not constitute an exhaustive list.

Some hospitals hire primary care CNPs to work in the acute/critical care side of emergency departments (EDs). Given the primary care-focused NP educational preparation, a primary care CNP could see patients in ED fast track areas who present with problems that are commonly seen in primary care settings (e.g., otitis media, minor injuries, sprains). However, if the primary care CNP is expected to provide care for unstable, critical, or complex patients, then s/he would be practicing outside his/her scope of practice. The CNP must seek formal post-graduate NP education if s/he wishes to expand beyond his/her primary care or acute care CNP preparation.

National certification in Adult-Gerontology Primary Care, Pediatric Primary Care, or Family validates knowledge regarding “primary care” practice for a generalized practice, or for further specialization in a specific area of wellness.
or disease/chronic or disease/systems management within the primary care certification population foci, such as urology, dermatology, cardiology, rheumatology, etc. Practice settings may be varied, such as an urgent care clinic, a hospital based clinic or department, or an office practice/clinic as long as the conditions or level of acuity managed by the CNP remain consistent with the CNP’s specific national certification.

The National Organization of Nurse Practitioner Faculty (NONPF) (2012) states that the distinction between primary and acute care should be made at the level of the population served by the CNP. Of the broad population foci (adult-gerontology, family/individual across the lifespan, pediatrics, neonatal, psychiatric-mental health, and women’s health/gender-related), the acute and primary care distinctions are currently noted within the adult-gerontology and pediatrics foci. A fundamental premise of the Consensus Model is that CNP competencies are not setting specific. Historically, the acute care CNP practiced predominantly in the hospital and the primary care CNP practiced within a community setting. These setting boundaries often overlap. Regulation of APRNs in Kentucky is based on educational preparation, certification, and scope of practice and not on the type of practice setting.

Pre-APRN specialization at the RN level does not expand the scope of practice at the APRN level. For example, a registered nurse who practiced in critical care and then completes a primary care NP formal educational program is not prepared to practice as an acute care CNP. This individual would also need to complete a formal acute care NP educational program to be eligible to sit for acute care certification and to practice as an acute care CNP.

In summary, regardless of the setting, the CNP may legally only manage the care of those patients and conditions for which the CNP is formally educated and for which the CNP is nationally certified. Many of the nurse practitioner certification test plans are available online for review through the specific national certifying agency website. Additionally, the Kentucky Board of Nursing has published the “APRN Scope of Practice Determination Guidelines” and the “APRN Scope of Practice Decision-Making Model” which contain a decision chart providing guidance to APRNs in determining whether a selected act is within an individual APRN’s scope of practice. A copy of the guidelines and decision model may be obtained from the KBN website at http://kbn.ky.gov/practice/Pages/aprn_practice.aspx. For further information, contact PamelaC_Hagan@ky.gov or at 502-429-7181.

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On July 22, 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law as Public Law 114-198. One of CARA’s important provisions expands access to substance use treatment services and overdose reversal medications—including the full spectrum of services from prevention to medication-assisted treatment (MAT) and recovery support—by extending the privilege of prescribing buprenorphine in office-based settings to qualifying nurse practitioners (NPs) and physician assistants (PAs) until Oct. 1, 2021.

CARA requires that NPs and PAs complete 24 hours of training to be eligible for a prescribing waiver. SAMHSA has created a list of recommended learning objectives for the trainings. While we cannot require that the organizations listed in the CARA Act use these learning objectives, we are sharing them with the stakeholders. Access the Proposed Learning Objectives for the NP and PA Waiver Training – 2017 from SAMHSA website.

For more information, to learn how nurse practitioners (NPs) and physician assistants (PAs) can train and apply to become DATA-waiver practitioners, please check the SAMHSA website above.
APRNs Seeking DEA Buprenorphine Prescribing Authority

https://www.samhsa.gov/medication-assisted-treatment

https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers

NPs and PAs who have completed the 24 hours of required training may seek to obtain DEA DATA 2000-waiver for up to 30 patients and may apply by completing a hardcopy of the Notification of Intent (NOI) and sending to infobuprenorphine@samhsa.hhs.gov, along with copies of their training certificate(s).

Starting February 27, 2017 SAMHSA will only accept electronic submissions of the NOI. These waiver applications are forwarded to the DEA, which will assign the NP or PA a special identification number. DEA regulations require this number to be included on all buprenorphine prescriptions for opioid dependency treatment, along with the NP's or PA's regular DEA registration number.

SAMHSA shall review waiver applications within 45 days of receipt. If approved, NPs and PAs will receive a letter via email that confirms their waiver and includes their prescribing identification number. Changes in DEA information must be sent to the KBN before initiating prescriptive authority for Buprenophine.

For additional information, please contact the Drug Enforcement Agency (DEA) at 1-800-882-9539 (8:30 am-5:50 pm ET) or DEA_Registration.Help@usdoj.gov.
The prevalence of mental illness continues to increase each year. The National Alliance on Mental Illness (NAMI, 2017) reports that approximately 44 million adults experience a mental illness, approximately 10 million adults live with a severe mental illness, and 60% of adults with mental health needs do not receive any care. One in five children have serious mental illness with only 50% receiving treatment in the previous year. (NAMI, 2017). Kentucky has 100 areas designated as mental health-provider shortage areas and 151 areas designated as primary care provider shortage areas (HRSA, 2017). With an understanding of the scope of practice for both the family nurse practitioner (FNP) and psychiatric mental health nurse practitioner (PMHNP), we expect to assure better care of the citizens of the Commonwealth who experience mental health problems.

Both the FNP and PMHNP are educationally prepared to assess for mental health disorders. The difference would lie in the breadth and depth of the assessment of the disorder. Most important is assuring that persons with mental health needs or disorders receive accurate diagnosis, exploration of evidence-based treatment options and, when indicated, psychotherapy and/or psychopharmacological therapy. The evidence supports psychotherapy in addition to other nonpharmacological approaches for the treatment of major depression and anxiety disorders. The PMHNP is prepared to provide psychotherapy. The FNP must collaborate with psychiatric professionals to assure psychotherapy is available if indicated. These services need to be available to the patient regardless of the treating provider. All patients need to be monitored closely based on best practice guidelines and to be observed for side effects and therapeutic effects of the recommended treatment modality and to ensure patient safety.

In 2010, the Kentucky Board of Nursing (KBN) began the implementation of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (American Association of Collegiate Nursing (AACN), 2008). The Consensus Model identifies four roles and six population foci. An APRN is educated in one of the roles and at least one of the population foci and licensed accordingly. For example, a role is certified nurse practitioner and the population foci is psychiatric mental health (PMHNP) or family (FNP). While nurses in each role and population foci receive a similar broad-based educational preparation, the difference is in the didactic and clinical education for each population foci. Those in the psychiatric mental health foci receive didactic and clinical education in the “assessment, diagnosing, management of treatment of those with mental health and psychiatric disorders across the lifespan” (National Organization of Nurse Practitioner Faculties (NONPF, 2013). Students in the family foci receive didactic and clinical education in the “assessment, diagnosis and treatment of acute and chronic illness and preventative health care of individuals and families across the lifespan” (NONPF, 2013). As one can see, both foci have similarities and differences in the educational competencies identified by NONPF (2013).

The American Nurses Association (ANA), American Psychiatric Nurses Association (APNA), International Society of Psychiatric Mental Health Nurses (ISPN), and the American Association of Nurse Practitioners (AANP) have developed scope and standards of practice for the PMHNP and FNP respectively. The ANA directs us to the specialty organization and certifying body for the specific scope and standards of practice. The Kentucky Nursing Laws (KRS Chapter 314) recognize by reference the “consistency” with the certifying organization or agencies’ scopes and standards of practice. The Scope and Standards of Practice—Psychiatric-Mental Health Nursing was revised in 2014 (ANA). The document describes the scope of practice as being impacted by the place of employment and position description. The scope of practice for the PMHNP includes psychotherapy, psychopharmacotherapy, case management, consultation services, education, and administration, to name a few competencies, and can be delivered in either private practice, primary care, or acute care settings. (ANA, 2014) The publication includes the standards of practice of the PMHNP...
and the competencies they contain. Of particular importance is the assessment, diagnosing and treatment of persons with psychiatric and mental health disorders. The competencies include providing a holistic assessment of the patient and family history; initiating and interpreting diagnostic tests pertinent to the patient; developing a DSM 5 (APA, 2013) psychiatric diagnosis based on the comprehensive assessment, interview, and findings of tests, procedures, and screening tools. Additional competencies include developing an evidence based plan of care including determination of the level of care required (hospitalization, intensive outpatient, or outpatient), the type of psychotherapy indicated (individual or group), and pharmacotherapy if indicated. The response to the treatment plan is evaluated and adjusted at every follow-up visit.

The AANP scope of practice for a FNP (2015) includes ordering, conducting, supervising, and interpreting diagnostic and laboratory tests, prescribing pharmacological agents and non-pharmacologic therapies, educating, and functioning as an administrator to name a few competencies. These competencies can be delivered in ambulatory, acute and long-term care settings. The AANP standards of practice address assessment of the patient to include obtaining a health and medical history, performing an age appropriate physical exam, and ordering preventative and diagnostic procedures. Additionally, developing a diagnosis based on the data obtained in the assessment process; developing an evidence based treatment plan that includes pharmacotherapy, non-pharmacologic interventions, ordering and interpreting diagnostic tests and procedures; and evaluation of the treatment plan and making any needed adjustments at every follow-up visit are essential standards.

Common mental illnesses such as major depression, anxiety, and ADHD are likely to first be seen by a primary care provider such as the FNP. An important aspect of APRN practice is to monitor the patient outcomes and to refer if the individual’s symptoms have not remitted based on practice guideline recommendation. APRNs would also be expected to refer patients with complicated illnesses or if the level of care requires treatment by a specialist. In addition, the scope of practice or state laws/regulations [201 KAR 20:057 Section (3)] may dictate when those with a common mental illness must be referred.

Some important aspects to keep in mind when considering whether the APRN is practicing within the legal scope of practice:

- Am I able to provide the appropriate level of treatment required? For example, the PMHNP is authorized to prescribe a 30 day supply of psychostimulants where a FNP is only authorized to prescribe for 72 hours.
- Can I manage the physical/medical issues? For example, most medical issues would be outside the scope of practice for the PMHNP, but certainly within the scope for the FNP.
- What is my job description?
  - A FNP working in a psychiatric inpatient or outpatient facility managing only the psychiatric/mental aspects of the patient is outside the FNP scope of practice.
  - A PMHNP working in a primary medical office or medical hospital managing the physical and psychiatric care of the patient is outside the PMHNP scope of practice.

The KBN (2015) developed a decision tree to assist the APRN in determining whether the activity is within your scope of practice. You are encouraged to use this tool to assist you in maintaining a practice that is within your legal scope based on your educational preparation and certification. All nurses are reminded that KRS 314.021(2) holds all nurses responsible and accountable for making decisions that are based upon the individuals’ educational preparation and experience in nursing.

The symptoms of mental illness and physical illness often overlap and can be difficult to diagnose and treat. Ensuring that APRNs provide the best evidence-based treatment for patients within the respective scopes of practice is critical. Testing new models of care, including integrated care, telemedicine, and providing physical health care within clinics and settings that treat persons with severe mental illness, will enhance their overall health and reduce the impact of co-occurring disorders. Continuing the conversation and collaboration among all health care providers is critical to address the needs of Kentuckians with mental health problems.

References
http://www.aacn.nche.edu/education-resources/APRNRreport.pdf
http://www.nursingworld.org/EspeciallyForYou/AdvancedPracticeNurses/Scope-of-Practice-2/Scope-of-Practice
KENTUCKY BOARD OF NURSING
SUMMARY OF MAJOR ACTIONS
Board Meeting • December 8, 2016

FINANCIAL OFFICER’S REPORT
The Financial Officer report was discussed and accepted.

EXECUTIVE DIRECTOR’S REPORT
The written Report of the Executive Director was presented and included information on Administrative Staff; Legal Update; KASPER Advisory Council; Regulation of Recreational Therapists; KY Board of Medical Imaging and Radiation Therapy; KARE for Nurses Program; Interim Joint Licensing and Occupations Committee Meeting; Enhanced Nurse Licensure Compact Testimony; Administrative Regulation Information; License, Registration and Credential Statistical Reports; Investigation Data; Compliance Data; Sex Offender Registry; Presentations and Conferences Report; approved Agreed Orders, Consent Decrees, and Removals from Probation.

2016 - 2017 LICENSE RENEWALS:
LPNs 13,364
RNs 58,194
APRNs 6,135
SANEs 214

REINSTATEMENTS
LPNs Only 122
RNs 405
APRNs Only 17
RN & APRNs 25

EDUCATION COMMITTEE
The Education Committee Meeting was held November 17, 2016. The Board accepted the Meeting Report and the following actions were taken:

Beckfield College, Florence, KY, Letter of Intent to Establish a Baccalaureate Degree Nursing Program.
• Accepted the Letter of Intent, dated September 2, 2016, submitted by Beckfield College, Florence, KY, to establish a baccalaureate degree nursing program in Florence, KY.
• Granted Beckfield College, Florence, KY, permission to proceed to the proposal phase to meet the requirements of 201 KAR 20:280 Section 4.

Ashland Community & Technical College, Ashland, KY, PN Program Site Visit Report, August 30 & 31, 2016, and Factor Analysis Report
• Accepted the August 30 & 31, 2016 Site Visit Report of Ashland Community and Technical College Practical Nursing Program, Ashland, KY, as amended.
• Approved the requirements to be met as stated in the amended August 30 & 31, 2016 Site Visit Report of Ashland Community and Technical College Practical Nursing Program, Ashland, KY.
• Directed that the Program of Nursing shall submit a report addressing the requirements to be met to the KBN Nursing Education Consultant on or before January 27, 2017.
• Approved that the Ashland Community and Technical College Practical Nursing Program, Ashland, KY, remain an Approved Program of Nursing.

Murray State University, Murray, KY, BSN Program Site Visit Report, September 27 & 28, 2016, and Factor Analysis Report
• Accepted the September 27 & 28, 2016 Site Visit Report of Murray State University Baccalaureate Degree Nursing Program, Murray, KY.
• Approved the requirements to be met as stated in the September 27 & 28, 2016 Site Visit Report of Murray State University Baccalaureate Degree Nursing Program, Murray, KY.
• Directed the Program of Nursing to submit a report to the KBN Nursing Education Consultant addressing the requirements to be met on or before March 1, 2017.
• Approved that the Murray State University Baccalaureate Degree Nursing Program, Murray, KY, remain an Approved Program of Nursing.

Factor Analysis Reports for 2014. Programs on Monitoring Approval Status and Have Less Than 85% NCLEX Pass Rate for Two or More Years. The Board accepted the following reports:
1. Kentucky Christian University, Grayson, KY, BSN Program
2. Lindsey Wilson College, Columbia, KY, BSN Program
3. Spencerian College, Louisville, KY, ADN Program
4. Western Kentucky University, Bowling Green, KY, ADN Program

Committee members, Gail Wise, recused herself from discussion regarding Kentucky Christian University, and Mary Bennett, recused herself from discussion regarding Western Kentucky University.

Establishment of Workgroup to Review Benchmark Data Collection Tool and PON Annual Report Form
• Approved the establishment of a workgroup to include educators from the Education Committee and invited educators from the Commonwealth to participate, in the review of the benchmark data collection tool and the PON Annual Report Form.

Eight Year Site Visits
• Approved the use of a document-only Eight Year Review Site Visit for stable programs of nursing.

CREDENTIALS REVIEW PANEL
Reports of the Credentials Review Panel Meetings held October 19, 2016 and November 18, 2016 were presented. The Board accepted the reports.

GOVERNANCE COMMITTEE
The Governance Committee Meeting was held November 17, 2016. The Board accepted the Meeting Report and the following actions were taken:

Review Delegation of Authority Letter
• Approved the Delegation of Authority letter as presented.

Proposed Revisions to KBN Strategic Plan
• Approved that the Board appoint a subcommittee of the Governance Committee to develop metrics to evaluate the effectiveness of the Strategic Plan.
• Accepted the revisions to the KBN Strategic Plan.

Request for Letter of Support
• Directed that an Operational Guideline be developed that any request for a Letter of Support for a grant or similar activity from any program of nursing be declined as programs of nursing are regulated by the Board, pursuant to the Executive Branch Ethics Law.
ORGANIZATIONAL REPRESENTATIVES

- Request was made that a list of Board members and staff representation on outside organizations and committees be developed.

DISCIPLINARY ACTION

- Approved fifteen (15) Recommended Orders, as written, and received reports on the approval of sixteen (16) Agreed Orders, thirty-two (32) Consent Decrees, six (6) Removal of Licenses from Probation and five (5) Suspension/Denial of Reinstatement.

KENTUCKY BOARD OF NURSING
SUMMARY OF MAJOR ACTIONS
Board Meeting • February 09, 2017

PRESIDENT’S REPORT

Appointed Nominating Committee for 2017; Sally Baxter, Mary Bennett, Anita Simmons, and Anne Veno.

FINANCIAL OFFICER’S REPORT

The Financial Officer report was discussed and accepted.

EXECUTIVE DIRECTOR’S REPORT

The written Report of the Executive Director was presented and included information on Administrative Staff; Executive Branch Move; Legal Update; KBN Housekeeping Bill; 2017 Enhanced Nurse Licensure Compact Activities; 2018 National Sample Survey of Registered Nurses; Kentucky Telehealth Board Meeting; Disciplinary Actions (Agreed Orders, Consent Decrees); Compliance Branch (Agreed Orders, Suspensions, Denial of Reinstatement, Removal of License from Probation; Meetings and Activities).

EDUCATION COMMITTEE

The Education Committee Meeting was held January 12, 2017. The Board accepted the Report and the following actions were taken:

Beckfield College, Florence, KY, Request for Temporary Increase in Enrollment

- Approved the request, dated December 19, 2016, from Beckfield College, Florence, KY, to temporarily increase enrollment in the Beckfield College LPN-RN Bridge Program.

ATA College, Louisville, KY, Proposal to Establish an LPN to Associate Degree Nursing Bridge Program and an Associate Degree Nursing Program

- Accepted the proposal, dated November 14, 2016, submitted by ATA College, Louisville, KY, to establish an LPN to Associate Degree Nursing Bridge Program, and an Associate Degree Nursing Program.

- Granted developmental approval status to the LPN to Associate Degree Nursing Bridge Program, and an Associate Degree Nursing Program.

- Approved the request, dated December 19, 2016, from Kentucky State University, Frankfort for a separate NCLEX testing code for ITT transfer students.

Union College, Barbourville, KY, BSN Program Site Visit Report, October 25 & 26, 2016

- Accepted the October 25 & 26, 2016 site visit report of Union College Baccalaureate Degree Nursing Program, Barbourville, KY.

- Approved requirements to be met as stated in the October 25 & 26, 2016 site visit report of Union College Baccalaureate Degree Nursing Program, Barbourville, KY.

- Directed the program of nursing to submit a report to the KBN Nursing Education Consultant addressing the requirements to be met on or before March 15, 2017.

Kentucky State University, Frankfort, KY, Request for Separate NCLEX Testing Code for ITT Transfer Students

Remanded to the Education Committee the request, dated 11/30/2017, from Kentucky State University, Frankfort for a separate NCLEX testing code for ITT transfer students.

PRACTICE COMMITTEE

The Practice Committee Meeting was held January 13, 2017. The Board accepted the Report and the following action were taken:

Beckfield College, Florence, KY, Proposal to Establish a Baccalaureate Degree Nursing Program

- Accepted the Proposal, dated October 14, 2016, submitted by Beckfield College, Florence, KY, to establish a baccalaureate degree nursing program.

- Granted Developmental Approval Status to the Baccalaureate Degree Nursing program, Beckfield College, Florence, KY.

Advisory Opinion Statement (AOS) #13 – Roles of Nurses in Psychiatric-Mental Health Nursing Practice

- Approved the editorial revision to AOS #13, Roles of Nurses in Psychiatric-Mental Health Nursing Practice.

AOS #31 – Removal of Femoral Access Devices (Sheaths) and Use of Mechanical Compression Devices by Nurses

- Approved the editorial revision to AOS #31, Removal of Femoral Access Devices (sheaths) and Use of Mechanical Compression Devices by Nurses.

Request for Advisory Opinion for Scope of Practice for Advanced Practice Registered Nurses in the Performance of X-Ray Procedures and Operating Mobile X-Ray Equipment

- Approved the advisory opinion that the performance of limited x-ray procedures and operating mobile x-ray equipment is within the scope of advanced practice registered nursing practice, for the APRN who is educationally prepared and clinically competent in the performance of x-ray procedures and operation of mobile x-ray equipment; and

- Reaffirmed the previously issued advisory opinion that the performance of limited x-ray procedures and operating mobile x-ray equipment is not within the scope of registered nursing practice or within the scope of licensed practical nursing practice.

Proposed Amendments to 201 KAR 20:056 and 20:057

- Approved the proposed revisions to Kentucky Administrative Regulations 201 KAR 20:056, Advanced Practice Registered Nurse licensure certification requirements; and approved proposed revisions to 201 KAR 20:057, Scope and standards of practice of advanced practice registered nurses.

DISCIPLINARY ACTION

- Approved one (1) Recommended Orders, as written, and remanded one (1) Final Decision back for Agreed Order; Received reports on the approval of nineteen (19) Agreed Orders, thirty-two (32) Consent Decrees, eight (8) Removal of Licenses from Probation and six (6) Suspension/Denial of Reinstatement.
**Actions**

Since the publication of the Winter edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by the Kentucky Nursing Laws. A report that contains a more extensive list of disciplinary actions is available on the KBN website (http://kbn.ky.gov/conprotect/investdiscp/disciplinary.htm). If you need additional information, contact KBN’s Consumer Protection Branch at 502-429-3300.

**Copies of Individual Nurse’s Disciplinary Orders can be viewed or obtained at the website: nursys.com**

### Immediate Temporary Suspension of License/Credential

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<td>Davis, Krista</td>
<td>MS RN License 852505</td>
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### License/Credential Immediately Suspended or Denied Reinstatement for Failure to Comply with Board Order; Stayed Suspension Implemented or Terminated from KARE Program

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<td>Davis, Whitney Alexandria</td>
<td>LPN License 2052230</td>
<td>Louisville, KY</td>
<td>2/13/17</td>
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<tr>
<td>Doyle, Deanna Lee</td>
<td>RN License 1098940</td>
<td>Ewing, KY</td>
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<td>Griffith, Trisha Marianne Goode</td>
<td>RN License 1086666</td>
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<td>Hargett, Vashhi Atara Vanniessinghiam</td>
<td>LPN License 2044339</td>
<td>Dry Ridge, KY</td>
<td>1/4/17</td>
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<td>Hyatt, April Michelle</td>
<td>RN License 1082931</td>
<td>Frankfort, KY</td>
<td>2/2/17</td>
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<tr>
<td>Reynolds, Lori G Wise</td>
<td>RN License 1127652;</td>
<td>Independence, KY</td>
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### License/Credential Voluntarily Surrendered

<table>
<thead>
<tr>
<th>Name</th>
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<th>Issuance Location</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Camp, Connie Sue Blair</td>
<td>LPN License 2027730</td>
<td>Venice, FL</td>
<td>1/13/17</td>
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<tr>
<td>Durham, Amanda Gail</td>
<td>RN License 1135207</td>
<td>Crab Orchard, KY</td>
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<tr>
<td>Harnish, Crystal J</td>
<td>RN License 1150458</td>
<td>Bloomfield, KY</td>
<td>1/3/17</td>
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<tr>
<td>McDaniel, Rockie C</td>
<td>RN License 1069626;</td>
<td>Campbellsville, KY</td>
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### License/Credential to be Reinstated on Limitation/Probation or Admitted to KARE Program

<table>
<thead>
<tr>
<th>Name</th>
<th>License/Credential</th>
<th>Issuance Location</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Harvey, Robin K Mitchell</td>
<td>RN License 1104034</td>
<td>Whitesburg, KY</td>
<td>1/13/17</td>
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<tr>
<td>Phelps, Kimberly Gay McCubbin</td>
<td>RN License 1080016</td>
<td>Louisville, KY</td>
<td>1/30/17</td>
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<tr>
<td>Tirey, Jessica Raechelle Baker</td>
<td>LPN License 2051663</td>
<td>Dawson Springs, KY</td>
<td>2/21/17</td>
</tr>
<tr>
<td>Wooton, Michelle L Pratt</td>
<td>LPN License 2037344</td>
<td>Hazard, KY</td>
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### License/Credential Placed on Limitation/Probation

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<th>License/Credential</th>
<th>Issuance Location</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Atkins, Traci Leighann Ventress</td>
<td>RN License 1080620; APRN License 3003688</td>
<td>Lexington, KY</td>
<td>30/1/17</td>
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### License/Credential Denied or Denied Reinstatement

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<thead>
<tr>
<th>Name</th>
<th>License/Credential</th>
<th>Issuance Location</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Denham, Jennifer Elizabeth Munts</td>
<td>RN License 1135215</td>
<td>Somerset, KY</td>
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### License/Credential Reprimanded

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<tbody>
<tr>
<td>Alexander, Jodie R</td>
<td>RN License 1144803</td>
<td>Louisville, KY</td>
<td>30/1/17</td>
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<tr>
<td>Blair, Michele Deann Hood</td>
<td>RN License 1076279; APRN License 3010855</td>
<td>Philpot, KY</td>
<td>30/1/17</td>
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<tr>
<td>Chappell, Alexis</td>
<td>LPN Applicant/Exam</td>
<td>Jeffersonville, IN</td>
<td>30/1/17</td>
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<tr>
<td>Gieringer, Lesa J Hays</td>
<td>RN License 1075755</td>
<td>Nicholasville, KY</td>
<td>1/13/17</td>
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<tr>
<td>Hatfield, Susie Lynn Shepard</td>
<td>RN License 1136996; APRN License 3008182</td>
<td>Cartersville, GA</td>
<td>21/2/17</td>
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<tr>
<td>Hazelwood, Amber Marie</td>
<td>DT Credential 8000943</td>
<td>Louisville, KY</td>
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<td>Hice, Jeff</td>
<td>RN License 1142110</td>
<td>Cincinnati, OH</td>
<td>2/12/17</td>
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<tr>
<td>Livingston, Angela Nicole</td>
<td>RN License 1127925</td>
<td>Louisville, KY</td>
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<tr>
<td>Myers, Michael Wayne</td>
<td>RN License 1091760; APRN License 3004651</td>
<td>Lexington, KY</td>
<td>1/30/17</td>
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<td>Ray, Krystal D</td>
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<tr>
<td>Riley, Dana Michelle Edwards</td>
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<td>Shepherd, Angela Kay Callahan</td>
<td>LPN License 2031930</td>
<td>Wootton, KY</td>
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<tr>
<td>Stewart, Christy Dawn Potts</td>
<td>RN License 1115926</td>
<td>Owensboro, KY</td>
<td>2/21/17</td>
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### License Cleared from Disciplinary Action

<table>
<thead>
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<tr>
<td>Bolinger, Paula Faye Tesseneer</td>
<td>RN License 1123707</td>
<td>Bessemer, AL</td>
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<tr>
<td>Brown, Jessica Ann Adams</td>
<td>RN License 1082547; APRN License 3008272</td>
<td>Ocala, FL</td>
<td>6/4/17</td>
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<tr>
<td>Fannin, Cairee Ann</td>
<td>RN License 1138227</td>
<td>Vanceburg, KY</td>
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<tr>
<td>Flynn, Karen Marie</td>
<td>LPN License 2048407</td>
<td>Cincinnati, OH</td>
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<tr>
<td>Gravil, Shauna Marie Hensley</td>
<td>LPN License 2039913</td>
<td>Bee Spring, KY</td>
<td>1/17/17</td>
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<tr>
<td>Hardymann, Sheryl Ann</td>
<td>RN License 1055003</td>
<td>Lexington, KY</td>
<td>2/20/17</td>
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</table>
Kehrer, Leon F
RN License 1135340; APRN License 3008001
Mayfield, KY Eff. 2/6/17

Neff, Kerri Jo Rowland
RN License 1074589; APRN License 3002729
Lexington, KY Eff. 2/20/17

Reynolds, Karan Jane Causey
LPN License 2030429
Murray, KY Eff. 2/1/17

Robinson, Whitney Wainscott
RN License 1120440
Lexington, KY Eff. 2/1/17

CONSENT DECREES ENTERED FISCAL YEAR TO DATE
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Imposition of civil penalty for falsification of an application for licensure ........................................................................................................... 70
Imposition of civil penalty for failure to meet mandatory continuing education requirement ................................................................................ 17
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